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USING AN ADAPTED REFFLECTING TEAM APPROACH TO LEARN ABOUT MENTAL HEALTH AND ILLNESS WITH GENERAL NURSING STUDENTS: AN AUSTRALIAN EXAMPLE

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ABSTRACT

This paper describes how a reflecting team informed by outsider-witness practices was used in a classroom with a small group of Australian general nursing students to explore their understandings of mental illness and mentally ill people. The reflecting team process helped students to go beyond the media stereotypes of mental illness and the people who suffer from mental illness. It helped them develop new understandings of the lives of people who experience mental illness. The process also enabled students to learn more about stigma and its debilitating effects, to speak about it and to monitor their own language use, and to identify and explore their preferred interpersonal approaches in future practice settings when dealing with people showing signs of mental distress.

BACKGROUND

In recent years I have found that a number of important threads in my own work (teaching, research and therapy) and life have been woven together from an enduring interest and commitment to narrative therapy (Morgan, 2000; White, 2000; White & Epston, 1990). As I became acquainted with the landscape of narrative practices I came to appreciate more fully their potential in the mental health field (see for example, Hamkins, 2005).

The particular notions I wish to raise in this paper have been referred to in the literature as reflecting teams (Andersen, 1991) and as outsider-witness practices (Fox, Tench & Marie, 2003). Both of these practices involve offering feedback in non-judgemental ways as a means of exploring new possibilities and perspectives to clients and therapists. As part of my own therapeutic training I have been part of outsider-witness reflecting teams and have observed firsthand the transformative potential for those involved in this practice.

This paper offers an example of classroom work linked to students' assignments that was designed to help general nursing students learn about people with mental health problems. In this instance, I have adapted reflecting team and outsider-witness processes in the teaching of general nursing students undertaking the Bachelor of Nursing degree in an Australian setting leading to a generic Registered Nurse (RN) qualification. The classroom exercise described below deviates somewhat from more established routines and therapeutic contexts. My primary motivation was to explore their potential for developing richer understandings of people with mental health problems that might elicit more effective ways of practising nursing when confronted by people who are ill.

Another starting point for this exercise was my own interest in movies and the fact that many of the students I teach spend quite a lot of time watching television (TV) and movies. Mental illness is a common theme in a wide range of movies, TV and news items and for some time now there has been a growing voice of disenchantment with the ways in which these sources represent people with mental illness (Wahl, 1995). Recurring themes or representations of the lives of people who suffer from mental illness in movies and other media are important sources of information and education for members of the public across the lifespan.

Many students use these to acquire and maintain their own views and from time to time these are challenged or reinforced through direct contact with mentally ill people, health professionals and in some instances through personal or family experience. In reality their exposure to people with a mental illness is opportunistic and may be time-limited and in acute settings. On other occasions students' views are established and maintained through no real experience at all. Many students rely on community level exposures via the media to learn about people with mental illness and indeed those who care for them.

The Bachelor of Nursing degree in Australia leads to a generic registered nursing qualification (RN). There are no specific "branches" leading to specialisation in mental health or others domains. As part of their previous clinical experiences students will have been exposed to some older people experiencing dementia or to people who are anxious, depressed or even suicidal. These experiences provide students with a rather patchy introduction to the mental health area and encounters like these are often framed within a general nursing/health setting.

It is not uncommon for general nursing students studying a specific unit on mental health within a general Nursing program to report at the outset feeling "anxious and scared about the potential dangers" of this area. These sentiments are heightened if they are undertaking a practical placement in a mental health setting. Their language about the topic initially often embodies views typically observed in media representations. They refer to people in distress as "patients" and seek to label many as "psychotic schizophrenics or as neurotic" and as "unpredictable and dangerous". In contrast in the Australian practice context these days there is a tendency to describe people receiving treatment as mental health consumers, clients or as sufferers.

THIN AND THICK DESCRIPTIONS OF PEOPLES' LIVES

Storytelling or narratives have come to occupy a central place in the caring professions because of its capacity to engage professionals and students exploring ethical concerns and issues (Fairburn, 2002). Storytelling also plays a key role in some forms of therapy based around the dominant stories in peoples' lives. Morgan (2000) describes narrative therapy as a:

> "respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives" (p2).

The approach is one in which the helper works as a collaborator, rather than an expert, enabling the client to see themselves as separate from the problems in their lives, and identifying times when they were not browbeaten by these problems. Carr (1998),

noted that narrative approaches have now become a core part of family therapy practice with a growing influence in the area of mental health.

The stories people tell therapists about themselves are often very limiting and one dimensional – "I'm a schizophrenic" or "I'm a depressive type of person". These "thin descriptions" as they are known provide very little room for movement and change in the person's life and frequently they become significant in explaining everything about that person and their view of themselves. Thin descriptions can be reinforced and maintained by health professionals who come into contact with that person. Hence, people may come to understand themselves through thin descriptions, which lead to:

> "…thin conclusions, drawn from problem-saturated stories, [which] disempower people as they are regularly based in terms of weaknesses, disabilities, dysfunctions or inadequacies" (Morgan, 2000, p13).

However, thin descriptions by their very nature omit certain facets of lived experience (Payne, 2000). Freedman and Combs (1996) described a changing emphasis in their own narrative practice as working with people to:

> "…bring forth and thicken….stories that did not support or sustain problems… As people began to inhabit and live out the alternative stories, the results went beyond solving problems. Within new stories, people could live out new self images, new possibilities for relationships and new futures" (Freedman & Combs, 1996, p16).

This stress on thick or rich story description has significant potential for engaging mental health clients through:

"the restoration of hope, agency, self-determination and a way of adjusting to living with both the reality of the past and the continuing altered experience of 'illness'. This very different perspective enables the prospect of recovery to become a realistic goal for every patient, and is one of the inspirational dynamics of rehabilitation" (Roberts, 2000, p438).

Rather than focussing on the problem-laden accounts of peoples' lives which stem from thin descriptions, thick descriptions open up the possibilities for health care staff to elicit the full richness of a client's lived experience, with a clear emphasis on the talents, competencies and achievements that were hidden (Watkins, 2001). This perspective places the helper in a less powerful but potentially more influential position.

CHALLENGING STUDENTS' VIEWS USING NARRATIVE IDEAS

Students, like others members of the community learn about mental illness through the popular media (Movies and TV) and many of these media representations may be classed within a narrative framework as thin descriptions of peoples' identities and lives. Media portrayals shape students' views, beliefs and feelings about people who are mentally ill and how they might interact with them. However, narrative ideas provide a means to facilitate real changes in students' thinking and responses through the development of thick and rich descriptions of peoples' lives.

The starting point for the classroom work reported below was that many students begin their studies in this area with a rather thin and poor understanding of mental illness and those who experience mental distress, its impact on the lives of people and on the lives of those who care for them. This is reflected in the language they use and the beliefs they hold initially as described earlier. The purpose of the classroom exercise outlined in this paper was to help the students to develop richer accounts of the social context and the

people who experience mental distress. Richer understandings provide a basis for taking a more hopeful and empowering approach as a professional student helper.

USING REFLECTING TEAMS AND OUTSIDER-WITNESSES TO ELICIT THICK DESCRIPTIONS

A reflecting team or outsider-witness group may be used in therapy to draw out much richer storylines in a client's life. A reflecting team usually involves a number of professionals/trainees from helping professions who observe a therapy session from behind a glass window and comment (see Andersen, 1991). The reflective team offers ideas or remarks in a speculative manner and not as interpretations or pronouncements (Andersen, 1987).

However, White (1995) outlined some concerns about using professional reflecting teams (such as the emphasis on pathologising and power). He employed Myerhoff's (1986) "definitional ceremony" metaphor to highlight how people come to see and bear witness to their own worth and identities and the worth of others and used this to describe outsider-witness practices. At some point in therapy when people are ready to develop new and rich stories about their identities and preferred ways of living, an audience of outsider-witnesses may be invited to listen to the person's story and reflect on this. The role of the audience (typically a family or other people important to the client) is to help the person to "make space for an alternative story to emerge" (Roberts, 2000, p437).

The outsider-witness team is not there as a group of "experts", instead members need to avoid making interpretations, offering advice or praising peoples' achievements (Payne, 2000). Their primary purpose is to accept the validity of the person's difficulties

and conflicts and by so doing "provoke people's fascination with certain of the more neglected aspects of their lives" (White, 1995, p180). White (2004) described outsider-witnessing as a "practice of acknowledgment" in which elements of the story "resonate" with the audience by drawing out (1) the particular aspects of the expressions or images raised in the story; (2) the images of peoples' identities evoked by these expressions; (3) how these touched the lives of the listeners in some way and (4) how listeners' lives are changed as a result.

The use of outsider-witness practices has been described in the development of a sense of community with women who have experience child sexual abuse (Fraser, 2006), in a prison setting (Smith & Gibson, 2006), and in clinical supervision (Fox et al, 2003). In this instance I adapted the notion of a reflecting team and some of the ideas from the structure of an outsider-witness process in the classroom. I hoped that this adaptation of the reflecting team might help to challenge the "supremacy of expert knowledges" (White, 1997), often found in learners in the helping professions. No clients were involved but we did use the stories that emerged about people with a mental illness from the students' assignments and shared these within a classroom tutorial as an approximation of a client narrative. These were then processed using outsider-witness questioning.

THE STIMULUS FOR A STORY

Common literature portrayals of people with mental illness have a consistent theme of violence and dangerousness (Allen & Nairn, 1997) in contrast to the evidence, which indicates very limited associations between mental illness and violence (Mullen, 1997). Other negative stereotypes such as criminality, vulnerability (linked to incompetence), unpredictability and harmfulness to self have been observed too (Coverdale, Nairn & Claasen, 2002).

These representations affect our societal views and behaviour towards people suffering a mental illness and may undermine our best attempts at community integration. According to Hannigan (1999), these negative images may seriously reduce the quality of life of people with mental illness. Hocking (2003) has argued that health professionals must take a stand against stigma and its sequelae following a diagnosis of schizophrenia by addressing their own attitudes and prejudices.

Students too are subject to and influenced by these media portrayals. The small group of students who took part in this tutorial exercise were completing a 3½ year Bachelor of Nursing degree in which the mental health unit was undertaken at the beginning of year three. At this point in the course students also completed a unit in chronic illness and rehabilitation and a unit in pathophysiology and drug therapy. The degree program comprised a total of twenty-two units of fulltime study.

All of the students were completing a clinical placement in a mental health facility. As part of a weekly tutorial the students were invited to process some of the material that emerged during the completion of an assignment using the outsider-witness processes. I also asked the student group if it would be acceptable to seek to publish ideas from the tutorial process that may be helpful to others learning about mental health and to provide an acknowledgement of their contribution. The group was fully supportive of these intentions.

As a lead in to the reflecting team exercise students were asked to write a paper on the ways in which mental illness and the people who experience mental illness are represented in the popular media. They had to select samples of material from areas of

their choice which could include television, radio, cinema, plays, magazines, photographic images, tabloid and broadsheet newspapers, advertisements and so on.

The primary aim of the assignment was to help students develop a critical awareness of how the media influences people's experience and perceptions of mental health and mental illness. As members of the community, the students too, are exposed to these. The assignment required students to think carefully through key issues and critically analyse their impact on people in society. It provided the students with an opportunity *to tell a story* about how people with a mental illness are represented in the media and to reflect on this in a very structured way.

THE STORY UNFOLDS THROUGH THE REFLECTING TEAM

The student stories were brought together in a small group format and shared across the group (a telling). Other students assumed the role of members of a reflecting team to the story telling (Fox et al, 2003) who were then asked to reflect on and re-tell the story they heard through answering a number of very specific questions. This process often has the effect of producing new layers of meaning and significance into the narrative. Three essential stages to this process has been described by White (1997) - a telling, a re-telling (by the outsider-witness group) and a reflection by the storyteller in which new ideas emerge. This process required each student to take a central story-telling role by speaking about what they wrote in their assignment and to be a member of the outsider-witness group reflectingon the stories of other students.

A number of key questions were drawn from the literature and these shaped the structure of the activity and allowed a much richer story to unfold for the group. The questions were presented to students in a classroom setting and they were asked to write

down their individual responses to these. The responses were shared with the group afterwards. The questions were designed to provide a form of "scaffolding" to assist the students to "re-tell" something of the stories they heard. The questions and the students' responses are described below in a grouped manner. They illustrate how a much thicker description of the lives of people with mental illness can be arrived at and shared and how this may *resonate* with students preparing to work with people with a mental illness. However, this exercise is exploratory and represents a mere scratching of the surface of its potential as an educational tool.

After the students described some of the story that emerged in their assignments I asked them to respond in writing to the questions 1-6 below. The questions used were adapted from Stringer et al (2003). These written accounts were typed up and constructed into a group narrative by me as a co-author of the group narrative while staying true to the students' own words and phrases as far as possible. This group narrative reflects a much richer understanding of the lives of people who experience mental illness elicited from the students' stories and their reflections on these.

1. *As you listened to the assignment stories described by members of the group which particular images or expressions caught your attention or struck a chord for you?*

The students identified a range of images and expressions across an array of media sources referred to in their assignments. In cartoons for example, the characters used expressions like "psycho", "nuts", and "crazy". In TV dramas, there was a strong link between violent behaviour and people with the mental illness. Moreover health professionals were observed speaking negatively and openly about clients with a mental illness on TV. While professional reporters frequently used words such as "loony", "violent", and "murderer" in association with people with mental illness.

The portrayals of people with mental illness in the types of media used in the students' assignments tended to be very negative in the main while some were utterly ridiculous and lacking in any accuracy such as the movie "Me, Myself and Irene". These and other representations are likely to lead people with a mental illness to experience stigma and isolation at the hands of members of the public whose understanding and views of mental illness may be informed by these representative media images. The damaging effects of stigma were very clear to students in movies like "One Flew Over The Cuckoo's Nest" and "Girl Interrupted".

In the movie "Angel At My Table" there was a particularly moving scene where Janet Frame was in a cell-like room waiting for a lobotomy. She was very afraid and started writing her fears on the wall. Her feelings of loneliness, of not belonging anywhere, of always being an outsider looking in, were striking.

2. *What did these images or words suggest to you about the lives of people with mental illness and their carers?*

The media representations suggested that the identities and lives of people with mental illness and those who care for them are characterised by overpowering feelings of stigma, embarrassment, shame and anger. While most of the mentally ill characters within the films and dramas examined wanted desperately to be perceived as "normal" by society, the negative images portrayed perpetuated the damaging stigma from which there was no escape. It was notable too how reporters labelled people with mental illness and didn't look beyond that to realise that they were people with families, friends and lives. There was no recognition that people with mental illness experience the feelings and dreams that "normal" people do which are part and parcel of life. The isolation and loneliness suffered and reported in some works (as in Angel at My Table by Janet Frame) have in some cases resulted from misdiagnosis leading to years of stigma and institutionalisation.

The carers of people with a mental illness were not portrayed in a very sympathetic light either. To some extent they also suffered from the consequences of having mental illness in the family. A mentally ill existence is a "tortured" one suffered at the hands of those caring for them, simply because they were ill. Therewere some contrasting and positive images however. The movie "A Beautiful Mind" showed in detail what it was like for a person with a mental illness and their carers. It illustrated the struggles in the main character's life and how he was able to deal with obstacles and move on. This was due in no small measure to the dedication of his wife even when he was really sick and she was afraid of him.

The students described the lives of people with mental illness as a constant struggle against adversity and against the odds, the system and society at large, which is often unsupportive and frequently without hope. To be seen as deviant through mental illness invites vulnerability and abuse, to live a life of isolation - a tortured existence.

3. *What is it about your own life or work that explains why these images caught your attention?*

Some of the students knew people who had a mental illness and seeing and hearing the negative misrepresentations of these people by professionals in the media items raised awareness of the language they themselves use. The personal knowledge of mentally ill people enabled students to challenge the media views. They would never associate the people they knew to have mental illness with "violent or loony behaviour", nor of being capable of murder. They were just ordinary people with families. The labelling served only to undermine the people they know as human beings.

The images struck a chord with others because of their own pain and struggles in life. One student described her strong determination to get through her own suffering. At times, the help she received was timely, but at other times so-called "help" could destroy

all the good that had been done up to that point. She had to find it in herself to be who she wanted to be and be "less concerned with fulfilling other peoples' expectations". Another student recounted the many times when she felt extremely depressed and the images she studied in the assignment enabled her to better understand what it would be like to experience these feelings all of the time. This was also true for another student who frequently felt very lonely and isolated.

These personal stories provided a basis for helping students to gain some understanding of what it might be like for people with mental illness and theirstruggles to fit into something or somewhere in life and feel as though they belonged. These ideas resonated strongly with the students. The need to be perceived by others as "normal" was great and it was hard to imagine what it would be like to "feel on the outer". Moreover it was hard for another student who had trouble letting people help her with things.

This question elicited personal knowledge and accounts of their own lives that were linked with the stories and identities of people with mental illness evoked through the assignments. They told of their own journeys of dealing with personal pain or of the relationships some had with mentally ill people who were not dangerous or violent in any way. It was notable how this particular question elicited quite personal and moving perspectives in some group members, which are likely to shape their approach to consumers in practice and the views that other team members hold of them.

4. ***Where has the experience of completing this assignment and the reflecting team exercise taken you?***

These processes helped to raise students' awareness of the lives of people with mental illness in a number of areas. Some focused on the stigma in the media and began to

notice more fully the language that others and they themselves use when speaking about mental illness and people who are mentally ill. They have become more careful and thoughtful when they speak to family members, friends and colleagues about these areas. Importantly they have been encouraged to question what is represented in society in movies, books, when watching news and also in their personal lives with their own families and friends.

An awareness of how friends talk about mental illness and the stigma associated with mental illness means that these can be challenged and refuted with knowledge and understanding. It made others realise that so much of what people seek to be in society and what they strive for in others' eyes is all relative and fluid.

Another student felt that she had become more compassionate for sufferers and learned about the "agony I can afflict on people [as a nurse] just by not thinking of them". Others achieved a better understanding of what experiencing a mental illness would be like from a detailed study of the media images used in the assignment and listening to others' stories. Finally one student described how it helped her to value her own family and friendships more because she was not alone in the world.

5. *What have you learned from completing the assignment and the reflecting team process?*

Students learned a number of things and felt changed in some important ways. An awareness of "how we see ourselves and what we are willing to make out of our own lives" emphasised the concept of personal agency that emerged during the assignment and the story telling exercise. This was strengthened through the belief that as individuals it was possible to make a difference and reduce stigma associated with mental

illness sometimes just by talking to one other person and helping to change that person's view.

Students also noted that they had become more receptive to other peoples' problems after seeing more fully the human frailty that goes hand in hand with a mental illness. They felt better able to think for themselves instead of accepting what passed for the "norm" and is absorbed from the media. It challenged some of the untrue assumptions they held about people with a mental illness. The assignment and reflecting team exercise provided them with some small insights into the experience of the devastating loneliness and exclusion suffered by people with a mental illness.

There was also a clear recognition of the way Hollywood (and other forms of media) seems to play on ideas, beliefs, fears and stigmas that are already held by ordinary people and use these to entertain or capture a huge audience. These approaches then reinforce and feed the stigma in very effective ways even to the extent that children are introduced to these beliefs, ideas, words and characterisations at a very early age. These "tricks" are very influential and pervasive and set the scene for future generations and citizens.

6. *What will you take with you into the future as a result of doing the assignment and this tutorial exercise?*

Students felt that they had acquired a much better understanding of peoples' pain and a heightened sensitivity to how they may be able tohelp them. It provided a better understanding of what life might be like for a person with mental illness and their families, some of the causes of stigma and the public's perceptions of mental illness.

This heightened understanding made some aware of their own intention to seek out people when they are down and feeling low and get help that will not "destroy" or "demean" them. Others felt that the enhanced understanding helped to re-awaken a desire to be more compassionate towards sufferers and to eschew the fear and uncertainty in themselves that often characterised their interactions with people with a mental illness.

The understanding arrived at also helped some students to take a greater level of self acceptance and appreciation of their own lives into their work together with a greater awareness of others' needs. A deeper level of empathy for those with a mental illness especially with regard to the stigmatised lives they may lead was another aspect of the experience that some students intended to take with them. This provided a basis for advocacy for mental health issues and those who are affected by it in professional settings. This is an issue that could be followed up later as stated intentions may not always be translated into real actions when the context changes.

The need to challenge the stigma created by society though education was supported by a number of students who highlighted the state of "open-mindedness" which they felt they would take forward into their future work. This went hand-in-hand with the importance of avoiding judgments or acting on assumptions about clients. Moreover, the importance of the need to spend time with people in a practice setting was highlighted as a basis for gathering sound information. Being open enough to acknowledge that when someone doesn't act the way we would, it doesn't mean their actions are wrong. This orientation is a crucially important one in a clinical environment. There was an expressed intention in some team members to challenge things, to be able to keep an open mind, to continue to question their own ideas and stigmas, to recognize stigma when they are exposed to it.

CONCLUSION

The classroom exercise described in this paper offers a means to help students to move from "thin" descriptions of the lives of people with a mental illness, which are often negative and dark to "thick" or rich descriptions of peoples' lives. Thin descriptions are often most notable in the assessment of people who are ill. Watkins (2001) described the process of assessing clients as an "archaeological" dig and notes that the past may not offer solutions to peoples' current distress. The emphasis of assessment is often symptom orientated not problem orientated and it is frequently ritualised.

In contrast, White (1997) calls this approach "a thin narrative of a person's lived experience [which has] become the defining story. The more often it is told, the more the person comes to see himself as a problematic person, living a problematic life" (p50). Thick descriptions of peoples' lives tend to generate new perspectives and possibilities for the future and for preferred identities and ways of living and working. These new and rich descriptions open up possibilities for different ways of working with people who have experienced mental illness. Freedman and Combs (1996) have argued strongly for more positive emphasis on possibilities for change in place of the emphasis on diagnosis and this is certainly an area where nurses can advance to a more therapeutic role in the future. The application of reflecting team and outsider-witness processes drawn from the field of therapy provides a framework for enhancing understanding of mental illness and those who experience it and in so doing, helps to create opportunities for developing a more helpful approach in practice.

There is clearly a role for the arts and humanities in professional education (see for example Wikström, 2000) as these areas have the potential to provide different perspectives on mental health issues. However there are dangers of over-generalising and underplaying the complexity surrounding important facets of mental health by overemphasising the approaches used in this example. To avoid these potential pitfalls,

those intending to use some of the ideas described here should revisit these classroom exercises on an on-going basis.

Finally, the approach outlined may also be useful in the development of clinical supervision activities with clinical practitioners who may not wish to specialise in mental health care but who will inevitably confront people with mental health problems at work.

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REFERENCES

Allen, R. & Nairn, R. (1997). Media depictions of mental illness: and analysis of the use of dangerousness. *Australian and New Zealand Journal of Psychiatry*, 31, 375-381.

Andersen, T. (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. *Family Process*, 26, 4, 415-428

Andersen, T. (Ed) (1991). *The reflecting team: Dialogue and dialogues about dialogues*. New York: Norton.

Carr, A. (1998). Michael White's narrative therapy. *Contemporary Family Therapy*, 20, 4, 485-503.

Coverdale, J. Nairn, R. & Claasen, D. (2002). Depictions of mental illness in print media: a prospective national sample. *Australian and New Zealand Journal of Psychiatry*, 36, 697-700.

Fairburn, G.J. (2002). Ethics, empathy and storytelling in professional development. *Learning in Health and Social Care*, 1, 1, 22-32.

Fox, H. Tench, C. & Marie (2003). *Outsider-witness practices and group supervision*. http://www.dulwichcentre.com.au/hughfoxarticle.htm. Accessed 3 December 2007.

Fraser, M. (2006). Outsider-witness practices in developing community with women who have experienced child sexual abuse. *International Journal of Narrative Therapy and Community Work*, 3, 52-58.

Freedman, J. & Combs, G. (1996). *Narrative therapy: the social construction of preferred realities*. New York: Norton.

Hamkins, SE. (2005). Introducing narrative psychiatry: narrative approaches to initial psychiatric consultations. *International Journal of Narrative Therapy and Community Work*, 1, 5-17.

Hannigan, B. (1999). Mental health care in the community: An analysis of contemporary public attitudes towards, and public representations of, mental illness. *Journal of Mental Health*, 8, 5, 431-440.

Hocking, B. (2003). Reducing mental illness stigma and discrimination – everybody's business. *eMJA*, 178, 9, Suppl 5, S47-S48.

Morgan, A. (2000). *What is narrative therapy. An easy-to-read introduction*. Dulwich Centre: Adelaide.

Mullen, P. (1997). A reassessment of the link between mental disorder and violent behaviour, and its implications for clinical practice. *Australian and New Zealand Journal of Psychiatr*y, 31, 3-11.

Myerhoff, B. (1986). Life not death in Venice: Its second life. In: V. Turner, & E. Bruner (Eds), *The anthology of experience* (pp.261-286). Chicago: University of Illinois Press.

Payne, M. (2000). *Narrative therapy: An introduction for counsellors*. London: Sage.

Roberts, G.A. (2000). Narrative and severe mental illness: what place do stories have in an evidence-based world? *Advances in Psychiatric Treatment*, 6, 432-441.

Smith, D. & Gibson, J. (2006). The use of outsider-witness in a prison setting. *The International Journal of Narrative Therapy and Community Work*, 3, 46-51.

Stringer, A with Chris, Angie, Jess & Julia. (2003). Remembering Meg. *The International Journal of Narrative Therapy and Community Work*, 1, 24-28.

Wahl, O.F. (1995). *Media madness: public images of mental illness*. New Brunswick, NJ: Rutgers University Press.

Watkins, P. (2001). *Mental health nursing. The art of compassionate care*. Oxford: Butterworth Heinemann.

White, M. (1995). *Re-authoring lives: Interviews and essays*. Adelaide: Dulwich Centre Publications.

White, M. (1997). *Narratives of therapists' lives*. Adelaide: Dulwich Centre Publications.

White, M. (2000). *Reflections on narrative practice: essays and interviews*. Adelaide, Dulwich Centre Publications.

White, M. (2004). Working with people who are suffering the consequences of multiple trauma: a narrative perspective. *The International Journal of Narrative Therapy and Community Work*, 1, 45-76.

White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.

Wikström, B-M. (2000). Nursing education at an art gallery. *Journal of Nursing Scholarship*, 32, 2, 197-199.