

Application of Narrative Therapy in a Social Work Group of Caregivers with Mental Health Disorders

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Abstract: Social workers from China found in their community service and interview: Caregivers of individuals with people with mental disorders Lack of sense of meaning in life. They showed simple narration content, narration style, pessimism, low identity recognition. Caregivers think Causing their life stress, family economic difficulties. the psychological pressure is because of their have a mental illness person in. family. Social workers follow the concept of helping people to help themselves, hoping to improve the sense of meaning of life for these caregivers and change their perception. Thirty family carers of the mentally disabled have been chosen to receive life narration treatment in a social work group. this is the main content of social work practice research. In practice, Social worker which has adopted various kinds of narration methods such as life narration, sand table narration, story narration, drawing narration, etc. The practice of This social work group helps carers discover their life meaning from the experiences of care mental illness. this is a valuable practice of social work service for families with mental disorder. This is done with application value of promotion.

Keywords: Caregivers with Mental Health Disorders; Narrative Treatment; Groupwork; Reconstruction of the Meaning of Life; Story Narration.

1. Introduction

Social work practice in China has facilitated its professionalisation. This practice has deeply rooted in traditional Chinese values regarding the family as the primary social welfare house. (Yu Lili, Li Beibei (2024)) Therefore, family care in modern China has its unique status due to Chinese people's way of thinking, economic situations, limited medical and social work resources. By the end of As of December 2023, there were 6.988 million registered patients with severe mental disorders in China. the incidence rate was 0.424% (Zhang Wufang, Ma Ning, et al. 2022). The majority of them are in the rehabilitation stage and live in local the community, respectively. Their family members played a major role in taking care of them.

Those families are facing difficulties like ageing, disabilities, severe diseases and poverty caused by the illness. Thus, they are the most disadvantaged groups involved in various conflicts, frictions, and break out of patients' symptoms. According to the observation of social workers that a reciprocal negative influence between a patient and his/her caregivers has worsened their situations mentally and physically.

A human being vagrants in a senseless universe and his living is in himself insignificant, but man is free enough to choose for himself He has inborn motives for a better living, not for frustrations from various difficulties (Yang Shaogang, 1999). Internal significance lies in everyone through interpersonal relationships, and this significance comprises the key sources of psychological well-being. Empirical studies demonstrate that the awareness of the meaning of life contributes to alleviating stress, treating illness and buffering pressure as well as to one's sustainable positive psychosocial state (Zhaona, Mamin, Xin Ziqiang, 2017).

Miseries brought about by such families form a part of their

lives, and social intercourse works to improve relationships through mutual credibility, sympathy and understanding. Focusing upon the reconsideration of life meaning of caregivers, this study aims at the reconsideration of caregivers' life meaning by putting into practice the theory of life narrative groupwork of caregivers.

2. Background

According to the "Healthy China Action (2019-2030)" Research shows that 90% of people who have recovered from mental disorders live in the community, with their families. The pressure of family care for people with mental disorders is self-evident. (Wu et al 2019). Hence, their family members face financial, emotional and physical challenges, and their attitudes towards the caretaking process are negative. Unemployment and isolation with limited exposure to the external environment often allow them to experience challenges and difficulties in developing a positive life meaning. The research has been carried out for the care has become an important part of social management in the new era. This service system has gained a robust growth in recent years. It is known as three social linkage service and community service at grassroots level. It laid the foundation for social work service for families with people with mental disorders (Li and Yang 2005).

Narrative psychotherapy is a new trend, which originates from domestic treatment. Narrative psychotherapy is an attitude, a choice and a life pursuit rather than mental treatment and its core techniques are externalised communication, rewritten scripts, revised discourses, definition ceremonies, event-prominent discourses and supportive discourses (Li and Zhong 2005). Psychological consultation and treatment with narrative psychotherapy are not only suitable to common people or people with mental problems but also are widely used

in the study of people with psychic trauma, schizophrenia, cancer, eating disorder, PTSD and homosexuality (Zhao Ma 2017).

Narrative psychotherapy is suitable for the caregivers of the members with mental disorders. This therapy, guided by social work theories, improves caregivers' mental state and facilitates interactions of family members.

3. Purpose of the Study

Life narration method is used in social work practice. It refers to the personal expression of feelings, experience, motives, value outlook and shared emotions and thoughts.

Social work theories penetrated the whole process to probe into the feasibility of narration psychotherapy upon caregivers. Particularly, when encountering the first episode of the person with a mental disorder, the first group of caregivers knew less about such a disease and were stressful in handling the supervision case. The second group of the caregivers, after handling several episodes of the mental patient, are tired of various kinds of financial, physical and emotional burdens. This group had few social activities. The third group of caregivers were fed up with the deteriorated mental patient, so they are quite indifferent to their patient's state of affairs. Out of case analysis, the narrative psychotherapy to life narration proves to be feasible in helping caregivers reconsider their life meanings.

4. Methods and Analysis of Materials

4.1. Sample

Selection and determination of research target Family members of mental patients and caregivers from local communities in Changsha.

4.2. Inclusion Criteria

Firstly, the local community residence committees collected the information of the families with members with mental disorders. Then, social workers visited such families and selected suitable volunteers in terms of the following criteria. Thirty caregivers and 30 patients have been involved. Patients are clinically in stable phase, who have no severe psychotic symptoms, and no risks of committing suicide and violent behaviours. Patients are in the recovery stage with their families. Caregivers are willing to join the workgroup during the whole programme. Patients and caregivers are given information about this programme and are willing to sign the collection of written consent.

4.3. Size of Group

Each group consisted of six to eight families, and four groups were organised to fulfil 30 tasks. In addition, each task was conducted at least six times. For each time it lasted less than three hours.

4.4. Signature of Informed Consent Form

The candidates were informed about the social work unit, its service and purpose, its functions and values. Then, they were willing to sign the informed consent form for further co-operation.

4.5. Forms and Ways

McAdams, the founder of autobiographic exploring method, holds the point that man can be known by his stories. One of the commonly used life narration forms is personal experience

narration form. It combines the available past, the perceivable present and the conceivable future all together in order to symbolise his life formation manners and to show his conception, consideration, comments and senses of what has happened to him. Materials, hence, collected speak volumes for the person's characters and personalities.

The way of individual experience narration, which is also life discourse narration proposed by McAdams, has been applied to the narration process of caregivers. The story is classified into three successive stages in time order: before the episode, in the episode and after the episode of the mental disease. Narrators and persons involved are inspired to step into the story and describe it vividly and straightforwardly, and this makes a breakthrough of traditional story-telling teaching models.

4.6. Three Sources of Data

4.6.1. Composition Tasks of Group

Their compositions illustrate what had happened to them: descriptions of events related to the episode, words of important participants and plans of future undertakings, etc.

4.6.2. Interview

It is conducted during the mature stage of group narration process when narrators feel free in story telling under comfortable circumstances. Interview paves the way to narration analysis. After the sand table task, they are encouraged to tell stories of their family members.

4.6.3. Drawing

Considering their defensive mind-set, drawing is introduced into the narration ways (proposed by McAdams 1993); through which way they reveal what is hidden inside and indirectly tell their life experiences.

4.6.4. Sand Table Tasks

They were assigned to produce sand table works under the subject "My Family". At the same time, they were asked to introduce their personal stories of caring for the patient with vivid images and pictures. This combination of personal story narration methods with sand table skills has led them to the enlightened sense of value, the clarification of living significance and awareness of values.

5. Dimensions of Materials Analysis

Data collected from the above workgroup of caregivers were analysed and concluded for research concepts and dimensions.

5.1. Narration Intonation

McAdams believes that any individual life story can be expressed with intonations of comedy, romance, tragedy and irony, which come from western literary tradition (White 2019). Caregivers' narration intonation has been observed and analysed to make sure, if they maintain consistent or inconsistent moods and attitudes.

5.2. Content of Narration

The content of narration is what was said by caregivers. When a caregiver told a story, researchers' attention is paid to the theme of the story before the theme analysis: How this theme has influenced the narrator's early life. The content of narration also reflects researchers' narration ideas and their feelings and comments upon the narration story.

5.3. Narration Form

The narration form is how to say it. Through form analysis,

researchers aimed to obtain information of thinking, emotions and motives of individual caregivers. Researchers of social work also make observations upon caregivers' response, pauses, tones in a bid to catch their mental activities.

5.4. Narration Sequence

Turner, a psychologist, believes that narration is superior to stereotype, schema, prototype and script because it emphasises upon sequence. In addition, the sequence is suitable for the study of changes, life cycles and any kinds of developing process (MONK C, WHISLADE J et al 1997). Social work researchers are concerned with the developing process of the narration before and after the social workers' involvement.

5.5. Narration Images

Images refer to simile, symbolisation, and pictures used to describe characters and plots. When telling personal stories, the caregiver always mentions some specific plots, which are deeply rooted in his heart. Pictures help to reflect the storyteller's inner heart accurately. Social work researchers pay close attention to the narration clues of caregivers in a bid to get the caregiver's image patterns. In this study, diversified narrative ways (drawing narration, story narration and sand table narration) were adopted in order to conduct a qualitative and quantitative analysis of narration materials comprehensively.

5.6. Narration Sequence

It is a comprehensive collection of materials of participants through co-operative observation, interview and material analysis. A qualitative study was adopted for detailed descriptions of the process. For example, interactions, activities and communications among members could be comprehensively observed and recorded during group

activities. Materials collected in the drawing process, sand table working results, storytelling, copywriting of social workers and satisfaction survey are analysed for further research.

5.7. Design Plan

5.7.1. Sand Table Narration and Drawing Narration Applied to Help Caregivers Form Their Sense of Life Meaning

Considering their strong sense of self-defence during the earlier period, sand table narration and drawing narration were used to make them describe images focusing upon family and its members. They were encouraged to express themselves and communicate with each other through self-image drawing, the invitation of witnesses, storytelling, etc. Life events are given top priority, and through description, their sense of life meaning and life value is regained.

5.7.2. Chapters Narration Method of McAdams

This method is employed for various issues: (1) Life chapters; (2) Events: Key events described by interviewees in detail and with significance include peak and low ebb experiences, turning points, primitive recollections, remembrance in childhood, youth, adulthood and other important experiences in life. (3) Important persons. (4) Future plans: Interviewees were asked to state their dreams, specific plans and objectives for the future. (5) Pressure and existing problems: Their ideological state: values and beliefs. (6) Themes in life: They were asked to generalise the mainstream of their life stories. This part is closely linked to group activities with first-hand information of their narrative intonation, structure, content, forms, sequences and viewpoints.

5.7.3. Unique Story Telling Method of White

Table 1. Group activity design

Group Stage Model	Narration Topics	Purpose of Activities	Characteristics of Participants	What SWs do
Earlier Period Beginning Stage	Narration through drawing	Acquaintance with each other; Group Formed with its purpose; Expression of each member.	Willing to be closer but reluctant to be together;	Caregivers are encouraged to take the initiative of expressing themselves.
	Narration through sand table work	Further understanding with each other; Story telling through sand table work;	The service users are full of expectations with superficial individual topics	Caregivers are asked to describe detailed events and their life themes
Rights and Control Period Transitional Stage	My life with the patient (Life chapter story method)	Story told before and during episode of the patient with detailed information of the caregiver's interactions with him.	Status and rights are in view; Leaders and gender distinguished groups appear.	They are separated from problems and issues.
Closeness period Mature stage	Unique stories	Growth of caregivers: accurate prediction of episode; Effective handling during episode.	Mutual understanding with shared experience and inter-dependence.	Helping them find special events, exceptional affairs
Identification Period	Stories rewritten Unique stories developed and consolidated.	Caregivers are instructed to recognise their growth, to proceed with their unique stories.	Harmonised communication; free from frictions; integrated with each other;	Caregivers are made to know supporting network system either from their family folks or from partners of shared experience.
Separation Period Final Stage	Story narration in prospect of the future.	Caregivers should be led into the course of rewriting their life stories and beginning with a prosperous experience through workshops; Multi-identity is obtained for life meaning achievement.	Group goals reached. Group members are unwilling to part with each other but are filled with expectations for the future get-together.	Caregivers are encouraged to express themselves, bring what they have experienced into the forthcoming life activities and talk about the future plans.

Mainstream narration forms the relationship between the personal living and interpersonal relationships. Sources of conflicts between local narration and mainstream narration of visitors lead to psychological problems. Stories of visitors are not true to themselves because they have adapted theirs to the

mainstream narration. To put an end to these conflicts, the problem-foreignization skill (proposed by White in his narration treatment system) is quite functional in isolating people from problems or distancing them from mainstream stories. Therefore, life experience becomes identifiable, which

has been neglected or diminished in memory but always significant for themselves. Such significance fails to be revealed by reading mainstream stories. In addition, this life experience is always a unique result.

A meaningful life begins after finding it out. Besides, dialogue transformation skill suggests that people proceed to develop their stories and be aware of their meaningful experiences or events which have once been ignored but which have been labelled as special or exceptional cases (White 2019). Through the above efforts, dialogue transformation and life interpretation can be fulfilled. Narration treatment group design of life meaning reconsideration for caregivers.

In line with the five-stage theory of Kolodny's group working stage model, the concepts of life chapter narration method of McAdams and unique storytelling method of White have been applied into the stage model of the working group. That is earlier period, rights and control period, closeness period, identification period, separation period. Attention has been paid to the participants' characteristics at different stages: beginning stage, transitional stage, mature stage and final stage. What the social workers do has been designed as in Table 1.

6. Results

6.1. Pessimistic Narration of Caregivers Burdened with Heavy Mental and Physical Pressure

Caregivers with family members with mental disorders are afflicted with various negative emotions: humiliation, self-accusation, self-inferiority, phobias, etc. At the same time, a painstaking job inpatient care often brings deleterious effects upon their bodies. For most of them are aged, degenerated in physical state, thus prone to illness and various types of symptoms. For instance, insult out of domestic violence of their patient has topped the agenda of the interview. The second biggest issue is sleeping problems caused by the patient.

Quotes of different caregivers: "I am almost depressed with him." (Caregiver A) "I feel so inferior and sad towards people because he makes me crestfallen." (Caregiver B)

"In most cases, I nearly broke down. I had to take care of him from all aspects, and there is no ending for such a job. I often cried upon my misfortune. God treats me so bad." (Caregiver C) "For several times, I intended to commit suicide with him and end up all such sufferings." (Caregiver D) "It is my personal humiliation. My son bears no future." (Caregiver E)

"Fear reigns in my life: the fear of her episode, of her unpredictable actions and behaviours. I have put away knives of the house." (Caregiver F)

Those caregivers with a patient of mental disorder within their family are under the shadows of stigmatisation, destined predicament and inferiority. For one reason or another, they label their family and even themselves as problematic and responsible for the cause of such a disease (mental disorder). They are always downcast towards people due to the mental patient at home, and this has led to a debased self-value and pessimistic narration intonation.

6.2. Heavy-burdened Family Expenditure and Singular Narration Clue

Schizophrenia, a chronic disease, has its repeated outbreak, and the targeted patient must receive hospital treatment repeatedly. Therefore, poverty often preys upon families with such a disease: a huge amount of expenditure for medical

treatment because hospitals never provide free treatment but charge them with a high price. It has been observed that every time the patient with mental disorder was transferred to a new mental hospital, he was told to receive a basic primary diagnosis (which had been done before) which was costly. In fact, no exclusive and specialised plan for individual therapy of mental patient was ever made. His family had to pay for all medical service.

"If he is in hospital, thousands of yuan is spent. Besides, her medication cost for every half of the month is seven or eight hundred yuan. All the above expenditure is part of my responsibility. The economic burden is too heavy for me." (Caregiver A)

"She (the patient) is jobless but a consumer of my deposit. I will pay for her life and medication cost. Jobless as she is, her disease also brings negative effects upon our jobs." (Caregiver B)

"Since she was ill, I have quit my job to take care of her." (Caregiver C)

"I am at retirement age, a time for veteran life. But, I have to work for him (the patient) as a janitress here." (Caregiver D) "I am short of cash. I need money." Similar complaints from those caregivers facing economic difficulties are reverberating around the ears of social workers. Caregivers also expressed their greatest expectations of "alleviating the financial stress". Their singular narration clue is characterised as the family narration in groups before social work interference, and this single understanding of living sense has no multiplied and multi-dimensional expression.

6.3. Social Stigmatisation and Singular Narrative Role of Caregivers

The patients with mental disorders are regarded as "abnormal" since the stigmatisation process was finished. Their "stereotyped impression" has imposed discriminative and negative labels upon their families. Henceforth, people of the local community keep an arm's distance from them or use harsh words against them with irony and scorn. As a result, they perceive themselves, consciously or unconsciously, as an isolated fragment. Fear arises, and conflict within and without becomes the norm. Closed life has been the style.

Quotes from the caregivers:

"No home visitors since the outbreak of her mental disease." "Things have changed since she is ill. I cut off connections with others: no drop-ins and calls, no participation of social get-together. My only job is to look after the patient. I have no mood to walk around."

"I'm a quitter of all activities. If I am out for social activities, I should be regarded as a heartless but selfish person who cares nothing about his mental patient at home. I am not in a position to enjoy myself."

Social prejudice and its consequent discrimination upon a patient with mental disorder and his family, the overwhelmingly important task of looking after the patient of the caregivers, singular roles between the patient and caregivers, all those factors form the single narrative style of caregivers, who are weak both in the sense of life meaning and in the process of their interactions.

6.4. Design for Practice of Narration Treatment Group of Caregivers

This design is focusing upon reconsideration of life meaning of caregivers. It is as the follows:

Social work practitioners make efforts to transform their

single narrative construction, singular and pessimistic narrative styles. Therefore, caregivers may regain awareness of their social functions and status and assume their comprehensive understanding of the patient as well as towards themselves. Such efforts, aided by co-operators, allow discussions at the core through the story-telling process.

These efforts are characterised as to professionalised efforts in the design and practice of social work service, for social workers put discourse statement as their study focus in a bid to create new life-meaning concepts for caregivers and related patients with mental disorders.

Consensus can be reached between patients and their caregivers. It is believed that our service strategy of life story narration makes our purpose clear and prominent.

6.4.1. Story Narration and Drawing Narration: Reflection of the Theme of Their Life Narration

Under the perspective of life chapter narration method of McAdams, story narration and drawing narration were used to inspire caregivers to state events and detailed experiences with spiritual values, discuss and describe life with her/his patient before, during and after episode. Therefore, measures of handling the case and themes of care-taking stories can be generalised, and narrative features like intonation, structure, content, forms, sequence and viewpoints are observed and analysed for further treatment.

6.4.2. Problem-foreignisation Technique to help Them Regain the Sense of Life Meaning

Problem-foreignisation (proposed by White with his unique story method) functions in separating caregivers from problems so that it may dawn upon them that their present situation is mainly created by the conflicts between self-narration and mainstream narration. Thus, they are told to keep an arm's distance from the mainstream narration in a bid to identify some key life experience known as special or exceptional events which are often ignored and downplayed. Consequently, change is underway. They were guided to rewrite the caregiver's story, and this led to the social workers' intervention with their transformation course.

6.4.3. Unique Story Consolidation Technique to Promote Reconsideration of Their Life Meaning

The story narration method was used by caregivers to probe into new roles, identities and senses in a bid to rewrite their life stories. Thus, it initiated their booming future. Those participants were supported in constructing multi-identities in a way to regain their sense of life spiritual values and meanings by sharing experiences and exchanging ideas. Therefore, caregivers feel integrated with each other, striving for the way out to their problems.

6.5. Evaluation and Findings Through Activities and Study Narration Changes of Caregivers in the Life Narration Groups

6.5.1. Transfer of Intonation from Pessimism to Optimism

Narration intonation refers to consistent manners and attitudes of the caregiver during his storytelling process intermingled with both pessimism and optimism. Pessimism is expressed in tragedy and satire dramas and optimism, comedy and romance dramas. All intonations of story narration can be expressed through such four dramatised emotions.

What has been revealed during their first performance is 90% caregivers of the 30 family narration groups expressed pessimism and aimlessness in life chapter narration intonation, while 13 of them made it clear that life with the mental patient

is a destined tragedy when discussing about life chapters. During the second step, caregivers are led to sharing their growth stories with the patient and finding unique stories techniques.

Their personal growth is the formation of the cognitive structure of mental disease, accurate prediction of the patient's the episode, effective measures in handling the case of episode, improved situation and positive changes of the target patient.

Their performance at the second stage demonstrates regained roles respectively: singers, dancers, chairwomen of caregiver association, president of the elderly university, master cook of cakes and pastries, pianist trainer, etc. Those regained senses of roles contributed to their restart of hobbies and interests in life, which have been displayed in the group and appreciated by group members. Changes of narration intonation began with this stage and continued with next stages. For example, they were told of their new identities with their patients through unique story narration process during the fifth service stage. During the fifth stage of focusing upon Wonderful Life for the Future, they were high spirited.

6.5.2. From One-themed Narration to Multi-themed One

"Theme is what the character hopes to gain during his life experience." "Embodied as requirements and motives, desires and hatreds." Bake holds the view that "life lies in two basic forms: energy and communication (McAdams 1988). Energy is related to the themes like freedom, independence, power, achievements and one's extensive life, and this life bears the features of externalisation, dominance and motives for power and achievement." Communication reflects affinity and affection. Story narration is closely related to those motives and requirements. During the earlier stages of drawing narration, sand table narration, life chapters narration, 80% of them used single narration themes and their purpose has been to ensure their kids' safety and security and nothing else meaningful existed. Following the next stages, their themes multiplied, and their new identities were found out. It enriched their identities as diversified as possible.

Particularly, 90% caregivers of 30 group families mentioned their identity changes at the sharing moment and began to reconsider their new roles in the family. Their shared information includes news of having a boyfriend, arrangement for marriage status, inclination to childbirth, etc.

As a result, caregivers took an active part in mutual-assistance association, laid emphasis upon their new roles and identities, took the initiative of doing volunteer jobs such as supporting people of shared experiences and of people joining this group and organising group activities for sharing stories.

6.5.3. From Negative Images to Positive Ones

Images refer to descriptive styles of characters and plots such as unique simile, metaphor, and symbolisation which project the caregiver's special experiences and self-identities. Dominant images in a story personify unique themes, notions and values and images from sub-consciousness serve as a narration mechanism for modern life. For example, tellers may mention some concrete clues in his/her spoken or written stories and such clues leave an impression upon the brain. Those clues are as vivid as TV pictures, which appropriately depict the caregiver's inner world. Therefore, it is safe to declare that life stories are expressed as special image models.

In practice, caregivers' story narration (drawing, sand table and life chapter narration) took on two polarised image models of the patient: positive, active images before the episode and negative, passive images after it. The latter even fits into "the stereotyped shadow" described by Carl Gustav Jung (Shen

2004). But, after six times of narration training, changes began either in drawing narration or in story narration through which caregivers became brighter and more joyful.

6.6. Changes in Self-recognition

6.6.1. Parental Roles Maintained More Stable than Other People Care-taking Process.

Volunteers selected to form 30 family groups by the way of community recommendation and self-recommendation should come with both caregivers and related patients. Parents as caregivers demonstrated a stable, active and effective role for group activities and occupied overwhelming proportion of participants. Other kind of caregivers were sisters and lovers. No other family members were available in investigation.

6.6.2. New Self-recognition of Caregivers It came after Story Narration Process. Here are Quotes from Caregivers

“I thought my life was full and complete until my son became a mental patient.” (Caregiver A)

“I became mature when my son was ill.” (Caregiver B)

“I was carefree and easy going when I was young. I thought of nothing after finding a job...

Sometimes I was confused about the present and the future. Nothing seemed to be changed until my daughter became a mental patient. At that time, I knew what I was going to do. It is rightly because of her that my life was different.” (Caregiver C)

6.6.3. Their New Way of Viewing Disease

Most caregivers, after social work interference, have experienced problem-foreignisation exercise and were willing to distinguish themselves from the target patient. They began to know that their service bears special significance for their patients. For example, one patient said “Parents didn’t spare their time for me before I was ill. Now, they do not go for business trip and take care of my illness. They care about me more than ever.” Such narration makes caregivers aware of positive side of the disease.

7. Discussion

7.1. Applicability of Narration Methods into People with Mental Disorders

As stigmatised group members, mental patients and their caregivers are under social pressure from the mainstream culture. It is easy for them to experience self-denial or self-doubt mental course. “Individual psychological problems are mainly caused by mainstream culture.” (White 2019) He also points out that problems are not equal to human beings who is supposed to be respected. A human being should be separated from problems completely. It is advisable that family members put down mainstream culture criterion and seek multiple values. Interpretation upon the same case can be diversified in terms of different values. It is our convinced faith to seek strength out of families with members with mental disorder, cultivate their positive attitudes towards life and make them become what they hope to be. It proves to be feasible to apply narration therapy into families with members with mental disorder. This is an encouraging innovation and this experience can be furtherly applied into life meaning reconsideration and life narration service.

Through rewritten stories, family relationships are given a new look as well as mental disease and mental patients in the family. The story rewritten skill is integrated with the problem-

foreignisation technique of narration psychotherapy system and fits into White’s theory of separating people from problems.

There are still some limitations left in this research. For example, intervention can be too general to be suitable to every family. Differences in gender, age, marriage status can be influential factors, but are neglected here. It is expected that such research methods and measures be perfected in the future design.

7.2. Conclusion and Implications Innovation and Application of Multiple Narration Methods

Narration is more a method than a notion of practice. In addition, what we have done is to apply the notion into down-to-earth requirements.

“Everyone is an expert to solve his own problems.” Multi manners in narration practice like sand table narration, drawing narration, story narration and picture narration are employed for caregivers to recollect and rearrange their life stories, to reflect their attitudes, requirements and inclinations towards life. These manners are valuable for practical application.

7.3. From Individual Narration to Collective Narration

Different from the past treatment which laid emphasis only upon individual service, this narration treatment gives due attention to collective narration, which has environmental influence upon human life. Narration method’s application into social work service functions as empowering and enabling the caregivers. This method paves the way to sophisticated group narration stage and promotes enhanced skills and abilities. It is also an expansive application into social work affairs.

Overall, this practice of applying narration methods into groupworking process has contributed to the reconsideration of life meaning of caregivers as well as to the establishment of mutual-support networking system among caregivers of different families. Negative mentality of caregivers and patients has been dispelled, and virtuous cycle of multi-level interactions has been formed either at home or in the local community.

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