RESPONSES FROM NARRATIVE THERAPY AND NARRATIVE PRACTICES TO CORONAVIRUS

RESPUESTAS DESDE LA TERAPIA Y LAS PRÁCTICAS NARRATIVAS AL CORONAVIRUS

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This article was published in Spanish. This is the English version.
Link to the Spanish version: (https://doi.org/10.33898/rdp.v32i118.420).

How to reference this article:

Chimpén-López, C., Moggia, D., Ferrer, M., Cano, S., Florensa, M., Jorge. A., Moral, M. y Sagrado, S. (2021). Respuestas desde la terapia y las prácticas narrativas al Coronavirus [Responses from narrative therapy and narrative practices to Coronavirus]. *Revista de Psicoterapia*, *32*(118), 303-322. https://doi.org/10.33898/rdp.v32i118.420

Received v1: 8-10-2020. Received v2: 11-15-2020. Accepted: 12-20-2020.

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ISSN: 1130-5142 (Print) –2339-7950 (Online)

Abstract

The current article summarizes a series of initiatives inspired in narrative therapy and practices which have thrived in Spain as responses to the coronavirus crisis. First, the principles of narrative therapy and practices are explained deepening in the principles for working with crisis and trauma. Afterwards, several initiatives carried out to cope with the coronavirus crisis that have emerged in the community following these principles are described. Collective documents, letters exchanged between clients, therapists and health professionals, activities carried out by a supervision group, and the presence of narrative practices in social services are presented. Finally, how these initiatives can help us in constructing hope under uncertainty is discussed.

Keywords: *trauma, narrative responses, therapeutic documents, collective documents*

Resumen

El presente artículo recoge una serie de iniciativas inspiradas en la terapia y las prácticas narrativas que se han dado alrededor de España como respuesta a la crisis del coronavirus. En primer lugar, se explican los principios de la terapia y las prácticas narrativas, profundizando específicamente en los principios vinculados al trabajo con crisis y trauma. Posteriormente, se describen una serie de respuestas e iniciativas llevadas a cabo para sobrellevar la crisis del coronavirus que se han dado en la comunidad siguiendo estos principios. Se exponen documentos colectivos, intercambios de cartas entre terapeutas, consultantes y profesionales sanitarios, las actividades llevadas a cabo por un grupo de supervisión y la presencia de las prácticas narrativas en servicios sociales. Por último, se discute cómo estas inicitaivas pueden ayudarnos a construir esperanza en tiempos de incertidumbre.

Palabras clave: *Covid, trauma, respuestas narrativas, documentos terapéuticos, documentos colectivos*

"Hope" is that feathered thing
That shudders in the soul
And sings without words
And is never ever interrupted.
(Emily Dickinson)

The emergence of a pandemic of the magnitude of COVID-19 has produced changes in people's lives on many levels. In Spain, the virus is taking the lives of thousands of people (about 48,000 so far) and producing a social disconnection never seen before. The way to avoid the pandemic was rigorous confinement for almost 50 days. We are still emerging from it in some places and seeing what the future holds.

There are many manifestations in people's lives brought on by the appearance of the coronavirus: fear, anxiety, negative anticipation at work and socially, deaths alone, respiratory distress, lack of physical contact with some of our loved ones and a long etcetera.

The different actions of solidarity, support and help have been very varied. From making masks to phone calls to cushion the loneliness and the feeling of anguish of being locked up.

The Spanish Association of Narrative Therapy (AETEN by its acronym in Spanish) could not fail to take some action to add to the countless responses that have already occurred. With the present article we want to do our part by saving the responses that have been developed by applying the principles of narrative practices from initiatives of members of our association. Thus, we have structured this article in the following sections:

1. The principles of therapy and narrative practices of response to suffering; in which we expose by way of introduction the theoretical and practical principles that inform the initiatives that we present below.
2. Saving Responses to Coronavirus through Documents.
   2.1 Collective documents in confinement.
   2.2 Circulation of double story letters.
3. Therapy supervision groups and online narrative practices. Responding to COVID-19 with our skills and prior knowledge.
   3.1 Intention, context, and previous supervision experience.
   3.2 Special supervision sessions during confinement.
4. Reconnecting survival stories in the face of COVID. Narrative practice in social services.

We hope that this article will be an incentive to start other projects similar or different to the ones presented here and that they will help to face a situation as surprising and difficult as the one we have had to live through.

Principles of Therapy and Narrative Practices of Response to Suffering

Some of the principles of therapy and narrative practices (White & Epston, 1993) for coping in times of distress differ from those commonly provided by the social sciences, the social and health professions and traditional psychosocial intervention models. This does not mean that we discard the forms of help that can be provided from other visions; on the contrary, everything adds up.

From our point of view, the diagnosis of post-traumatic stress syndrome with its corresponding intervention protocols can take its place among mental health professionals. However, on some occasions, it has been possible to note that this context of 'single-story listening' (based on the problem or painful situation) can facilitate the re-traumatization of people seeking assistance (Barlow, 2010; Beaudoin, 2005; Cloitre, 2015; Hassija & Cloitre, 2015; Leahy, 2003; Lilienfeld, 2007).

Instead, for narrative practices, a key principle in working with people who have experienced multiple traumas is to create a non-retraumatizing context (White, 2006). Double-listening conversations facilitate such a context by providing spaces to talk about the story of trauma and its effects, but also the story of the responses that have been made to suffering, as well as the analysis of where those responses have come from, that is, to the life knowledge and living skills that support them (White, 2000). The result is the expansion of the preferred territory of people's lives and the promotion of personal agency.

One of the fundamental principles of narrative practices is that people are not passive recipients of events, but are always responding to adversity (White, 2006). Sometimes, helping relationship professionals are stymied in the face of a situation such as the one we are experiencing with the argument that specific training is needed to address the very great suffering we are seeing at this time (Brindley et al., 2019; Katsounari, 2015). The truth is that it is a circumstance in which for the first time, all people, including therapists or professionals in the helping relationship in general, are subjected to the same traumatic situation (Browne et al., 2020). This creates the need for extra security to be able to face the tough situations we encounter. However, we cannot forget the narrative principle mentioned above together with another related one, giving importance to local knowledge, promoting the resonance/recounting of the stories of the actions that are already being carried out by the affected community (White, 2003).

Collective narrative practices (Denborough, 2008) emerged with the firm idea that there are always stories that can be rescued to be told to others who can be helped and served. It is about re-building a sense of community and highlighting how communities respond to crises. It is about connecting communities to each other in different ways so that stories of resilience circulate, resonate, and empower our own stories of resilience.

It is not a matter of annulling or eliminating suffering, which is often difficult, if not impossible, but of rescuing the responses given in the face of pain, in the face of adversity, because from therapy and narrative practices we consider that

they are responses that give testimony about that which is important to us (that which we value) and which has been invalidated or violated by adverse events or circumstances (White, 2006). Rescuing the meanings behind our responses to suffering (the absent but implicit) helps to understand and seek more active responses to adversity and to strengthen our connections to that which we continue to value, hold, and reaffirm (Denborough, 2014).

People who have suffered directly from the coronavirus (self-infection or death of someone close) and its consequences (isolation, respiratory problems, physical disconnection from loved ones, anxiety, fear, etc.) and who ask for help, usually express that their lives have been divided into a 'before' and 'after' (Fiorillo & Gorwood, 2020; Horesh & Brown, 2020). Many of those who have suffered collateral damage from the virus, such as employment problems, state that they have lost hope for a different future and feel that uncertainty has invaded their lives (Mackolil & Mackolil, 2020; Pfefferbaum & North, 2020). From a narrative approach we are interested in recognizing the history of pain and suffering, but we are also interested in making the subordinated history visible. As we highlighted earlier by mentioning the absent but implicit, this preferred story will be shaped by the responses people have made to protect themselves and what is important to them in life.

Having conversations enriched by the story of suffering would consider making visible and honoring the story of the responses people have made. This helps people re-engage with their history and their 'sense of continuity'. It also connects them to their interests, values, skills, dreams, hopes and commitments, fostering the development of a sense of personal agency.

As we have already stated, it is the ideas outlined here that inform and underpin the initiatives presented below.

Rescuing Responses to the Coronavirus through Documents

Collective Documents in Confinement

The first experience to share is the creation of a collective document that emerged from the students of the Master in Narrative Therapy and Community Work of the University of Extremadura during a seminar on collective narrative practices.

> Collective documents are made to crystallize the alternative story of the skills and knowledge that people, and communities discover they have and that are useful to them in difficult situations. It is written from the textual words of the people who participate in the workshop. An effective document should include images used when speaking, metaphors (pay attention to the way of expressing oneself) and even that which evokes smells, sounds, or textures. The document does not have to be a letter; it can be a diary, a brochure, web pages, etc. (Chimpén-López et al., 2014).

The collective documents are circulated among different communities in an

attempt to generate other documents in response to the first one produced and, of course, to be a trigger for the collection of responses from this second community.

We offer here the collective document created in response to the difficulties of COVID-19, entitled *"Narrative in times of pandemic: when the coronavirus made mankind reflect on humanity".*

Narrative in Times of Pandemic: When the Coronavirus Made Mankind Reflect on Humanity

The coronavirus appeared, humanity stopped, and other stories surfaced with other words: community, achievements, values, possibilities...

The participants in the Master of Narrative Therapy and Community Work of the 2019-2020 promotion of the University of Extremadura, want to share this document with anyone who is interested, as a form of collaboration to address the coronavirus pandemic that is sweeping the world at this time. We wish to move away from individualism and towards community responses, which we believe is the best way to overcome the effects of the difficulties and evolve in global consciousness, not only at this time but in many others.

We hope that the way in which we face difficulties in order to re-discover ourselves will be useful to you and that it will encourage you to continue growing in skills, abilities, values, and life principles, as well as to continue believing in your dreams, goals, expectations and hopes.

We will move forward to overcome difficulties through unity

We have been able to see that despite confinement, unity is something that sustains us in difficulty. Sharing funny posts with my mother increases my positivity towards the situation. Some of us stay connected even without talking to anyone but keeping the others in mind. Making a letter to give to a sick person to cope with stress, connecting with my pet, or caring for others all lead me to get serious about not leaving the house. These are some of the ways we have found to be united in the face of difficulty. Solidarity and the opportunity to reconnect can be great weapons to combat the current situation with shared responsibility. Of course, also talking, laughing and feeling close to each other.

Ability to adapt and overcome

Sometimes an acceptance of the situation is needed, but not in a passive way, but an acceptance that mobilizes our capacity for effort and resistance.

For me, patience and calmness are useful, to see opportunities to make changes in life when there are difficulties, like the bamboo, which does not bend to the wind, but dances with it. I look at the flowers that grow in the garbage, as Fito wrote, and this can be interpreted as an ability to overcome adversity.

Some of us have found it useful to apply family traditions and some sayings that help us to adapt and overcome: "the early bird catches the worm"; "adapt or die". I understand this situation as an opportunity to "get off the world", strengthen the family relationship, value what we have as "normal" and that has been changed by the quarantine, regain control over the day to day and reflect on the change in people's mentality and collective feeling. For some of us, tenacity and willpower accompany us in order not to give up despite the circumstances. With tenacity and willpower everything will be solved, seeing it as an opportunity for change and learning.

Caring for others

Caring for others is something that helps many of us as part of the values and principles of life that we carry in us and that we want to continue as a legacy that we pass on to other generations.

Understanding and affection have accompanied me in facing the disease. I used to see the young women in my mother's village getting up at 6 a.m. on Saturdays and Sundays to work in the family's fields. In my family, when faced with difficulties, we usually help each other. In my village, when one family member ignores another in difficult times, it is frowned upon. For some of us, the ability to care helps us to face difficulties. It helps me to think that I DECIDE TO STAY AT HOME to take care of others. I make video calls. I phone and send messages to the people I think need it most. We are a tide of people, all different, taking care of each other to the same beat (thanks to Macaco for lending us the phrase).

Nothing lasts forever

Some of us have overcome and left behind many difficult moments: anxiety, illness, change of house, change of job, etc. I remember the sayings: "no evil lasts a hundred years" and "after the storm comes the calm". I was taught that you can wait for the moment to enjoy things. Seeing what we have overcome helps us reconnect with our strengths and resilience.

It serves me well to trust God because He has always given me and my family peace of mind, hope and peace in the midst of pain, fear, and uncertainty. In addition, some of us have developed the ability to laugh at the situation. Using humor and music also serves as a reminder that... NOTHING LASTS FOREVER....

The way we circulated this collective document during the pandemic confi-

nement was through Facebook. The responses to it were individual and we do not know if the document was ever used collectively through any Zoom meeting, but through this article it is available to anyone who wants to use it.

Circulation of Double Story Letters

The second narrative response has to do with three initiatives related to letter writing, taken from the experience in consultation and work with minors under judicial measures.

The circulation of the letters of a consultant who specifically addressed mental health problems in times of confinement, recognizing the multiple stories in her identity, allowed many other people with similar problems to feel accompanied. One story is the one offered by multiple diagnoses (OCD, Major Depression, Agoraphobia, ...). The other stories have to do with the preferred identity, the one that focuses on values, hopes, dreams, capabilities, and life principles, along with the actions to which all this leads.

The project has also been posted on Facebook under the name "Letters to My Psychologist" (https://www.facebook.com/terapia.narrativa) and the multiple responses received are empowering the querent and facilitating the mobility of many other responses that can be given to deal with confinement and mental health issues.

Also related to the circulation of letters, a project arose with the health personnel, to share them with colleagues from other parts of the country, without waiting for answers, but generating a movement of support among them to face the hard moments they were living.

Here we present the letter that started this circulation in collaboration with David Denborough of the Dulwich Centre, Australia, using the words of two consultants.

I hear the call of duty

But these times are so difficult

Some of us nurses, doctors, orderlies, cleaners, and others who work in hospitals are facing things we have never faced before. This is the fourth week we have endured.

So many deaths one after another

In the hospital where I work, here in Spain, there have been more than a hundred deaths in the last few weeks. I have witnessed death, after death, after death. On a scale I have never seen before. Death is very close.

Fear

There is also fear. Fear of catching the virus and what that entails What if I catch it from my children? What if I can't be around my children? When death is so close, the fear can be overwhelming.

Exhaustion

Physical labor these days is extreme. Underneath the layers of clothing that protect us it is so hot. It is also so hard to breathe. Every breath is an effort.

Willpower

When I have to get up to go to work, every day, it is so hard to take the steps to start the journey! It's not too long of a drive to get to work, but every day I think I don't know how I'll muster the willpower to get in the car.
But I hear the call of duty.
I took the doctors' oath[1] . An oath that people like me have been taking generation after generation after generation. I remember this oath. I recite it to myself. It gets me up and makes me commute to work. It gets me through the offices, through the beds every day.
"I PROMISE SOLEMNLY to dedicate my life to the service of humanity... I MAKE THIS PROMISE solemnly and freely, pledging my word of honor."
I hear the call of duty and I also hear the people....
"It happens every night at 8 p.m. sharp. Starting softly, like a distant flash of lightning, the noise grows louder as it echoes around the city. It is the sound of tens of thousands of hands clapping in unison as...locked-in residents...give the city's sanitation workers a standing ovation from our balconies." (Kliger, 2020)
This recognition helps. It keeps us company. We absorb it. But I am not a hero. We are not heroes. I am following my call of duty.

Kindness in the face of fear

With so much fear, also in our hearts, we must find a way to make sure we don't show it to our patients. It is a time when we must be ever kinder, offer more love, more dawning. I show kindness in the face of fear.

Music

On the long commute to and from work each day, I only listen to music. The news adds to the fear. When they talk about us as if we are at war, as if we are on the front lines, it does not help me at all. It makes it worse. Music, however, brings comfort.
These days and nights are so hard to bear.
So much death and so much fear.
But we hear the call of duty
Recite the Hippocratic oath
And at 8 o'clock in the evening we know we are not alone.

The third initiative with the letters comes from one of the resources for the Home of Judicial Measures of the Association for the Social Integration of Minors in Extremadura. One of the educators noticed that anxiety about being in confinement,

far from their homes, began to surface after the second week. He came up with the idea of counting on the Spanish Association of Narrative Therapy to solicit letters from other adolescents who could comfort the adolescents in this home.

In this way, two associations were set in motion to send letters of comfort and strengthening among adolescents that began to circulate from Cáceres to Pontevedra, to Madrid and to other places in Spain, always on the way back and forth.

At this time, in addition to the letters, a radio program has been started by the adolescents, which began in the confinement and continues today (project at: http://www.aeten.es/proyectos-covid.html).

The following are the experiences of supervision groups.

Therapy Supervision Groups and Online Narrative Practices. Responding to COVID-19 with Our Skills and Prior Knowledge

In the supervision group "TTT" we have responded in a practical and quick way to the demand for an accompanying space for mental health professionals. We did it in two different ways. On the one hand, within our monthly supervision group, we included special spaces for Covid-19. On the other hand, we offered two extra sessions, free and open to our supervision groups and to social and health professionals in general. These sessions were held with people from Central America, Latin America and Spanish-speaking people living in different European countries (Spain, United Kingdom, France, and Germany), with 25 professionals participating. Below we describe the intention of the group, the work structure, and the collection of some of the responses to the Covid-19, in case it could serve as a model for other similar supervision groups.

Intention, Context, and Previous Supervision Experience

The four-year experience of online group supervision that began in September 2016 tucked us in with the confidence of knowing the potential value and strength of online groups. Throughout these years, we have collected monthly responses from our participants that confirm the connection in distance and the antidote to isolation. People who participate in these conversation groups, based on narrative principles, feel accompanied and renewed strength at the end of the meetings. In their words, it helps them to have more confidence in the narrative practices model and a greater sense of security in bringing narrative principles into conversations with clients, whether in therapy, in the community, with clients, or with co-workers.

Differences in gender, cultural and social context, background training, work context, to name a few, enrich the diversity within the unit, influenced by Freire's concept (Freire, 1994 cited in Barreto & Grandesso, 2010) and the idea of "the experience of 'communitas' a concept of Victor Turner rescued by Denborough (2008) in his work on collective narrative practices. Another important influence on online narrative TTT supervision is that of social activist Reynolds (2011). Her concepts of solidarity in group supervision and the importance of power and how

to respond to it, challenging the idea of therapist neutrality, are at the basis and principles of our project.

The regular supervision group for the month of March 2020, began, as always, by asking ourselves what we expected to get out of supervision. That day, however, expectations were focused on Covid-19:

> *"I was hoping for this space to regain some normalcy-I was looking forward to it and not looking forward to it much. I want to encounter the little stories of courage-what a good background it leaves us to see one person treat another well-to witness this renews the energies!"*
>
> *"In the country where I live there is anxiety, but not the level of pain that there is in Italy and Spain. In my home country, in Latin America, the political environment has changed - domination of the population. What is the future after this? Economic collapse, suicides, technology? Economically it will affect all of us- it touches us on all sides- there are no global answers- how do we respond personally."*
>
> *"There is a lot of guidance and instruction- how can we do our work in a narrative way- how do we narrativize the experience of accompanying our consultants?"*
>
> *"I need to feel like I am normal within the everyday."*
>
> *"I want to witness your stories and connect with them."*
>
> *"Today, has been a great day. I hope from this session to be able to share what I have been thinking about these days; what will happen post Covid-19, people who have lost family members without being able to accompany each other in grief-this is giant and global-how do we prepare in our contexts?"*

At the end of our supervision, people said what they took away: tenderness, choices, "being there," connections, companions, and joy.

Listening and observing the March supervision process made us connect with our initial intentions regarding group supervision. Intentions to contribute and enrich professional life stories. In the context of Covid-19 and confinement, it was too precious not to share. We decided to organize two supervision sessions open to those who needed, as we did, to connect, re-member, share and, if necessary, cry in a safe and energizing space.

In the April "TTT" Supervision session, the conversation turned again to Covid-19. This time we picked up some of the participants' responses to the confinement situation in the question at the end of the supervision, about what will sustain them during confinement:

> *"Remembering this "Bubble" (supervision space)."*
>
> *"Knowledge production."*
>
> *"The people in this group here."*
>
> *"Challenge language-or use language-respectfully."*
>
> *"Not forgetting to challenge gender."*
>
> *"To join in denouncing inequalities."*

"To give visibility to those who protest with evidence - to be a loudspeaker for associations on the margins of our communities."
"To approach people with affection."
"To be active protesting is also to respond."
"Making those outside the system visible."

Special Supervision Sessions During Confinement

During the preparation for these special sessions, we talked about the hopes we wanted to have with us in the project. We concluded that what we wanted was to facilitate a space for sharing, a bridge where uncertainty would not dominate us and a space without borders to enrich each other. A special session was organized in March with seventeen participants and one in April with fifteen participants. Each had a different central theme. In the first session the theme was: No one is passive in the face of a traumatic situation (White, 2006). In session two, we addressed discourses that influence our perception of COVID-19 and the people who suffer from its effects.

The structure was the same in each meeting:

1- Welcome and initial question: what do you hope to get out of this meeting?
2- A common time to talk about the central theme. We propose a space for sharing - a bridge where uncertainty does not dominate us - a space without borders.
3- The participants are divided into small groups of two or three people.
4- A return to the common group is established where the conversations of the small groups are shared.
5- Closing connected with the hopes of the session.

Session 1: Central theme and responses

No one is passive in front of traumatic situations (White, 2006): let us listen beyond Covid-19 and also listen to its effects on the people who consult us. We ask to hear stories that Covid-19 has silenced; stories that tell us about the values and dreams of the consultants.

Small Group Discussion. 1-From our position as a professional or as a person living the Covid-19 situation, describe what skills you are discovering or what little things are surprising you about yourself, your family or your work team?

2-From our position as health professionals, what effect can it have to see our consultant (student, patient, client, etc.) as a person who is not passive in front of Covid-19 and who somewhere in his identity is a person with values, hopes, dreams and life commitments?

Session 2: Focus and responses

Discourses that influence our perception of COVID-19 and the people who suffer from its effects. We organize our lives and our behaviors and the view we have

of ourselves around given knowledge. These we receive through our culture and the discourses that revolve around us. This process is an invitation to look above or beyond what is "positive or negative" and to analyze, from complexity, how these discourses can invite us to places we do not desire, but force ourselves to desire.

Small Group Discussion. 1-What are these discourses about the "socially applauded and valued way" (in your context) of responding to Covid-19 saying to you personally as a professional and as a person? How do they affect the way you respond to it?

2-Paying attention to the minuscule, what do you think you are doing or have done on occasion to create a small groove between these discourses and how you would want/prefer to live this situation?

Collective Response

Some of the hopes that participants wished to gain from our encounters, were as follows:

Connection and Care

- To see how we can collaborate from our narrative vision to uplift and reinforce people's alternative stories.
- Create a space of care.
- Space for calm and non-urgent dialogue.
- My intention is to have a shared space and not to be carried away by uncertainty.
- To look at how we respond, to learn from other stories, other people and other experiences.
- What I hope today is to share with you how we are living this moment and to reflect on those "discourses" that may be conditioning us.
- Reaching out to the people who consult us and ask for help.

Change of position

- To have other perspectives, to open the field.
- Keys to put hope on the horizon of conversations.
- I look for an approach in these conversations that helps me to help, from a serenity.
- Prioritize community participation-the community guides the professional, not the other way around.
- Knowing how to express and carry inside tension to give peace of mind to our grandparents in the residence.
- Make the alternative story visible over the constant stress.
- Stimulate the idea of getting out of the data of the crisis ahead of us.
- Open the gaze to situations that I have so far not discovered I will already feel very satisfied.

- Desire for something different - to be able to work out something different.

At the end of each conversation, we collected what connected with the hopes, which the participants brought with them at the beginning of the session.

Connections and responses

- I felt welcomed and a space for me if I need it. A new one... Huge discovery.
- Different re-connection with family, team, what we do and/or a new city.
- Feeling how the assisted help- a making us not see the subjects as distant.
- I take everything-I love the idea of slots, but slots in the system-because we are all in the tunnel. Slots in discourses and in systems. The way this system of oppressive discourse and practice manifests itself. Slots in the system to support the future.
- I take away more than I intended - ideas and connections with you.

Space and shifting positions

- Silence is good space of refuge.
- It has been a different space. The global tendency to put a moral hue to everything. Maybe it is not so easy to be pragmatic.
- The experience of responding as a society. Rescue as an important tool. If the state does not respond, people respond.
- I have an important list of what I take away-I take away more security-and get out of the moral excess that sometimes I have also been immersed in.
- Different view to the homogeneous discourse on vulnerability and the vulnerable. This makes us not see people with their life strategies and we can only see that vulnerability.
- Constantly rescuing the language, we use.
- I take the flexible point rather than the middle ground.

New hopes

- I have had the opportunity to rescue “joy” as a friend that allows us to stop the steps of fear and strengthen from that spark the immune system.
- Appreciate not seeing “the other” as a victim.
- Share the surprise.
- I have heard things that stimulate my imagination and give me strength to start something a little different.
- I take away a lot of questions-and I take away the small things that are also more practical-because in the end the small things end up rescuing us. Hope is a butterfly.
- Getting out of the same circle of conversation and remembering things that are kind of taken for granted.
- If you do not see something as novel, it can be lost.

Let these words serve as a summary of the narrative responses that emerged from the supervision. We then give an account of experiences applying narrative practices in social services.

Reconnecting Stories of Survival in the Face of COVID. Narrative Practice in Social Services

Social Services, as an essential service in the primary network of attention to the most urgent needs, were on the front line to deal with the effects of the pandemic that, indeed, came suddenly, as catastrophes do, leaving the population paralyzed and then confined. An unprecedented change took place, with multiple extensions in its effects: social, family, personal, labor.... The economy was paralyzed, remaining in the basics. Job search processes were paralyzed, layoffs began, and everyone was locked up at home.

But this pandemic has not affected the entire population equally; the already existing social inequalities became more visible. To the previous social damage, suffered by the most vulnerable and oppressed people by the different power systems, was added isolation. Leaving people alone or families locked up, without access to income and/or care resources.

Social Services became a call center for the most basic needs of those confined. Many of the telephone conversations began in the same way:

- Excuse me miss, I came to this country and I have been working for X number of years without having to ask for anything but now we do not even have enough to eat.
- Excuse me, miss, I came here to visit X and I have been locked up.
- Excuse me miss, I have a NIE (foreigner identification number in Spain) but they just gave it to me and I have no job.
- Excuse me, miss, we are having a hard time, I was working for a few hours in the black, because I have no papers.

In this context, social work, used to direct contact, to the possibility of a hug or a look, was transformed into the daily reception of stories saturated with problems. Anguish overcame the telephone line. At the same time, a certain saturated air of impotence or limitation accumulated.

From the narrative practice we find ourselves in the conversation in that active and decentered position in the absent but implicit. Attention is placed on the events that break with those dominant discourses, so that, after the words of anguish heard, on multiple occasions, some questions could be raised: What are these people refusing? Would these presentations be some form of counter-discourse towards the stories that are told of the migrant people who come to ask for help? Or like when you hear "I am 58 years old and I have been working as a permanent employee but after the ERTE (furlough in Spain) I do not know if I will be able to continue working and who will hire me!"... Would it be some form of representation about what was important to this person and was being damaged?

As professionals in social accompaniment, we are constantly exposed to the voices of the problem and run the risk of becoming absorbed by it. When we focus on the life of the problem, in addition to the risk of re-traumatization, we could also be supporting it through the deficit discourse. A reifying and negative discourse that, on many occasions, is generated around social problems and how they affect people's lives, as well as their ability to solve them. From social work, we try to break with the difficulties that prevent people from developing to the fullest, so that narrative practice, by its principles and methodology, could provide a space that went against this deficit discourse.

The questions that arose were: how to access that local knowledge and survival strategies from the processing of economic aid? How to rescue and help reconnect those other stories that were told over the phone? How to listen to stories beyond the trauma of COVID's time?

An idea of Campillo (2009) was reformulated in the form of a project, to conduct a post-help evaluation with the following objectives:

- To know the satisfaction about the care received from social services.
- To co-investigate the alternative histories to the situation of confinement experienced.
- Collecting survival stories: what sustains us in difficult times?

Translated into the following actions:

- First contact: telephone/mail.
- Processing of financial aid.
- Second telephone contact. Evaluation interview
- Return mail. Exchange of stories.

The idea was to conduct an evaluation by connecting the assessment of service satisfaction with the co-investigation of survival stories, promoting personal agency and thus weaving a web of stories that would foster collective awareness.

Thus, after the processing of the service, an evaluation call is made where after the presentation, anonymous and voluntary participation is requested, to answer the following questions:

- What has been for you the main difficulty at the time of processing and obtaining the financial aid?
- In general, out of 0/5, how would you rate your attention/relationship with Social Services?
- What would you improve?

Then, the survival story is explored in the following way:

- These times have not been easy.... Can you tell me a story about a problem you have survived from in another difficult time?
  a) How did you manage to overcome the effects of the problem?
  b) What did you learn about yourself then that has been useful in your life?
  c) What do you call that part of you that helps you through difficult times?
  d) Now that we have learned about this, could you tell a story of how you

have used "that commitment, principle of life...", that which somehow you now know about yourself in these times of COVID?

As in all co-research from the narrative practice, the consulting people are the experts, so the generated document would serve to obtain a space of reconnection with who they are and with that space of the landscape of identity damaged by the traumatic situation experienced. The different survival stories can be interwoven as the participants exchange theirs, in order to form a network of survival stories that honor the people who lived them.

From social accompaniment in environments that are not initially therapeutic, it is possible to carry out follow-ups and evaluations that not only provide us with data for our bases. In this journey, which is done together with the people, we can, on the one hand, obtain stories that will give us a more thick and enriched knowledge and that will help us to establish subsequent interventions if necessary and, on the other hand, what we could call the main destination, to carry out accompaniments that are useful to people in their coping with the fears, problems, isolation that they have had to live. All this, together with the realization of an evaluation of the measures implemented during the time of COVID.

Conclusions

As we said, this collective article gathers some proposals and experiences that we hope will be of use to you in some way, whether they are inspirational, opening or, ultimately, that may have resonated with you and have seemed to you, at some point, interesting.

From the different professionals and professions of social support and accompaniment, in this search for "doing the best possible" or "not harming", we have felt the time of COVID as a time of uncertainty and insecurity.

A time of uncertainty, in many cases lived to the limit and that has tested people and families, as well as professionals and organizations. These are unexpected challenges that call for new ways of looking and we know that, in the stories of survival, in the collective stories, lies the recovery of knowledge and skills of personal and community life.

The experiences gathered here are intended to make noise in that insecurity, to remind us that, although the virus has disrupted us as people and professionals, there is also a community behind it that continues to survive and reconnect. It is this bond of care that humanizes us.

We hope that with these experiences we have made so much noise in the face of anxiety, anticipation, dying alone, lack of contact... that hope has appeared.

Notas:

1 Adopted by the 2nd WMA General Assembly Geneva, Switzerland, September 1948 / amended by the 22nd World Medical Assembly Sydney, Australia, August 1968 and the 35th World Medical Assembly Venice, Italy, October 1983 and the 46th WMA General Assembly Stockholm, Sweden, September 1994 / revised in wording by the 170th Council Session Divonne-les-Bains, France, May 2005 and by the 173rd Council Session, Divonne-les-Bains, France, May 2006 / amended by the 68th WMA General Assembly, Chicago, USA, October 2017.

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