



## Questions for Preparing for an IWP

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This document grew out of a pressing need to find the means to talk about our clients in our consultations with other therapists and colleagues. In a time of heavily manualized and intervention-focused therapies, it became clear that we have to purposefully reach for another way of thinking and telling of our client work. We needed questions and ideas that could counter the current training and consultation traditions featuring a poverty of story-telling, a streamlined degradation of language used to describe our clients' lives, a dearth of regard to the detailed contexts of our client's lives, a prohibition against in-session note-taking of clients' expressions, and a mis-education of attention toward stories of broken identities and failed relations. The preparations for an IWP with each other, with our colleagues, with student therapists and seasoned therapists alike, became an adventure of principled and Narrative counter-practice to clichéd and common psychology and social work practices. This document grew out of the necessity to reach for the tacit counter-practices of Narrative therapy, and make them slightly more explicit.

### Current and Pressing Moral Dilemma

- What is this person's most beseeching question about living that brought them to therapy?

Consider your first meetings with this person. What were their own expressions for their hopes for therapy at this point in their lives? What was the impetus, the encounter, the experience that mobilized this person to wish to take time to consider it in a therapy context? Search the person's expressions of both hope and suffering, and consider what kinds of moral deliberations the person is currently deeply involved in. Is it possible that the timing of seeking therapy is neither accidental nor happenstance, but due to pressing philosophical and moral considerations within an experience of grave ambiguity or even distress or





mistreatment? What is this person currently, vividly, amazingly, - reaching for or trying for in life?

Some examples of such questions posed in initial therapy sessions in our own work include:

- If I were to evaluate this on moral grounds, is my partner's treatment of me reasonable?
- If one more person tells me to say goodbye to my children, I will take my life. -How do I go on living when I feel forgotten by the universe?
- My life isn't "progressing," I don't seem to be able to "get it together," am I a waste of space?
- I feel this anger rising more and more often, but as a woman, a woman of colour, I am not afforded entry or permission into experiences of outrage.
- I just can't seem to take care of myself, be gentle with myself.
- I am being sexually harassed at work, but what hope do I have that it would be different elsewhere?

Each of these examples points to a person who is currently standing on the edge of either constituting themselves and their lives and relationships as thoroughly failed or broken, or considering their experience of anguish a possible moral insurrection-in-the-making.

### Up-Against Backdrop

- What has this person been up against in their life?

Consider the following quote from Michael White (1995) who spoke of the significance of providing "some historical account of the person's ability to intervene in her/his life... an account of personal agency, an account of what could be called the person's agentive self. It includes details about what the person has been up against in the performance of this personal agency, and against this background, it emphasizes the significance of...the steps the person has taken toward having more say about how their life goes (p. 143)."





Think back and look over your session notes of your therapy conversations thus far, what is the problem story? Please note that common place descriptions like “Depression” (or equivalent in DSM speak) are only a short-hand or stand-in for the “problem story” – and neither is a one-word externalization like “The Critic” (or equivalent in Narrative speak). Descriptors like “Depression” or the “Voice of the Critic” might be the tip of an ice berg of a very long history of abuse, and can only cause further curiosity and concentrated attention as to what kinds of experiences in life would constitute such “despair and worthlessness” that go by the de-contextualized (un-storied) name of “Depression.” Ask yourself: does this word do justice to this person’s suffering in life?

Our clients can’t afford shorthand when it comes to their experiences of suffering in our world. Another Michael White quote: “...in the culture of psychotherapy, most of the interactions between therapists and people who consult them are informed by the discourses of pathology. These discourses inform taken-for-granted ways of speaking about people’s lives and relationship practices that have the effect of marginalizing and objectifying people who seek help. What sort of requirements would be necessary to undermine this potential for marginalisation and objectification?” (White, 1995). Miller Mair puts it this way: “Much of our language in psychology is an embarrassment.” Elizabeth Alexander writes, “Language is degraded from the highest perches, and public words regularly carry meaning that reduces groups to crude and false stereotypes.” Therefore, instead of crude, reductionist “shorthand,” we are looking for “long-hand:” an experience-near, compelling description of what the person has been up against in life in the person’s own unique dictionary. We need to know the problem story at the level of the word of the person or in the person’s vernacular.

We will ask you in the interview, “are these the person’s words or yours?,” “can you read to us from your session notes, transcripts, or therapeutic documents what the person’s words are?” We will also want to extend this telling beyond a few words and ask you for particular stories and images that this person has evoked in order to help you step into their experience of suffering.





The “problem story” is usually a lively mix of unbearable experiences (for example, being abandoned as a child, and assaulted later in life), their effects on a person’s thoughts, emotions, body, and freedom of action and relationships (for example, panic in particular situations in daily life), as well as the particular identity conclusions that have been exacted of people (for example, “I am a weak person who does not cope well”). Dominant cultural ideologies, or “master narratives” play a powerful part in the construction and tightening of identity conclusions around a person (for example, “we teach people how to treat us”, or “women ought to ask themselves what they did that invited an assault”). We are seeking a re-telling of all these details in our conversation with you.

If we do not get this part right, this “concentration of attention” to detailed descriptions in the person’s own haunting words, we cannot ask any person to trust us to tell a story on their behalf. This is a matter of power and justice in regard to storytelling rights. Every person that we have interviewed about their IWP experience so far has told us that hearing their own unique and authoritative descriptions of their suffering taken up by a room-full of therapists powerfully contributed to their felt sense that this was *their* story and brought them a sense of safety and dignity and knowledgability throughout the proceedings; -their story telling rights were carefully safeguarded. Due to this attention on people’s own descriptions and imagery, our insider witnessing conversations thus far have taken us inside most varied and surprising landscapes: realms lions and cages, landscapes of train tracks, images of imprisonment and travel visas, juxtapositions of tender fierceness, a particularly beautiful row of lighted houses on a winter’s day, “mountainous girls” cutting “corset strings” and packing “hope chests” with insurrection, etc. In our conversation with you, we hope to take the imagery that was haltingly worded and hard-won for your person in describing what they have been up-against, and set their actions into motion in precisely this arena.

Re-read Michael’s quote above and consider: it is in contrast to the backdrop of the “up-against-ness” that the steps (Michael calls them “agentive” steps) that people have been able to take shine with significance. The secret is that the counter-story lives in people’s responses to what they have been up against. Embedded in the stories that have most undone, stripped, aggrieved, unjustly





injured, angered, and betrayed a person to live their desires, their will, their substance, what they have always stood for and bled for and fought for in this life. Problem stories know this all too well. This is why they work so hard at exacting particularly sinister identity conclusions that are directly related to what people have been up against. Problem stories work in the arena of what is most prized or venerated in people's lives and use what people have been up against to spoil people's identities, relationships and futures.

### Master Narratives

- What are the dominant ideologies or “master narratives” that are behind the particular identity conclusions that the problem is exacting on the person?

Consider this quote from Michael White “...the culture of psychotherapy is not peripheral to mainstream culture – not exempt from dominant structures and ideologies, and it plays a central role in the reproduction of these structures and ideologies (for example, just take the link between the misogyny of dominant culture and the mother-blaming of the culture of psychotherapy). In light of this, could we trust that therapists would not also be complicit in this reproduction, and that they would not unwittingly contribute further to the very forces that provide the context for the problems that people seek consultation over? Certainly, such trust would be misplaced. So, what processes might be instated to address this vulnerability to the reproduction of some of the negative aspects of dominant culture?” A master narrative represents the prescriptive template for living, responding, and moving about in the world that grows out of a particular dominant discourse or ideology.

Hilda Lindeman Nelson writes that “master narratives” “damage identities” by rendering people untrustworthy in others and later in their own eyes and by constricting people's freedom of movement. In our experience, “master narratives” parade prominently in entirely vague yet completely totalizing accusations against the character of the person. Master narratives might also be called “stock plots,” “ideas of least (cultural) resistance,” “totalizing templates,”





or “conversational cul-de-sacs” to understand the identities and actions of groups of people. The -isms in our world like racism, sexism, ableism, heterosexism, capitalism, and neoliberalism provide powerful back-up to the master narratives that shape how others see and relate to people’s experiences and understandings. Master narratives operate like a collection of normative gazes that simultaneously prescribe and prohibit certain ways of being in the world. When a person inevitably resists such prescriptions in their acts of living, the master narratives push back, bellow, discipline, punish and try with all their might to bring the person back in line. For example, some of the master narratives that we have encountered in our conversations with clients, for the purposes of IWPs, sound like this: “You are just another woman who loves too much,” “Be charming, be pretty, be decorative, don’t ever talk back,” “The problem with you is your co-dependency,” “What you are asking for is reserved for white women only,” “You are too fat and disabled to love,” “You aren’t confident enough,” etc.

In our conversations with you we will not only consider people’s identities and the particular isms that might be at work in their lives, we will seek to name and call out the particular “master narratives” that are powerfully conspiring to constrain this particular person in their unique context. A client language this as giving words to “the low hum of the patriarchal choir in her life.” We will seek to hear and understand the specific words of the hum in your client’s life.

The practices that we will actively seek, in conversation with you, to call out master narratives might include questions like:

- Is there a master narrative at play here?
- Does it come with words?
- How can we understand repeated acts of mistreatment in the client’s cultural context?
- What master narratives might be at play that give others permission to treat this person in this way?
- What is the master narrative’s particular charge against this person?





Clients who have experienced an insider witnessing practices have encouraged us to continue our efforts at unmasking master narratives in this way and “counter-mock” the master narratives.

If we understand that master narratives work to limit freedom of movement, then our client’s steps of movement despite and up against these constraints take on heightened significance. Given the powerful charge that master narratives bring against people for transgressing their particular normative templates, for a story to effectively counter it, the counterstory needs to strike at the very heart of the master narrative.

### Counterstories

- What are the possible counterstory lines that might have the effect of sowing suspicion on the problem story?

Consider Michael White again, “The most powerful therapeutic process I know is to contribute to rich story development” (White, 2004). “Some stories have the capacity to eradicate a problem story.” Thinking back over your session notes from your conversations with this person, what are the particular cracks that have appeared in the problem story? As you are sitting with your session notes, transcripts, or therapeutic documents and remembering the stories that have been told, what has most moved you? What has enchanted you about this person’s life? What has endeared you to them? What actions of theirs will you never forget? Have there been moments that you, as a therapist, have perhaps experienced “vicarious resistance”? (Vikki Reynolds). Counterstory cracks may also come to you in the form of unexpected companions in this person’s life, expressions of surprising embodied triumphs of spirit, very fierce or very quiet acts of moral outrage, wisdom that, according to the problem story, this person had no business having access to, halting acts of generosity, magnificent reimagination of ordinary life moments, and tenacity in designing a life according to their own purposes.





Counterstory cracks are stories that depict action and the setting in which the action took place (“strengths and resources,” or any equivalent in psychology speak are not a counterstory. A single word like “courage” in narrative shorthand is not a counterstory yet.) In order for a counterstory to do justice to the person, we need to tell it complete with the events, actions, words, people and the details in the scene. Consider Cheryl Mattingly (1998), “Characters confront situations that call for action; they are key shapers of story event, and their responses to what happens are the focal point of narrative attention. Characters reveal who they are and the motives they have in and through their action and suffering” (p.180). Imagine how insulting and alienating it would be for us as therapists to gather together in vague praise of the person (this person is so amazing/courageous/strong, etc.) Our clients cannot afford such an indignity on top of what they have already suffered. Our clients deserve the justice and dignity of a dramatic retelling of the counterstory of their life that shows the person acting as a competent and trustworthy moral agent actively shaping the events of their life.

As these counterstory cracks are retold and linked together to form a “throughline” extending far back into the person’s history, we will invite you in our conversation to consider, “In light of all that this person has been up against, just who is this person that we find ourselves standing in the presence of?” The singular purpose of the insider witnessing conversation is to set in motion a counterstory against the backdrop of what a person has suffered in order to present it back to them for their thorough deliberation. In other words, the purpose of our therapeutic endeavor is to risk a telling of the events of a person’s life and to invite them into a moral reading (Mattingly, 1998) of this telling from a position of “outsight” into their lives. This “outsight” can occur when the story-telling rights and dictionaries to suffering are carefully upheld and when the damning identity conclusions of master narratives are, for but a moment, outed and hushed, and the person is invited to speak as both an author and authoritative moral agent on their own behalf.







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