

RECLAIMING COMMUNITY OUT OF PERSONAL CATASTROPHE: COMMUNAL PRACTICES THAT BUILD ON NATURALLY SUSTAINING WEBS

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This article explores the concepts of “neighborly ways of being and communal practices” as having therapeutic value in the lives of two people—Joan and Suzanne—each of whom survived personal catastrophes, thanks to their special social nets. Each woman vividly describes a restored sense of meaning and purpose to her life when she is able to transform her painful experiences into being of service to others. Their stories highlight the deep—and often healing—satisfaction that can come from ally-to-ally relationships, getting involved with local/community resources, drawing from experience knowledge to give back to others and making meaningful contributions to others’ lives. By carefully offering a range of options, therapists can open possibilities for clients to strengthen their own naturally sustaining webs of connection. The author brings together such influential ideas as the rhizome metaphor, family-centered care, posttraumatic growth, narrative therapy and relational ethics to render visible communal ways of working as legitimate therapeutic practices.

This article draws from interviews with Joan and Suzanne, each of whom survived psychological catastrophes, thanks to social nets that combined psychotherapy, supportive actions of the communities around them, peer-to-peer support, and their own practices of giving back to their unique and naturally sustaining communities.¹ Each woman vividly describes restored meaning and purpose to her life when she is able to find ally-to-ally support, reclaim community living through her worst nightmare, and transform painful experiences to become useful to others. In this article, I feature their stories first, followed by reflections on the theories and practices that I associate with our work.

¹I extend my heartfelt gratitude to Suzanne and Joan who gave me permission to record, transcribe, and share their compelling stories and hard-earned wisdom. I share their stories here with their permission; they reviewed this paper and made personal decisions about their identifiable information.

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Joan traveled to consult with me less than a month after her husband, Joseph, took dramatic action to end his life. Seven months after her husband's death, Joan generously gave permission for me to record and transcribe several therapeutic conversations. She tearfully began our first recorded interview by expressing her hope that her story will help someone else.

If I can make it through this loss, this awful loss, I also have an example for people. I'm a totally changed person now. I can never go back to what I was before. But you have to go on and you have to do whatever it takes.

Joan says she doesn't worry anymore about what she doesn't have. "I just think I'm lucky for what I have—and the community has rebounded for me too. They have said, "Okay, we are here for you too."

Suzanne first consulted with me soon after her son Jamie had relapsed, following a two-year period of recovery from opiate addiction; the following year, Jamie died of a heroin overdose. Jamie is Suzanne's "sole/soul" child; they are—and always will be—very close, both in life and since his death. "Jamie is with me every step of the way." Recently, Suzanne generously took me on a recorded tour of "Jamie's Garden" and "Jamie's Room" filled with precious remembrances of Jamie. In the corner of Jamie's Room—by a window overlooking Jamie's garden—Suzanne showed me The Crying Chair where she spent much of the first year after his death (and continues to visit from time to time).

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

I chose these two stories to illustrate the themes of seeking solidarity; giving back; discovering community resources; sharing books; "heart-art" and gardens; holding the light for others; and moving from novice to veteran. Throughout, I ask the question, "How can therapeutic conversations contribute to reclaiming community out of personal catastrophes?"

RECLAIMING COMMUNITY OUT OF CATASTROPHE

Within the cultural histories of disaster, a growing literature on resiliency (Masten, 2009; Werner & Smith, 2001) and posttraumatic growth (Rendon, 2012; Tedeschi, Park, & Calhoun, 1998) offers alternatives to the social deterioration and chaos typically highlighted by the media and authorities. Often, ordinary people surviving

catastrophic events demonstrate how they improvise newfound social possibilities that connect them with yearnings for community, purposefulness, and meaningful work. In *A Paradise Built in Hell*, Rebecca Solnit (2009) follows the aftermath of five major North American disasters, and discovers many alternative accounts of solidarity, joy, friendship, love, generosity, spontaneous acts of courage, resourcefulness, and resiliency.

Supporting clients in reclaiming community is also one of a number of colorful weaves of the tapestry of therapeutic work when a therapist purposefully engages with communal practices. Although not specifically in response to a natural disaster, Joan and Suzanne's approach to personal catastrophe echoes Solnit's (2009, p. 6) remarks:

Disasters are, most basically, terrible, tragic, grievous, and no matter what positive side effects and possibilities they produce, they are not to be desired. But by the same measure, those side effects should not be ignored because they arise amid devastation. The desires and possibilities awakened are so powerful they shine even from wreckage, carnage, and ashes.

COMMUNAL PRACTICES AND NEIGHBORLY WAYS OF BEING

As an American living in Vermont, I originally chose “neighborly ways of being” as a metaphor for the social healing I witnessed through my conversations with Joan and Suzanne. Attempting to translate “neighborly ways” into French for a workshop in Bordeaux, France, we soon discovered cultural differences in local meanings and cultural-historical references for “neighborliness” (Blanc-Sahnoun, 2011). I was then delighted to discover the term “communal practices,” which Lynn Hoffman proposes as an alternative to “clinical practices” to legitimize therapeutic “web-work” that strengthens naturally sustaining communities of support (personal communication, September 10, 2011). Borrowing phrases by John Shotter (2010), Hoffman (2007) refers to the shift from “aboutness” thinking to “withness” thinking. She attributes to Tom Andersen the statement that he was tired of speaking about “therapies,” and preferred to talk about human art, “the art to participate in social bonds with others” (p. 72).

SUPPORTING NATURALLY SUSTAINING COMMUNITIES

As psychotherapists, I believe it is our responsibility to know community resources, not as “shoulds” but as possibilities. Familiarizing ourselves with local resources, we can actively build on family and community resourcefulness. Together, we explore possibilities for giving and receiving peer support; engaging with online support groups and social media; volunteering for community suppers, homeless shelters, Hospice

and other community services; participating in community building projects; sharing resources; and giving back to others in need. Joan adds to this list, “Whatever it takes.”

Offering Options

Rather than prescribing interventions, communal practices engage in exploring possibilities without imposing on clients. I propose the following guiding questions:

- How can I make a number of options available—letter-writing, meeting someone in person, and/or simply generating new ideas together—so we can actively engage in the co-creation of possibilities?
- What might make it easy for someone to say “no” and open space for another better-suited idea to emerge?
- How do I keep my own excitement for an idea in check, to accompany the consulting persons to wherever they want to go, without letting my own ideas get ahead of us?
- How do I ensure I am not abusing my power or putting people in vulnerable positions?
- How can I build my own knowledge of community resources to foster connections with local community resources, online communities of support, and ally-to-ally connections?

Ethical Considerations

I aspire here to further legitimize a therapeutic approach solidly built on ethical foundations of collaboration, relationally responsible practices (McNamee, 2009) and choice. Joan and Suzanne’s accounts show how therapeutic practices can explore social connectedness not only within the family, but also toward restoring a person’s sense of community-mindedness, solidarity, and purpose. These communal ways of working challenge assumptions about working in individualized ways and demonstrate how therapeutic practices can strengthen naturally sustaining communities of support that include—but do not center on—therapists, coaches, consultants, and social workers.

Sheila McNamee (2009) describes relational ethics as “relational responsibility” in action—a stance, not a technique, wherein we move beyond rigid rules, and engage with complexity. Relational ethics signify a shift from centering on individuals and their actions to centering on processes of relating and constructing meaning (McNamee & Gergen, 1992). Rather than assessing ethical action based on one uniform set of criteria, relationally responsible therapeutic practices are attentive to the locally and historically situated developments in a person’s life. As McNamee (2009) reflects, “When our focus is placed only on the de-contextualized actions of de-contextualized individuals, the opportunity to act ethically is diminished—although the opportunity to act legally might be enhanced” (p. 68).

Relationally responsible therapeutic practices are based on ethical but not institutional relationships. These relational ways of working are available to both women and men. Relationally responsible therapeutic practices simultaneously support naturally sustaining webs while taking seriously the ethics of confidentiality, and the very real litigious concerns for licensed professionals regulated by professional licensing boards. Those of us who practice carefully in these ways give particular attention to preserving confidentiality, avoiding exploitation and carefully considering dual relationships. The practitioner holds both the professional code of ethics and a commitment to being relationally engaged, attentive to the exchange. We aspire to frequently check in, earnestly asking questions like “how is this going for you” and “Does this idea make sense to you or is there something you might prefer?”

FOUNDATIONAL IDEAS

“Getting therapy out of the room and getting out of the room into therapy” (Shalif, 1999, p. 181) is a commitment shared by many practitioners of narrative therapy, home-based family-centered programs and other collaborative approaches to therapeutic conversations. These approaches draw from a constructionist consciousness, viewing identity as embedded in social and communal life. Hoffman (2012) looks toward collaborative, reflective, and narrative approaches to take the lead in attending to these life-sustaining webs as at least as integral to healing as the clinical practices that are part of every professional training program.

The Rhizome Metaphor

Lynn Hoffman has been a significant figure within the field of family therapy from its early beginnings, with a gift for capturing the significance of developments such as the shift in central metaphor from systems to stories (Hoffman, 1993). Inspired by French philosophers Deleuze and Guattari (1994), Hoffman (2009) joins her colleague, Chris Kinman, to propose the rhizome as a central metaphor for a collaborative framework in the 21st century. Unlike the system, which derives from engineering and technology, rhizomes are tied to the natural world. The rhizome metaphor captures the spirit of web-building, akin to the spread of daffodils or ginger that spread underground, often sending out roots and shoots from its nodes in unpredictable ways. We never know where new web-lets will appear—sometimes directly linked to our communal practices, and at other times appearing in more indirect ways, or even on their own. This link with nature privileges a kind of communication that Bateson called “the grammar of the *Creatura*,” a language which is based on gestures, images, embodiment, and similitude (Hoffman, 2008).

Family-Centered Approaches

Based on diminished hierarchy and social interdependency, Joan and Suzanne's stories illustrate a "family centered" therapeutic approach to ethical practice and professionalism without drawing sharp distinctions between practitioners' lives and the lives of people who seek help (Madsen, 2009; White, 1993). Family-centered approaches strive to move from provider-driven to family-driven, to become culturally responsive, and to strengthen families' voices. These approaches reduce isolation by engaging family in community, building on community traditions, and connecting with peer support (Dunst, 1997; Shorr, 1997).

According to Dunst and Trivette (1996), effective family-centered practices include not only technical knowledge, but relational and participatory components. Historically, psychotherapy gives a lot more attention to relational and technical components than to participatory practices. Madsen aptly describes the therapist's preferred attitude or relational stance toward the consumers of services in collaborative therapies as "appreciative ally," a stance in which clients experience the therapist as "on their side" in the continual search for respectful, constructive strategies that engender hope and new possibilities (Madsen, 2007). "Participatory practices" such as offering options for choice making, and collaboration have been identified within the literature on family centered approaches as critical, yet frequently overlooked, components of effective help giving.

My intrigue with service providers' role in strengthening naturally sustaining webs of connection is further informed by a participatory research project that explored preferred help-giving practices in family centered practices for families with young children with special needs (Sax, 2000). Again and again, parents—especially mothers—expressed their desire (1) to form alliances with people who have "been there"; (2) to feel connected to community; and (3) to be of use to others (Sax, 2007).

Narrative Therapy

For the past 20 years, my practice has been highly influenced by the ideas and practices of narrative therapy. Narrative ways of working build on: (1) folk psychology traditions wherein experience knowledge is privileged over expert vocabularies, and significant care is taken to ensure that language conveys people's actual experiences, rather than others' interpretations of these experiences (White, 2004); (2) a respectful commitment to an ethic of collaboration, attention to power relations, and an influential yet decentered therapeutic posture (White, 1997); and (3) a belief in encouraging people to move beyond dependency on expert knowledge, "to negotiate the passage from novice to veteran, from client to consultant" (Epston & White, 1992, p. 13). This approach to reclaiming community also draws from "remembering conversations" that invite people to purposefully engage with significant

figures that have contributed to their lives, to contemplate how these connections shape their sense of who they are and what their life is about, and to imagine what they may have contributed to the life of these significant figures (White, 2007).

Often, a narrative practitioner seeks to incorporate audiences that build community and circulate wisdom through, for example, definitional ceremonies (Myerhoff, 1986), therapeutic documents (Roth, Epston, & Weingarten, 1998; White & Epston, 1990) and protected letter exchanges between intimate strangers (Sax, 2008). These “public practices” draw from “an ethic of circulation” (Lobovits, Maisel, & Freeman, 1995) that challenge our traditional assumptions about the need for absolute privacy in psychotherapy while simultaneously honoring professional ethics—protecting confidentiality, avoiding exploitation, and safeguarding the unique value of the professional relationship. Lobovits, Maisel, and Freeman (1995) propose “the need for privacy increases when people’s experience of problems is viewed in terms of illness/pathology or other problem-saturated descriptions” (p. 224). Transforming one’s painful experiences into being of service to others offers another possibility for therapists to carefully put “public practices” into action.

JOAN’S STORY: WHATEVER IT TAKES

My initial therapeutic conversations with Joan centered on her anguish—profound grief, guilt, and suicidal thoughts. Devastated by her husband’s suicide, Joan tearfully reflected, “I am usually a very upbeat person.” I was relieved to learn that Joan’s mother and stepfather, her extended family, stepdaughter, brothers, friends, and neighbors were all rallying to envelop her with support in facing this major crisis of her life. “I really didn’t feel like I deserved to live and luckily my community felt otherwise.” Joan also realized her own death by suicide would profoundly impact her family, friends, and community. “The thing about suicide especially for someone who’s considered it very seriously: the people who are left behind are so devastated. When I was really considering it I thought, ‘Good God, could I do this to my mother?’”

Initially, Joan felt uncomfortable sharing the acuteness of her own suicidal thoughts with her family and friends. Together we made phone calls to discover emergency counseling services through her local community mental health center; and we talked about joining an online community of support for suicide survivors. Joan also embraced my offer to arrange for her to meet another woman who had lived through a very similar experience, and had rebuilt her life. Sally joined our third counseling session. Later Joan reflected,

It’s never the same, but definitely, she was forging ahead and finding her way. This experience of losing someone to suicide is so powerful. People who’ve had a similar experience—hers was so similar, her heart opened up to me. She was a complete stranger and I would do anything for her. I felt that from her also.

Seeking Solidarity

Joan soon began to link with others in her local community. “There are surprisingly, amazingly, so many people who have been touched by suicide—whether it’s the loss of a husband, a brother, a father, a fiancée, a first wife.” Joan says it’s been hard to realize how many people have struggled with depression—alarming to find out the numbers of people who take their life, and how many people then are impacted. “I’ve connected with other people in my community who I never knew before but now we have this shared experience and we are trying to help each other.”

After searching the internet for support groups for survivors of suicide, Joan became an active participant in “Alliance for Hope” (Walker, 2008), the online forum that most appealed to her. Initially, Joan read every post and would check daily for any new postings. She soon traveled to a small “survivors” support group in a town about an hour from her home, led by the local hospice organization, “a small group of wonderful people, banding together for this very sad common experience, helping each other . . . It’s good to know that it’s there if I need it.” Joan also checked out the hospice library. “If you don’t want to meet with people, you can just read books. For some people, that’s what they need. They don’t want to be sharing and talking about it in an open way. But for others it’s essential.”

Giving Back

Joan’s communities of support held her through really rough times. A few months after we began working together, Joan’s local community was profoundly impacted by Tropical Storm Irene with homes, roads, and bridges severely damaged. She became actively involved in community building efforts—delivering supplies, making meals, planning events, and tending to neighbors’ needs. In a strange way, the storm was therapeutic for her. “They had given me so much support when I was devastated, I was able to help them in a way that I was happy to do.” Yet Joan’s clarity that she really wants to live came before the storm. Our therapeutic conversations built on her foundation of choosing life, and the theme of “giving back”—being there for others and participating in the flow of her community.

Joan’s giving back to her community beautifully illustrates the reciprocity of neighborliness, made even more striking in the witnessing by others. I still smile when remembering Joan’s description of finding her way back into her storm-devastated community after the tropical storm, with ice cream, bread, and other supplies, just in time for local teens to unload and distribute a truckload of Ben & Jerry’s ice cream; I vividly remember her tale of traveling across the state shortly after the storm to drop off clothing at the Good Will secondhand clothing store, in search of a secondhand suit for a colleague who lost everything to the storm, and in the process buying herself 27 pairs of shoes!

SUZANNE AND JAMIE: SHARING OUR HEART-SONGS

Suzanne first sought counseling when her life was taken over by massive grief over Jamie's relapse into heroin addiction. "There was no room for anything else. I fell into the blackness." Suzanne says that talking at that time was very powerful. She briefly returned to counseling soon after Jamie died of a heroin overdose. Our sessions further supported Suzanne in developing her own naturally sustaining webs of support: what she calls "sharing our heart-songs" with other grieving parents, reclaiming community, and paying forward her hard-earned wisdom.

Discovering Community Resources

Soon after Jamie's death, Suzanne read every book she could get in her hands on about death and dying. "I needed to learn everything I could about death because my son had gone there. So I needed to learn." I lent her books from my office bookshelves. She found others in her town library, online, and through her local bookstore. When she heard that the local hospice office had a lending library, "I walked in the door of hospice and all these books that I hadn't been able to find were sitting there on the shelf." Soon, Suzanne became the hospice's librarian. A year later, Suzanne took the training to become a hospice volunteer.

Suzanne says she feel so grateful to live in a community with three places where she can give of herself. "I love my house. I love hospice. And I love going to the Humane Society." Soon after Jamie's death, Suzanne experienced freedom visiting the animals where nobody knew her as a bereaved mom:

Those animals need that love and they make no judgments. I would just go in with my homemade feathers on sticks and play with the cats; slowly I started telling one of the cats and the kittens that I was a bereaved mom. One of the first cats I worked with had lost all her babies. She was like a kindred mom spirit.

Sharing Jamie's Book, Garden, and Heart-art

Knowing that she would probably get to know other people in her community who will face loss in their life, Suzanne created "Jamie's book" by gathering together favorite photos, quotes, sayings, and readings that have touched her heart and helped her survive this profound loss. "Sure enough, I've had many opportunities to use it, and some with other parents that have lost children."

Suzanne continues to make "Jamie Heart-art"—collages with favorite pictures, places and sayings—and sends cards on special dates to Jamie's loved ones. She made candles for everybody in the family with his name, his birth and his angel date (the anniversary of his death) written on glass candle holders. She told me:

We burn them every year on those anniversaries; none of us want (the candle) to ever burn out but we have realized that we can put a tea-light in it once it burns down, so we are safe. We will always have Jamie's candle.

To Hold the Light for Others

Suzanne believes it has been crucial for her to meet other moms who have survived the loss of a child. With the help of the hospice organization, she started a bereavement parent group “to hold the light for others.” At first, she worked as a facilitator in training with David, an experienced bereavement counselor. After about six months, she and Patty—the director of the hospice—started their own group called “Sharing our Heartsongs.” Suzanne's favorite part of the group is when people bring photos and talk about their children. She loves the way group members are so open with each other. “Whether they know it or not, when they walk into that room, they're going to be getting a hug from the group.”

Last spring, Suzanne and Patty organized a conference for bereaved parents, “Transforming Loss Into Hope.” Suzanne said:

That day at the conference, to be in that environment with all of these other moms who had lost children was one of the most powerful days of my life. I was so filled up with love. My feet didn't hit the floor all day. . . . And that night, I went home and I just crashed. I cried and I cried and I couldn't stop.

Her husband asked, “Why are you crying?” Upon reflection, Suzanne responded, “I had taken in all that pain and I had kept it together all day long and, but it was so much, because there was so much of it there. My heart just broke for all of those parents.”

While writing this article, I bumped into Suzanne in the local food co-op. We stood in the aisle talking for several minutes. She glowed telling me about the beautiful baby that she takes care of every Monday, her great-nephew. Suzanne further enthused about some new developments from this week's “Heartsongs” meeting. I reminded her of the time four years ago, shortly after her son's death, when she had trouble imagining re-entering her local community. No longer in a professional relationship, we are *Anam Cara*—the Gaelic phrase for “Soul Friend” (O'Donohue, 1998)—and co-conspirators on behalf of our local community.

CONTINUED RIPPLE EFFECTS

I continue conversation about “neighborly ways of being” and communal practices through online participation in *The Narrative Practice & Collaborative Inquiry (NPCI) Study Group* (Epston & Sax, 2011). Some stories—such as from Margaret in Brisbane, Australia and Regina in Rio de Janeiro, Brazil—portray similar acts of

courage, resilience, and community-building in the aftermath of extreme weather events. Other study group members offer exemplary accounts from work contexts untouched by major weather events. The questions raised by NPCI members continue to reverberate: Which of our clients get left out of neighborly ways and how might we better include groups, families, and individuals that might fall through the cracks? Do we need a disaster to bring people together? What influential discourses encourage or discourage neighborliness? What are some of the effects of busyness on building on community life? Is it a coincidence that illustrations of “reclaiming community” are most commonly from women’s lives? What might be different if we were interviewing men? What can men—and women who work with men—learn from these stories?

Neighborly ways of being and communal practices are not a one-size fits all solution for everyone. I do not attempt to engage everyone who consults with me in net-building or giving-back experiences. Some people—at particular times of their lives—wish for their work to be entirely private. For example, I am currently meeting with two mothers each experiencing the anguish of parenting a young adult son in trouble. When I asked about arranging to meet another mother, one woman responded “I am not ready yet.” She may never wish to meet another mother in a therapy session. I will never forget the challenges of engaging a community of friends with a woman who was acutely suicidal and refusing hospitalization. No friend should have to bear that kind of responsibility alone. Looking back, I still don’t have any clear answers.

Bearing Life Together

When people’s stories are shared in community, they often comment on the power of knowing the influence of their stories on others. This article ends with a letter from a workshop participant I received shortly after I shared Suzanne’s story in Bordeaux:

Dear Suzanne,

The image that particularly stays with me is when you shared about the candle and not wanting it to burn down, and then realizing you could put a new tea candle in when it burned down. For me this is a wonderful image that reflects what I see in you of wonderful resiliency and creativity, showing that there is always some way to transform things. How you can smile and laugh when you tell the story of the crying chair and spending hours and days and months just crying there.

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

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

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