



Using narrative practices to respond to Stigma Stalker in the workplace A journey with Joe

by Sarah E. Ferguson

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Abstract

This article conceptualises modern power through the perspective of stigma and offers examples of how narrative practices can be utilised to respond to mental health stigma in a therapeutic context as well as in the broader workplace environment. This paper follows the story of Joe and describes how externalising practices enabled Joe to get to know Stigma Stalker, expose its tactics, and discover its effects on his life at home and at work and upon his identity. Re-authoring practices enabled the development of rich and thick descriptions of Joe's preferred identity. Documentation and outsider-witnessing practices were used to facilitate action within Joe's workplace to weaken Stigma Stalker, which enabled Joe to re-engage at work with the support of his colleagues, and contributed to cultural change in relation to stigma.

Key words: *narrative, stigma, workplace, documentation, mental health*

When working in a therapeutic capacity with people, it can sometimes be tricky to generate conversations that make visible the stories that link broader social and cultural influences to the challenges that, in westernised culture, can be perceived only as individual responsibilities. And, in instances where those linkages *are* made, connecting them back into social and cultural realms can seem daunting. Understanding modern power through the perspective of stigma offers a means for noticing those broader influences, and narrative practices offer techniques for generating thick and richly descriptive preferred stories and connecting them outside the therapy room and into the client's broader world. This paper will use parts of the story of Joe, a 33 year old male, to describe how the narrative practices of externalising, re-authoring, outsider witnessing and documentation, including cartooning, were used to respond to the insidious effects of mental health stigma on Joe, both personally and in his workplace.

Modern power, stigma and internalised stigma

The work of Michel Foucault inspired Michael White (White, 2011) to conceptualise 'modern power' as a mechanism of power that grows from a local cultural level to establish social control through the normalising judgement that people apply to their own lives as well as the lives of others. Through the operation of modern power, people become invested in ideas of how they ought to live, look, behave and succeed, and their identities depend upon whether they measure up favourably to these notions. It is through the operation of modern power that stigma finds its foothold.

Stigma received widespread attention after the publication of Erving Goffman's essays on stigma (1963). Goffman, a sociologist, drew attention to the socially reliant nature of stigma and highlighted the need to move outside the individual in order to understand social and cultural relational influences. Goffman also suggested that, for stigma to wield power, those affected must care about what others think and internalise the very norms that they feel they are failing to conform to. In this way, Goffman crossed his ideas from the realm of sociology into that of psychology. Over time, societal awareness of what it means to be stigmatised has become familiar and stigma is commonly described as the prejudicing and discriminating beliefs held towards people who are perceived to be operating outside socially accepted 'norms' (Kondrat & Teater, 2009; Rüscher, Angermeyer & Corrigan, 2005) and under the watchful eye of the 'normalising gaze' (Hutton, 2008). A significant focus has been centred upon the internalisation of stigma and the resultant negative identity conclusions that can occur when a person agrees with the

stigmatising beliefs and concurs that they apply to them (Corrigan, Watson & Barr, 2006).

Stigma and internalised stigma flourish under the tutelage of modern power. In our westernised, capitalist, white dominated, colonised, hetero patriarchy, there are plenty of normalising notions for people to measure themselves and each other against. Some of the stigmas I have been introduced to in the therapy room accompany: being a single mother, having children removed, being mandated to counselling, having a problem with substances, being poor, being unemployed, being in a violent relationship, being queer, being Aboriginal, and being an immigrant. By keeping an eye out for stigma, we can begin to expose the operations of modern power and deconstruct the beliefs and assumptions that create the 'norms' that are being held up as a measure of worthiness. In this way, we can shift the focus from the stigmatised to the stigmatisers. The norms can be externalised (White, 2007a), named and brought into the room so that, together, we can discover their histories and genesis, the effects they have on our clients, and how those clients are judged and found wanting by them. These conversations can make visible the workings of stigma and, in particular, expose whether stigma has become internalised and has led to negative identity conclusions.

One of the most common stigmas I meet is that which accompanies people who are struggling with mental health problems. For these people, stigma and internalised stigma can be acutely insidious. In Australia, the past decade has seen a growth in awareness around mental health problems, predominantly through targeted media campaigns, which has resulted in increased understanding of the labels given to particular problems, such as depression and anxiety and yet, in rural NSW, mental health stigma continues to thrive. Modern power operates to ensure people police each other to speak in ways that keep stigma hidden, but the effects of stigma are so powerfully felt that they cannot be eliminated simply by silencing its voice.

Acknowledging the effects of mental health stigma

By the time people seek assistance from a therapist, they have generally concluded that there is something wrong with them (Yuen, 2007; White, 2007a). This was true for Joe, who came to see me accompanied by mental health stigma and a firmly entrenched internalised stigma that remained hidden until our fourth meeting, which occurred after Joe had what is medically referred to as a 'psychotic break' and was sent to a mental health unit for a brief stay. It was after this event that Joe and I began to discover the internalised stigma that

grew from Joe's perceptions of how mental health issues are stigmatised in the public world and how Joe was very proficient at living up to what he believed about people who have problems with mental health.

Joe lives in a large metropolitan town several hours drive from my hometown where I offer a visiting service one day per week. Joe works there as a teacher's aid in a school for intellectually, physically and mentally challenged children. Over a period of more than ten years, Joe had been to see several psychologists, a psychiatrist and various counsellors. He had been diagnosed with borderline personality disorder and post-traumatic stress disorder and was told he suffered from depression and anxiety. When

I first met with Joe and asked him what expectations he had, if any, of what our meetings would enable for him, he said 'just a place to talk about my problems and what's wrong with me'. He said he had recently had traumatic memories from childhood return to him and wanted to 'explore' them. I wanted to postpone conversations about trauma until we had established somewhere safe for Joe to return to rest in (White, 2004; Yuen, 2007), and so I asked him to tell me something about what he enjoys to do and, since we were meeting at his school, maybe something about his work. Joe told me that he likes being able to spend time with kids who have special needs and to help them do things other kids find easy. I asked him if he could tell me a particular story about one of those times and his face lit up as he shared the story of helping a physically disabled ten-year-old boy spend time in the pool for the first time at school, which was something he could not do prior to Joe's presence, as nobody else was strong enough to manage him in the water. I was able to scaffold questions (White, 2007d) that enabled Joe to traverse the landscape of action into the landscape of identity (White, 2007b) where he grudgingly offered a value that was important to him was to be able 'to contribute to the lives of others in a positive way'. When enquiring about what it meant to him to attribute such a value to himself – I asked because I was curious why it seemed hard for him to do – he said, 'I'm no good at seeing the good stuff, I've only ever looked at the problems'.

By the second conversation Joe and I shared, we had begun to establish the safe space to rest in, and yet I was aware that there was something pushing at Joe to keep him sticking in the problem stories. We had dipped our toes into some of the memories Joe was uncovering, but I was carefully navigating around the particularities of them as I sensed they were seriously traumatic, and wanted to build up Joe's safe island of thick and rich descriptions of preferred stories to ensure we did not get submerged under a tidal wave of trauma stories. We did work on developing experience-near descriptions of the problems that were pushing Joe around: 'the angry

conversation', 'the depression monkey', and 'the anxiety', and by externalising each of these we were able to identify the negative effects they were having on his relationships at home and work and on his physical and mental health, particularly his motivation and ability to socialise. Threads of unique outcomes presented themselves and in particular, we identified many ways that Joe manages to keep those problems under control, including, in his words 'keeping myself busy, distracting myself with computers, pushing thoughts out of my head, seeing friends, and sticking to my routine'.

With hindsight, I can see that if I had been on the lookout for internalised stigma, I might have taken more notice of Joe's reluctance to look at the 'good stuff' and propensity for identifying with the problem stories and begun digging into the operations of modern power and stigma earlier.

Exposing Stigma Stalker and its tactics for recruiting Joe into negative identity conclusions

I found out about Joe being admitted to the mental health unit from Anne, the Vice Principal at Joe's workplace. Anne knew Joe had an appointment scheduled for that day and phoned me to cancel it. During that call, Anne told me that Joe had made an attempt on his life which led to his hospitalisation. I felt that something very important was unfolding as Anne spoke to me in an almost panicked state about Joe's hospitalisation. I was defensive of Joe's right to confidentiality and wondering, 'Why does Anne think it is okay to be talking to me about this?' I was also curious about what was panicking Anne. I was curious about why Anne knew, who told her, and mostly I was concerned for Joe. Later that day, Joe himself called me and apologised for cancelling the appointment. We spoke briefly on the phone and I arranged to see him the following day at his home.

I arrived at his home and the first thing I noticed was that Joe would not meet my eyes and seemed embarrassed. I was curious about the embarrassment. Joe told me about what had happened and I listened and enquired about how the 'angry conversation' and 'depression monkey' became strong enough to influence Joe to attempt to hurt himself. Joe seemed to understand very well how they had become powerful through a combination of factors including him having the flu, being absent from work and isolated from colleagues and friends, and yet a new feeling was present in Joe's narrative and I wondered if it had something to do with the embarrassment. I asked Joe about it and he explained that he thought I would now be convinced he is nuts, because he had been hospitalised, and now I too would give up on

him, just like they would at work. Immediately I realised that Joe had some notions about mental health that we had not explored.

I asked: 'Joe, can you talk to me a bit about what it means to you that you have been hospitalised?' Joe replied that he knew that this was the 'last straw' and that work wouldn't want him back because they would think he was dangerous and incapable of doing his job. He went on to add that he knew he couldn't move out of his Mum's house as he had been planning to and that he would just have to learn to live with being sick. Eventually, he gave an experience-near description of being 'stalked by the stigma' of having a mental health problem.

Together we externalised and deconstructed Stigma Stalker and discovered that it had grown and developed into a healthy beast from Joe's previous dealings with mental health professionals. Joe had been told by several mental health workers that it was unlikely he would ever recover from anxiety and depression and that he would struggle with borderline personality disorder for the rest of his life. We explored the effects of having Stigma Stalker pushing Joe around and he discovered that it was responsible for him thinking that he was never going to be mentally well again, would therefore not be able to hold down a useful job and would not be able to live independently. He also thought it 'flattened' his self-esteem. Joe was not sure exactly where he got the idea that people who have mental health issues are dangerous, but he thought that is 'just what we are told to think about things we don't understand'. I asked, 'Who tells you?' And Joe said, 'The whole world; if you don't understand it, you should be scared of it'. I asked Joe whether being pushed around by the Stigma Stalker was okay, not okay, or a bit of both, and he said 'a bit of both' because he thought that if it wasn't pushing him around he would have to front up to life and take control of it, so it was okay in that it took pressure off him having to achieve, but not okay in that it scared him to think that he would end up 'useless'.

Finding out what is known about Stigma Stalker

After this meeting, I began to research mental health stigma. I wanted to know what was known about stigma so that I could find more ways to expose Stigma Stalker's tactics and open space for deconstructing them. I read that stigma is a socially constructed process of social control that creates environments that allow for the discrimination and exclusion of people who have problems with mental health (Corrigan, Kosyluk & Rüsck, 2013; Goffman, 1963; Krupa, et.al, 2009). I could see how successful Stigma Stalker had been at

creating an environment for Joe that put him at risk of being excluded from work and estranged from a productive life. I could also see how Joe was influenced by Stigma Stalker to the point where he *had* internalised the stigmatising myths and reached some negative identity conclusions that were severely affecting his personal agency and sense of worth. I discovered that Stigma is known to be *the* most profound barrier to work for people who have problems with mental health (Krupa, et.al., 2009; Malachowski & Kirsh, 2013). This clarified just what an accomplishment it was for Joe to be employed at all, and gave me further ideas for questions to explore how he has been able to work in the past ten years. Stigma is also understood to be a barrier to promotion and access to increased job responsibilities for people who *do* have employment, as well as making their jobs precariously insecure. Even if a mental health problem is not formally disclosed and only suspected, it has been shown to lead to exclusion in the workplace (Brohan et.al., 2012). It became clear to me that Joe's disclosure at work opened the doorway for communication with people in his workplace and unlocked the possibility that I might be able to assist Joe to share some of his knowledges with his workplace in the hope that Stigma Stalker could be relegated to a far flung corner where its influence on Joe and his workmates would be lessened.

Externalising the assumptions Stigma Stalker recruited Joe into believing

Since Joe had said that staying at work was the most important thing to him, it seemed important to discover which stereotype assumptions regarding work he was aware of and which he agreed with. During our next meeting together, Joe and I explored some of what I had discovered about Stigma Stalker's tactics. We were able to expand the externalisation of stigma stalker to include the assumptions (myths) about people with mental health problems in the workforce. The main myths that give power to Stigma Stalker are that: people who have problems with mental health will never recover, they are unpredictable and violent, and they cannot be trusted. Joe agreed with all of these myths except that he was sure he would only enact violence upon himself, and not another person. Myths about people at work include: that they aren't competent workers, they can't be relied upon, and they can't tolerate stress (Corrigan, Watson & Barr, 2006). We discovered that whilst Joe was worried that he couldn't be relied upon, he thought he was competent and knew that he could tolerate stress. In fact, he said he was 'expert at stress – better than most people I know, 'cause I deal with it all the time'.

To deconstruct stigma narratively, I needed to pose questions that made visible the broader organisational culture and discover how it promoted acceptance, diversity and respect.

Questions included: 'What ideas and beliefs are around in your family and local community about the ability of people who have problems with mental health to be usefully employed?', 'What ideas and beliefs do your workplace hold?', 'Which of these myths do you agree with, which do you disagree with?' and, 'Do you think any of these myths apply to you?' Together, Joe and I came up with the 'myth mashers' and, as Joe spoke about particular events in his work life that challenged the myths he ascribed to, I noticed that he was paying close attention to his words and almost seemed surprised to be making connections that contradicted his beliefs. I felt that we were chipping away at the pathologised construct of his spoiled identity (Goffman, 1963; Reynolds & Hammoud-Beckett, 2012).

We discovered more about the allies that Stigma Stalker has in the mental health system. Joe spoke to me further about how previous mental health workers had told him that he was never going to be able to change. He had also been told that he did not have the capacity to study at university and would be better off working in a manual labour job. Sometimes, people working in mental health can have a tendency to interpret situations only from a medical perspective and give prominence to deficits and pathology over work-related capacities. Mental health workers can also neglect to look at the employment needs of people and also discourage them from taking risks in their community (Arboleda-Flórez & Stuart, 2012; Corrigan & Shapiro, 2010). Joe's workers probably just wanted to keep Joe safe, but the message that came across loud and clear was: if you take risks you will *not* be okay. Joe discovered that Stigma Stalker and its allies were responsible for keeping him in the position of teacher's aid.

I was searching for ways to open space for sharing preferred stories with Joe's workplace. Since a hobby of Joe's is making art using computers, I thought I would experiment

with making some computerised cartoons to represent our conversations and use Stigma stalker as the main character. I hoped this would enable a thicker and richer conversation focussed on double story development. I found an online cartooning website, www.toondoo.com that was simple and fun to use. In our next meeting, I showed Joe the half-finished cartoons, which included the myths that stigma relies upon and the contradictions we had exposed earlier. I wondered if we could collaborate to create the cartoon and that, by documenting what we knew so far as part of the making of Joe's knowledge, it would play a part in the rite of passage towards his preferred identity (Combs & Freedman, 2012). We spent some time choosing characters to represent Stigma Stalker, myth mixers, Stigma Silencer, and myth mashers. Joe was visibly cheerful as we designed our cartoon.

Utilising documentation for advocacy and to begin the quietening of Stigma Stalker at work

During this conversation, Joe realised he very much wanted to return to work. He thought that the Stigma Stalker would be weakened if we wrote a letter to the principal (Phillip) explaining what had happened and I also offered to attend a meeting with Joe and Phillip if he thought that would be useful. I crafted a letter using words I had rescued from Joe as I kept in mind Michael White's practice of rescuing the said from the saying of it (Newman, 2008) and capture utterances that could otherwise fly by unnoticed (Newman, n.d.). I emailed the letter to Joe to edit and after several revisions, sent it to Phillip. Joe had asked me to change the letter to explain a bit about the narrative practice of externalising as he thought it made him sound as if he was disassociating, which he thought made him sound 'nuts'. I was starting to grasp how insidious the workings of Stigma Stalker really were.

Dear Phillip,

As you know, Joe and I have had several conversations over the past couple of months. We both thought it might be useful if I shared some of what we have discovered together during that time.

Narrative therapists craft conversations in particular ways by helping people put some space between themselves and the problems they experience. This is done because the philosophy underpinning narrative therapy includes the notion that 'the problem is the problem; the person is not the problem'. The main way to create this space is by externalising the problem, naming and describing it. This enables us to look at the effects of the problem and under what circumstances it thrives or is controlled. Joe has explained to me that due to some circumstances in his younger life, August is a difficult time of the year for him. He says 'the anxiety', 'the depression monkey' and 'the angry conversation' make their presence and the effects of it difficult to control during this time. At other times of the year, he says he is able to keep these problems in check by 'keeping myself busy, distracting myself with computers, pushing thoughts out of my head, seeing friends, and sticking to my routine'. The combination of being ill with the flu and battling the August problems created a situation for Joe where he became isolated from friends and work and disconnected from his usual strategies for controlling the problems. As you are aware, this culminated in him being admitted into Banksia Mental Health Inpatient Unit at Tamworth Base Hospital last Friday.

During our conversations, I have noticed that Joe has a sophisticated level of self-awareness and the ability for honest self-reflection and is centred personally and professionally within a social justice mindset. Joe has spoken of his work at the school and what it means to him. He has said 'I do care deeply for every child in my care, I want the best for them and want to give my best' and 'I want them to always be safe'. He says 'I don't like it when anyone gets hurt' and has spoken several times about his desire to make sure all of the children are treated fairly and with respect. It is important to Joe that his presence has a positive effect on the children

I hope sharing this information helps illuminate Joe's situation, as his desire to continue to work with the children is genuine, as is his desire to ensure they benefit from his presence.

I look forward to discussing this with you on this Thursday 4 September at 9:30 am at the school.

The meeting with Phillip happened several days later. When we arrived it was clear that Phillip was in a hurry. I understand what is required of workplaces to make 'reasonable adjustments' for people who face barriers to working, including people with disabilities and people with mental health issues, and so I had come to this meeting prepared to advocate for some reasonable adjustments that Joe and I had thought would help. What I observed in this meeting was that Joe was able to speak with Phillip about the letter we had written, and briefly explain to him how he manages the problems that push him around. He was also able to ask for the adjustments that we had identified, which included a five minute conversation with Phillip upon arrival at school in the mornings and the identification of Anne (the vice principal) as a support person for Joe to speak with if he needed to. Whilst it was obvious that Phillip's heart was in the right place as he genuinely wanted to support Joe's return to work, some of his comments were unhelpful, comments like 'yes, I know what it's like to be anxious, it happens to me a lot too, you just need to fake it 'til you make it, just shake it off'. After the meeting, I asked Joe what it was like to hear Phillip's advice.

He said he knew Phillip was trying to help, but he was only 'feeding stigma stalker 'cause it just makes me feel bad not being able to take his advice'.

Utilising outsider witnessing with support person to further quieten Stigma Stalker at work

After Joe and I had exposed the workplace mental health Stigma Stalker, we began to discuss how Joe might be able to share some of his new knowledges with his workplace. With Joe's permission, I had briefly spoken to Anne and she was extremely concerned that she did not know what to do to actually support Joe. She said she was worried he might become angry or violent and hurt himself or someone else at school and that because she is the 'support person' she would be partly responsible.

By drawing on ideas from collective narrative practices and other local folk culture metaphors (Denborough, 2008, Mahmud Abu-Rayyan, 2009; Ncube, 2006; Wood, 2012),

which are cleverly constructed to enable people to make connections to their external lives in a way that is sustainable once they are back in their environments, and often bridge the gap between what happens for people and what those at home understand has happened, I was able to envisage the outsider-witness practice (Russell & Carey, 2004b; White,

2007c) as an ally in our attempts to reduce workplace stigma for Joe. It was with this in mind that I explained the outsider-witness practice to Joe and he said he would like to invite Anne to participate. To prepare for the meeting I crafted a series of questions to use as a guide.

Meeting with Joe and Anne – Anne as Outsider Witness. At Joe's workplace

Joe will be interviewed, then Anne will be interviewed about what she heard, then Joe will be interviewed again.

Anne's role: *Listen carefully and try to be aware of what you are being drawn to in Joe's story.*

You will NOT be invited to give opinions, advice, praise, applause, or to point out positives, interpret, theorise, hypothesise, formulate an intervention, or to be in an expert position.

I will be asking you what touched you, caught your attention, moved you when you listened to Joe speak? And I will be asking you to choose specific words, actions, phrases that you heard.

Questions for Joe

Using the cards spread on the table, choose an image that resonates with what is important, what is dear, and what you give value to in your professional working life.

Can you give a name to the value that this image represents?

Why is this value important to you?

Can you give an example (story) of how it relates to the Teacher's Aid that you want to be and to your journey as a person working with children?

How does it (name of value) relate to things you find important in your professional working life?

What are the events in your past that strengthen this value (name)? Is this value (name) connected with significant people? If so, who are they and what is your relationship with these people?

Who is the person in your past who knows this value is important to you, and how do they know about it?

Could this person tell a story that is related to this preferred value in your life? What would you speculate they might say?

Questions for Anne

Which particular words, phrases or expressions stood out for you in what you heard?

Which particular words, phrases or expressions struck a chord or caught your interest?

What metaphors, images, mental pictures came to you regarding Joe?

What is your guess about what this might say about what Joe gives value to in his life? What hopes, goals, priorities Joe might have.

What sense did you get about what Joe stands for in his life?

Can you say how come those particular things caught your attention?

What is it in your life that connects or resonates with what is important to Joe?

What is it about your own life and work that accounts for why these particular things caught your attention?

Where are you taken to in your thoughts having heard Joe talking?

What does this have you thinking about in terms of your own life?

Where has this experience taken you to, that you would not otherwise have arrived at, if you hadn't been present as an audience to this conversation?

What are you thinking now, that you may not have been thinking if you had been drinking tea instead of being here?

What is different for you as a result of the listening?

Back to Joe

Can you talk about what that was like to listen to Anne? What mattered to you?

We met at the school and I explained what the process of our exercise would be, making sure that both Joe and Anne understood what sorts of responses I would be asking for from Anne. I spread a selection of OH cards on the table (OH, 2014). These are picture cards that are used as storytelling prompters in therapeutic and educational settings. Because of the nature of the meeting, I had removed cards that were overtly negative, traumatic and/or sexual. I was very much aware that whilst Joe had made a disclosure to his place of employment about having some problems with his mental health, he was in no way required to give details of those problems or talk about particular events in his life that were personal. My role was to ensure we stayed within the boundaries of what would be helpful for a workmate to know, and not stray into personal stories.

I did not ask all of the questions and I didn't ask them in any ordered way. I used them to inform the questions I asked though and I followed the flow of the conversation without

interrupting with stop – start questioning. As is my habit, I kept a post-it note reminder in front of me displaying the words of Jill Freedman (2014): 'my allegiance is always to preferred stories' (p. 13). The process enabled us to explore earlier identified unique outcomes and develop them into alternate stories (Russell & Carey, 2004a; White, 2007b). As we went through the conversation, Joe seemed to actually become bigger. He sat up in his chair and began to talk faster and with excitement as he shared stories that mattered to him about the kids at the school. When Anne was speaking in response, and I did have to interrupt her a few times when she started agreeing with Joe and wanting to praise him, Joe was listening intently and was smiling as Anne re-told his story. Immediately after the session, Joe and I crafted a letter to Anne. Inviting Joe to collaborate in writing the letter to Anne ensured he was 'playing a central role in contributing to the specification of his own self' (White & Epston, 1990, p. 191), and my hope was that, by doing so, he would further weaken the hold Stigma Stalker had on him.

Dear Anne,

Thank you for taking the time to meet with Joe and I recently and bearing witness to Joe's conversation about what is important to him in his work at the school.

To begin the conversation, I asked Joe to choose a card from those spread on the table that represented to him what is important about his work at the school. He chose two cards to speak about, the first was a donkey carrying a pack and the second was a man crouching down to speak to a child. He said the donkey represented how he came to be in the school and his desire to help to 'interrupt the cycle of bad behaviour that exists in the family'. He said much more about the man crouching down – particular phrases I caught were 'getting down on the kids' level ... on all levels', 'don't try to baby or talk down to them', 'kids are pretty important', 'see how vulnerable and naïve they are', 'gotta make sure there is an equal playing field', 'school is supposed to be about academics, but we've gotta teach them life stuff'. Overall, Joe named the value that attaches to most of those statements as 'compassion'.

You were then invited to reflect on what you had heard Joe speak about, and you said: 'Joe does care deeply and tries to level out the playing field', 'he values compassion, he values helping kids, he values doing as much as he possibly can to help, even when he doesn't want to', 'he has a sense of duty'. You also said 'Joe stands for equality, compassion and helpfulness' and 'we felt a whole lot safer with you here. Your presence is like a blanket. A blanket of safeness'. Finally, you told Joe that the conversation made it 'clearer that we are both here for the same reason and have similar values'.

Joe then spoke about how he viewed his job as being a 'plate spinner' and having to notice the 'wobbly plates and stop them from smashing'. He said it was a 'relief to hear there was an immediate effect from me being here'.

Joe then shared a beautiful story about his Mum rescuing an abused dog from next door when he was younger and said he learned a lot about compassion from his Mum. You and Joe spoke a little about his Mum and you added that 'she's a tough piece of gear in the most beautiful, generous and compassionate way'.

You and Joe then spoke a little about how you keep going when faced with the pressures of school life and Joe said you 'find little victories' to celebrate because the 'big picture can be depressing'. In relation to the kids, Joe said it 'is important to treat them with respect' and told a lovely story of a young adolescent boy learning to assert himself enough to develop normal teenage behaviour like swearing. Joe described this as helping him to 'crack out of his shell'. Together you laughed about how silly it can seem to celebrate something like a boy swearing, but how important it also is to do so. You both agreed that one of the most important ways of staying strong at work is to find and 'celebrate the little victories'.

Finally, I asked Joe what names he could give to some of the skills he utilises at work and he said 'unorthodox, insightful, instinctual, quick to go – this isn't working and change it', he also said he isn't afraid of saying 'this isn't working' and looking for new ways of doing things.

Joe said having the conversation in the way that we did, with you as witness, was 'a bit of a relief, really'.

We ended the outsider-witness conversation there, and then spoke for a little while about the agreements you had previously arrived at (in an earlier meeting) and how they were going. I heard you both tell the story of Joe experiencing a day when his mental health was pushing him around at school and your frustration and concern at not being able to find him for some time as he had taken himself into the men's bathroom without advising anyone.

After some conversation, Joe explained that 'the embarrassment' stopped him from being able to ask for help after he had woken that morning with 'the anxiety' stuck to him so strongly that he realised something had gone wrong with the medication. He had hoped he would be able to 'battle through it'. You explained how worried you were that you couldn't find Joe, and how worried other staff members were. It was then that we discovered that 'the embarrassment' was very powerful and, for Joe, the idea of being at school as someone who 'has mental health problems' has been, and continues to be difficult.

After more conversation, Joe agreed that in future, if he should get pushed around by 'the anxiety' or any other nasty problem and 'the embarrassment' gets in the way of him asking for help, he will simply take himself to the sick bay, and so, if you can't find him, that is where he will be.

You and Joe agreed that would be a good plan for now and if it needs to be revised later on down the track, then that will be okay too.

Joe mentioned that he is usually very good at putting 'the anxiety to one side when the bell rings' and then being able to 'pick it up at the next break and then put it down again'. As we have noticed before, Joe is usually very good at managing the problems that sometimes push him around.

Thank you again Anne, for your continuing support of Joe at school. I know he appreciates it a great deal.

Joe and I also created several cartoons for he and Anne to keep, to remind them of our conversation.



Keep an eye on the spinning plates

How to keep Mental Health Strong at work



and... celebrate small victories

Response from support person to the documentation

When Anne received the letter and cartoons, she phoned me to say how grateful she was to have had the conversation. She said she had been feeling ashamed of the part of her that wished Joe would stay away from work, but could see that it was just that she did not know what to expect from a workmate who was having problems with mental health. We spoke about how people who have physical injuries and disabilities can access help to get back to work, and Anne said she can now see how unfair it is for someone having problems with mental health and how weird it is that she thought she would be responsible because she wouldn't have taken that responsibility on if she was asked to support a workmate who had a sore back, for example. She said she is 'not worried at all any more' that Joe is a danger in any way and is now noticing much more how 'useful Joe is around the school grounds. He really is good at keeping his eye on those spinning plates'. As Anne spoke, I was reminded of the words of Barbara Myerhoff (1980): 'A story told aloud ... is of course more than a text. It is an event. When it is done properly, the listener is more than a mere passive receiver or validator, he is changed' (p. 27) and I was sincerely moved.

Anne also said that the staff had embraced the idea of including one 'small victory' into their weekly staff meeting so they can share the experience of 'celebrating the small victories'. I asked her whether she could say what she liked about the process of having a conversation such as she did and she said, 'It was really clever how it moved me from a place where I was going "oh shit" and not feeling generous at all towards Joe, to a place where I felt we were on common ground on an emotional level. It showed me that we are both here because we have similar values, and that brought me to a place where I felt calm. Also, I was relieved that there is a record of the conversation and I can just give it to Phillip and he can also know what went on.' It was clear that this process reduced Anne's stigmatisation of Joe as a dangerous and unpredictable person with a mental health problem.

I was already thinking deeply about the effects of stigma prior to the conversation with Anne, but her feedback cemented my

interest in it, and that's when I began to look with hindsight on much of the work I do and to see how insidiously stigma works on people. I began to see opportunities where I could have had conversations to externalise not only stigma around mental health issues, but stigma around being a single mother, being a mother whose kids have been removed, being addicted to drugs, being poor, being mandated to attend counselling, being in a violent relationship. I began to see that stigma is ubiquitous and I began to see how vital it is to not only discover whether people are aware of the stigmas that work around them, but whether they agree with them, whether they have internalised them and enabled stigma its ultimate power of keeping them stuck in proving themselves right. Keeping Stigma Stalker in my sights will also help me notice when I might be able to take action within communities to dissolve stigma and to contribute to cultural change in relation to stigma.

Utilising cartooning to quieten Stigma Stalker

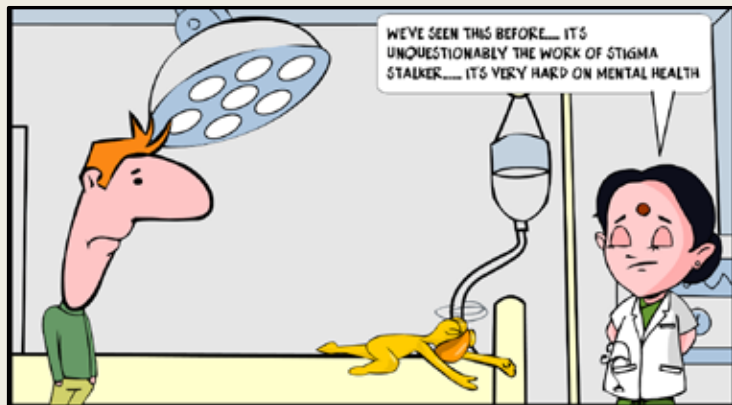
When I next met with Joe, I had completed and printed the Stigma Stalker cartoon book. He read it through with a big grin on his face. 'You know', he said, 'most of that stuff Stigma Stalker tries to spread around is just bullshit'. Throughout this conversation, Joe talked further about how he 'can handle stress better than most of them' [meaning his workmates] because I deal with it all the time'. He also said, 'You never hear about the people who recover from mental problems', and told me about Googling to find people who have, and discovering that many of the most famous and creative people who work hard and function well also struggle with problems that push them around. Most significantly, Joe told me, 'I want to be a teacher and help the kids, and I'd like to work my way up through the ranks – up to being a principal, and I reckon maybe I can do that now.'

Together Joe and I talked about how other people might be able to use the Stigma Stalker cartoons and we thought it could be useful to remove the words from the bubbles and let people fill them in for themselves. Joe is happy to think that these cartoons have developed from our conversations and may be of use to other people who are stalked by stigma.

Joe loses his grip on Mental Health at work



Joe doesn't know what to do to help Mental Health



Meanwhile, somewhere all over the western world



Myths are being made and Stigma Stalker gains power

Yet, somewhere else all over the western world



Myths are being mashed & Stigma Silencer gains power

So what happens when Stigma Stalker meets Stigma Silencer?



.... when Myth Minders meet Myth Mashers?



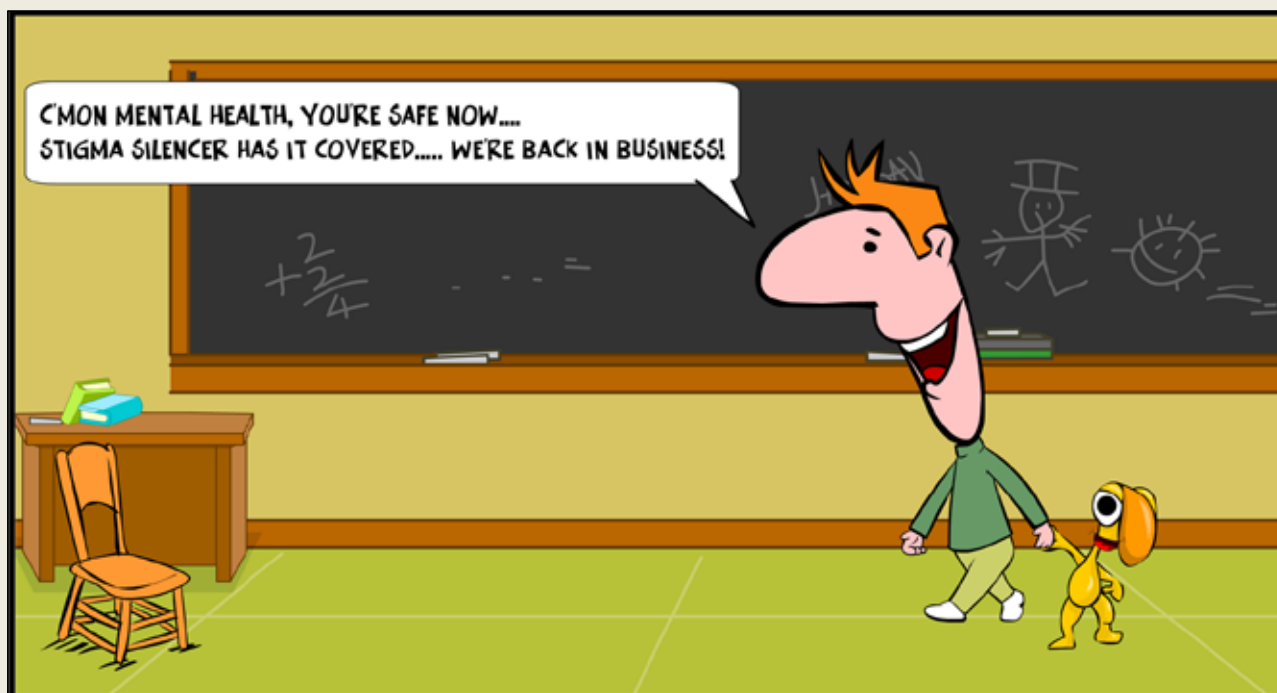
No contest! Stigma is silenced!



Joe is thrilled to see Mental Health back on his feet



and. before long.



Stigma Stalker can be silenced. The narrative practices of externalisation, re-authoring and practices that connect people to the broader world, like outsider witnessing and documentation, can knock Stigma Stalker out.

I believe that, by silencing Stigma Stalker, people can experience an increase in self-esteem or feelings of worth, and an increase in self-efficacy, or personal agency.

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