

International Summer School of Narrative Practice

Innovations in
Narrative Therapy
Connecting practice, training and research

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Innovations in *Narrative Therapy*

- ❑ **Reflecting on practice as a form of research**
- ❑ **Storyline form and frameworks**
- ❑ **Circulation of language**
- ❑ **Pivotal Moments**
- ❑ **The Narrative Therapy Re-visiting Project**

Reflecting on practice as a form of research

Our practice is an ongoing form of research:

Although we (JD & LB) had been involved in various research projects and also had been reflecting on our practices for many years, we began to work together on a qualitative, exploratory research project in Toronto in September 2002. This particular project ran for two years. We immersed ourselves in the generation and review of field notes, research team discussions, as well as the review of videotapes of sessions. These following ideas influenced our approach in this project and continue to inspire us in the ongoing reflection of our practice as a form of research.

Critical reflective practice:

Donald Schön (1983) first wrote about the need for practitioners (primarily teachers) to “reflect-on-practice” and “reflect-in-practice” at a time when there were many concerns regarding the disconnect between theory and practice. He believed that practitioners should not wait for the theorists and researchers to develop and provide theories, but rather that practitioners had far more practice wisdom and knowledge than they may have previously realized. He encouraged practitioners to reflect during the process of their practice as well as reflect afterwards, looking back on what had worked and what hadn't worked.

Jan Fook and Fiona Gardner (2007) have incorporated Schön's work with critical social theory (that examines issues of power)(Fook, 1999) and notions of reflexivity as they are understood within anthropological research:

Our understanding is a little broader in that we see it as involving the ability to recognize that *all* aspects of ourselves (including physical and bodily aspects) and our contexts influence the way we research (or

create knowledge) . . . when we refer to 'research' here, our understanding is also broad. We are referring to all the different ways in which we create knowledge – this occurs in more or less formal and systematic ways (depending on the situation), yet is used daily, and often in unarticulated ways, to make sense of immediate surroundings (Fook and Gardner, 2007, p. 28).

The manner in which Fook and Gardner (2007) incorporate postmodernism and deconstruction into critical reflection has to do primarily with their wish to question modernist, linear and unified thinking (p. 31). They also are keen to remain alert to the relationship between knowledge and power and to deconstruct the dominant discourses and language that we use that can point to the operation of power in our midst. We believe that the posture that is maintained within critical reflection of practice is consistent with the therapeutic posture within narrative practices and provides us with an ethical and philosophically congruent manner in which to research our narrative practices.

Phenomenological content analysis:

We used a phenomenological content analysis approach to review our field notes for themes. Within this approach we are able to deductively discover ways of working that would be expected from our basis within narrative practices. However, this approach also allowed for themes to immerge unexpectedly, or inductively.

Participatory action research:

Participatory action research is also philosophically and politically consistent with narrative practices since it also encourages a working with participants versus a top down, expert driven form of research. In this way therapists and consultants are involved and providing feedback as we proceed and this information can inform action and practice right away. This has been part of the ongoing work in the Caledonia/Six Nations areas and is also informing further research which we have begun regarding the process and effects of narrative practices (at the Walk-In clinic at R.O.C.K. in May 2010).

notes...

Storyline form and conversational map

Historical and cultural backdrop

- ❑ Universal story form spans generations across time and traverses many cultures.
- ❑ Beginning, middle and ending.
- ❑ Evolving from story form; the rites of passage metaphor (van Gennep, 1909)
- ❑ Beginning; the separation (pre-liminal) phase.
- ❑ Middle; the liminal or transitional phase.
- ❑ Ending; the re-incorporation (post-liminal) phase.

These concepts continued to be developed by Joseph Campbell and Victor Turner.

Storyed Therapy as a 3-Act Play

- ❑ Act 1: The separation phase / accepting the “call”.
- ❑ Act 2: The liminal / transitional phase.
- ❑ Act 3: The re-incorporation phase.

The Storyline conversational map.

The storyline conversational map is woven through the three-act play traversing all three phases as follows;

Act 1:

- ❑ *The point of the story* i.e., what’s most important to talk about (once upon a time...).
- ❑ *Backstory*: situated in relevant social context and discourse (everyday...).
- ❑ Threshold to Act 2

Act 2:

- *Pivotal events*: significant events that are meaning-full. (until one day...)
- *Evaluation*: evaluate effects (and because of that x ?...).
- Threshold to Act 3.

Act 3:

- *Reflecting summary*: Review session, illustrates movement (finally...).
- *Receiving context*: Future preferred story with future backstory (moral of the story...)

Circulation of language

Centering the language of the person consulting us:

- Focusing on “insider knowledge” and “experience near descriptions,” while also deconstructing” taken-for-granted beliefs.
- Realized we could tentatively and carefully introduce new language.
- Derrida’s contribution to “difference” and the absent but implicit within language:
- Michael White (1995; 2005; 2006; 2007a; 2007b) often referenced the contribution of the philosophers, Foucault, Derrida and Deleuze, to the development of narrative therapy.
- (White, 2007b) described the steps of a conversation about the “absent, but implicit” as often starting with someone bringing a complaint to a session. Whenever a conversation starts this way he would suggest it is useful to name the experience about which the person is complaining, like the first step of an externalizing conversation. Thinking of every emotion or thought as an action, or reaction, he would ask if the person’s reaction (even if only a feeling) suggested that they were standing up against that experience of which they were complaining, or whether it meant they were going along with it.
- The point often is that if someone complains about disrespect this is because they have previously experienced (at least once) respect. They know what disrespect is because they know respect. In the initial complaint however respect was absent from the conversation although it was implied

- Maggie Carey, Sarah Walther and Shona Russell, continued with this project about how these philosophical ideas can assist us in expanding our understanding and skills of facilitating conversations about the “absent but implicit” (Carey, Walther & Russell, 2009). Recently Holmgren and Holmgren (2009) and Winslade (2009) have also been highlighting the importance of Derrida and Deleuze as well as Foucault for narrative practices. Interestingly, and yet perhaps unsurprisingly, Derrida and Deleuze can also assist us in further understanding the complexities of language and the challenge to work ethically within the limitations of language.

The Vulnerability and Tentativeness of Language:

- Words within language, whether spoken or written, whether inside or outside of a therapeutic conversation, only ever partially represent that which is being described (Dooley and Kavanagh, 2007).
- They do not speak to a stand-alone object that is separate from our observations of it. They do not represent a truth to be discovered totally outside of us as the observers of an object or creators of an idea.
- There is always something lacking within the word, something missing, or something different implied and contrasted within the word (as in the “absent but implicit” conversation about disrespect and respect).
- Derrida moved away from the position that philosophers before him maintained of using the image of a circle that could encapsulate, catch, or set up a border around a truth (Dooley and Kavanagh, 2007).
- Derrida suggests that language is vulnerable. We like this word vulnerable since it can, itself, suggest a range of reactions. Vulnerability might be considered a weakness by some, or something beautiful, by others. It could suggest something fragile, with an openness and flexibility versus something more rigid and constraining.
- Derrida also wrote of cinders, and words being like cinders (Derrida, 1991; Dooley & Kavanagh, 2007). He wrote of cinders as coming from something, from that which had been consumed by fire. They are different than the fire, yet still contain warmth and can be rebuilt into a fire. Yet they are also vulnerable because they will also crumble into ashes. The cinders are not able to actually indicate what was in the fire. In the same way, a word can exist in relation to something, but cannot capture everything about it.
- The example given in Dooley and Kavanagh (2007) is about a cat. A cat is a thing outside of the person who might speak about the cat, but the word cat does not capture everything there is to say about a cat. It could trigger different images of cats in different people’s minds. It could trigger

different kinds of reactions in people who like cats, versus people who dislike or who are afraid of cats. However, even separate from these triggered images, Derrida would suggest that the word also contains difference (*differánce*) and that people hearing the word also need to consider what a cat is not – a cat is different from a dog, for instance.

- Concepts, and the words used for those concepts, do not stand alone, but are only understandable because of differences . . . what a word lacks. When Derrida talks of “*differánce*” he is describing how a word (a “signifier,” as he also referred to it in *Of Grammatology*, (1974)) is not only different from the thing it describes (the “signified”) but also is describing what that thing is by saying what it is not. It is as if when we say or write a word, that word is like an image within a mirror. However, we are also comparing the idea of that word with other ideas. It does not stand alone but rather within a field of comparisons, perhaps as if we are standing in a room of mirrors.
- It is therefore important to be careful within therapeutic conversations to be on guard against jumping to conclusions based on what we initially assume is meant by certain words.
- Deleuze’s contribution regarding the “rhizome” nature of ideas within language: The Metaphor of “Grass” as Opposed to “Tree”:
Deleuze and Parnet (2002) have written about how the image of a rhizome has been useful for them in understanding the way that they thought, and wrote together. A rhizome is a type of plant and root system like grass, or strawberries (Holmgren & Holmgren, 2009), that spreads underground and pops up here and there. Each little strawberry plant looks separate and distinct in the garden, but they are each linked together underneath the surface. There is no knowing where the next strawberry plant will appear. This is quite different from the manner in which a tree grows.
- As the translators of Deleuze and Parnet’s (2002) book say, (This) is therefore not an ‘interview’ or a ‘conversation’ – although it has elements of both. It grows in many directions, without an overall ordering principle. To use Deleuze’s terms it is the book as . . . ‘rhizome’. There is no hierarchy of root, trunk and branch, but a multiplicity of interconnected shoots coming off in all directions. It is both an explanation and an exemplification of Deleuzian pluralism (p. xi).
- They include their concerns regarding the linear and often time hierarchical structure of interviews and this reminds us as we begin therapeutic interviews or conversations to be sensitive to the effects of such a structure. Taking into account Deleuze and Parnet’s thoughts on the image of the rhizome can assist us in this, so that we can move away from merely a back and forth exchange, rather acknowledging the

complexity of language and thought and the creation of ideas and the movement of identities.

Pivotal moments

- ❑ Located in the present moment i.e., now.
- ❑ Linked to katharsis and transport
- ❑ Can make space for people to reconnect with their hopes and a renewed sense of intimacy with themselves and others.
- ❑ Realizations, ahas, epiphanies.
- ❑ The therapist posture contributes to pivotal moments.
- ❑ “These epiphanies are in harmony with what is precious to people... Michael White”.
- ❑ Important to acknowledge pivotal moments and provide an audience to them. What helps them “stick” is how they are responded to in the outside world.
- ❑ They respond to a different concept of time than linear (Cronos) time.
- ❑ Opens up space for creativity and choice via a ramifying of time.
- ❑ Encourages “side shadowing” i.e., awareness of other possible preferred moments, based on countless free choices and countless preferred futures (Morson, 1994)
- ❑ Creates a platform for various preferred actions.

The Narrative Therapy Re-visiting Project

- Much of the evidence base for therapy practices derives from research and discourse that is based on the professionals' voice and interpretations of what is meaningful and useful in practice
- This truth expresses itself as professional expertise or what Gadamer refers to as 'expertocracy'¹.
- We question "the long standing Western tradition of privileging institutional knowledge and holding it up as the royal standard, the unassailable truth..."(Paré, 2004, p.1).
- Our interest is in moving towards dialogic mutuality in research.
- This involves composing information, creating knowledge, *with* the people who consult us as opposed to imposing our truth on them.
- This practice of co-composing relates to our preference to create space for peoples' voices, impressions, and feedback, which then serve to shape our therapy practice.
- This provides us with peoples' perspectives about what is meaningful and significant in therapeutic practice.

The Project:

- The project brought together the professional and those who consult us in partnership to co-compose evidence-based information about therapy.
- People attended either a walk-in therapy clinic or a booked single session.
- Therapy participants met with one of three available narrative therapists.
- Therapy sessions were video recorded with permission and consent from the families and individuals.
- Eight families/ individuals consented to participate.
- They were: one adopted 11 year old female with both parents; one 13 year old female with two foster parents; 4 two parent families with one attending child ranging in age from 8 to 17 years old; one sole parent mother and her 14 year old son; one married adult male.

¹ As described by Gadamer, expertocracy refers to the tyranny of those who claim to be "in the know" (Madison, 1997 p7).

- In a follow up meeting, therapy people watched the entire videotape of their earlier session. They did this with a research assistant. We call these "re-visiting sessions."
- They were asked to pause the tape at any time they saw, heard or otherwise noticed a significant or meaningful moment. We understand these as pivotal moments.
- Each time they paused the tape, the person(s) were asked a series of set questions meant to elicit their thoughts and understandings of the pivotal moment they selected.
- Their descriptions of these moments and experience of the process were audio recorded and later transcribed.
- The commentary was then reviewed and analyzed for themes.
- Our responses to the feedback from the re-visiting sessions are not neutral—are not 'the truth', but represent our meaning making of their words.
- We are cautious about our interpretations of the feedback, and have, therefore included people's exact words. This created documentation of their insider knowledge about therapy.
- We titled the themes as:
 - 1) effects of the posture
 - 2) giving people back their words
 - 3) externalizing conversations
 - 4) learning from the re-visiting

Effects Of The Posture:

Chris (14 year old male) commented, *"I liked hearing that she was accepting that if I didn't want to answer a question then she would be fine with that, and the fact that she asked if I was...comfortable with talking about it before telling me or asking me about it, that was really impressive to me"*. When asked about the impact of this he replies, *"Well, at the time what I was thinking was, wow, this person really cares and I, I can trust them. And I just sort of, I guess from this point on is when I really opened up"*.

Bill (adult) attended noted in his re-visiting, *"...she's actually listening. A lot of people just don't do that. And a lot of people, they'd make assumptions. She wasn't trying to put words in my mouth."*

Research Interviewer: *"What was she doing that let you know she was listening?"*

Bill: *"She was asking the right questions...She was guiding the conversation."*

Bill continues: *"... sometimes I think counselors or psychiatrists are pigeonholed by their own knowledge. So their mind is just not open anymore, it's like, 'Oh yes, I've been taught that, I've been taught this, and this is the way this goes and that is the way that goes', and it's like they forget about everything else. She wasn't doing that, and I think that was really important."*

Giving People Back Their Words:

Sandra (11 years old) watched tells the research assistant: *...cause it's a lot in a session; so a lot had been said and a lot had been reviewed, ... like, ideas had been put in and so it, it just helped me to review those and just put them back in my brain, cause some of the stuff that everybody said at the very beginning I didn't quite remember. Then with her reviewing the stuff I said, it just really helped me 'cause it was in my brain more.*

Andrea (17 years old) offers the following, *"saying it out loud maybe made me kind of realize it more than just kind of not talking about it."*

Jan (mother) had attended the walk-in clinic with her 8-year-old son and says: *...the summarizing is really important...she's quickly getting some information out of him (son) and then going through it sort of with him The effect of the moment again is more of that building trust with her.... There's a couple of things I think she's actually doing at this moment...remaining calm...she's like, "okay, ya, well let's write that down then", so it's her calm demeanor...that's quite calming for me....*

Externalizing Conversations:

Gillian: *That was a brilliant request, just brilliant, asking her (11 yr old daughter) to put a face on ADHD. ADHD all of a sudden had a face in my mind, and it didn't look as bad as it had felt to me before. I stopped seeing ADHD as some disease or some obscure hurdle that had to be jumped... now all of a sudden it was helped brought down to size... and I have felt differently about the ADHD since.*

Laura (mother) had attended the walk-in with her 8-year-old son and tells the researcher: *What she was doing, in terms of how she was phrasing things, because she said, 'The worry puts thoughts in your head' (and) I was feeling hopeful, because he (son) was immediately saying, like echoing back what she was saying. He was saying, 'The worry does this,' and 'The worry does this thought in my head', so I was starting to feel... that this was looking good (laughs).*

Learning From the Re-visiting Session:

Gillian comments that coming to re-watch the session was, “*comforting, reassuring, and eye-opening*”. She notes, “*It’s funny, I’m learning so much more now watching it. At the time I was getting the feeling, the... reassurance. At the time I remember more feeling the emotional end of it, and now I am recognizing seeing how this came about, why I felt reassured, why I felt more confident.*”

Jan: “*I think we should all do this...it’s unbelievable what he [her son] has been able to accomplish....to learn that the moment that I’m in is not forever, just because it’s very much like this right now doesn’t mean we won’t be able to get past this...learning...that he does have skills—he can get over it and he can grow.*”

Summary:

- People’s words and experience gives us knowledge, providing an important contribution to what has been referred to as “evidence-based” information.
- We refer to this added contribution as “practice-based evidence”, evidence collaboratively collected with families and individuals who attended therapy.
- We are committed to this approach as it reflects values that we cherish such as respect, curiosity, and collaborative knowing.
- This knowledge informs and shapes our practice of narrative therapy. It contributes to our learning, teaching, and supervision practices.

notes...

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