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Ideas and Practices in the Making

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Re-imagining narrative therapy: An ecology of magic and mystery for the maverick in the age of branding

By David Epston

Introduction

Michael completed *Maps of Narrative Practice* in 2007: my co-authors, co-researchers and I had completed *Biting the Hand that Starves You* in 2004. We were determined, as we put it, “to start all over again!” We believed it was just a matter of time and circumstance before we would. We kept telling each another we couldn’t wait. we finally agreed on a date we were both sure would not be deferred as some in the past had to be. we had some cursory conversations that I mentally set down in my mind as a kind of ‘to do list’. Our inaugural meeting didn’t take place because Michael died here in San Diego three weeks before our scheduled rendezvous. I flew instead to Adelaide for his funeral.

There were two matters he lamented which have haunted me ever since:

- Firstly, “Why aren’t the next generation coming up with novel ideas or practices? what are we doing wrong?”
- Secondly, and he told me this with deep consternation, “Why does everyone sound exactly like me? Why don’t they sound like themselves?”

His concerns have stayed with me over the last decade. Today, I seek to disburden myself and request you share them with me.

Michael met with marcela polanco in Adelaide in 2008 to discuss the translation of *Maps of Narrative Practice* in to her Colombian Spanish. Here is Marcela’s account of that meeting:

“When our plates were nearly empty, Michael asked if I had more questions for him. Out of nowhere I managed to say, “Yes, I have one more”. My gaze just rested on my plate, but I wouldn’t have been surprised if I had turned to Michael and found a puzzled look on his face, as if he would have been considering, “A translator who has no questions of the author’s text?” Then I proceeded: “What is it that you hope out of the process of your work being translated into many other languages?” He quickly responded, “Nothing.” Before the next second he said, “Well, yes, actually I have hopes. I hope that the spirit of narrative therapy remains.”

What are these spirits which I have purposefully pluralized? Here’s what immediately springs to mind: enthusiasm, irreverence, improvisation, imagination, righteous indignation at injustice, solidarity with those who suffer, collective creativity and a fascination with the mystery and magic at the heart of everyday life. There are more of course.





Let me tell you three stories to illustrate what I am referring to in the abovementioned:

Story one: The magic of the other

This is a conversation shared by Tom Carlson, myself, Ana Huerta Lopez who was then a student at North Dakota State University and her mother, Maria Guadalupe Huerta. Maria is commenting on a daylong conference on Insider Witnessing Practices:

MARIA: Descubriste la magia de la otra persona – conociste a tu cliente y pudiste expresar la magia que has sentido en su presencia. Pudiste reconocer la magia en tu cliente y te identificaste en la magia que ella a vivido. No asumiste cosas de tu cliente porque tomaste tiempo en estudiar y conocer tu cliente, y que era significativa en su vida. Tu aceptaste la persona que conociste y como era ella. La escuchaste sin rechazó. Pudiste encontrar y reconocer cosas en común entre ella y tu.

Trans.: You (Tom Carlson) discovered the magic of the other person. You came to an intimate knowing of your client and were able to express the magic that you felt in her presence. You were able to recognize (or more precisely translated as “become intimately acquainted with”) the magic in your client and the magic of her life. You didn’t assume things about your client because you took the time to study her and come to intimately know her and what was significant in her life. You were able to accept her and come to know her as if you were her. You listened to her without judgment, rejection or shaming. You were able to find and come to have a shared experience together.

DAVID: To discover the magic of the other person- is there anything more fateful than to do so? And moreover “to express the magic that you felt in her presence” directly to her? Surely, this is the ‘heart and soul’ of what we are calling ‘Insider Witnessing Practices,’ is it not? Maria, no one could possibly have described this more precisely and acutely than you have. To you, we will always be grateful. I cannot thank you enough.

ANA: That’s it! This is the heart and soul of this work – of these practices – this is how it comes to life and carries out such genuine transformations. I don’t think there is anything more momentous and significant than to discover the magic of the other person and in return to express that magic directly to them – how incredibly astonishing! Is there anything more beautiful than this?

Story two: Imagination in discovery

I awoke on July 22, 2015, as usual to the Radio New Zealand news to hear that an 80 year-old man, Ray Flynn, suffering incipient blindness from macular degeneration, which up until then was regarded as incurable, had his sight restored virtually overnight by a revolutionary ‘bionic eye’ implant in Manchester, England. I rushed to my computer to find out if this was Frank Werblin’s ‘bionic eye’. Sure enough it was his patent.





Okay, who is Frank Werblin and what in the world has this got to do with this address?

Frank is married to my cousin Suzanne Pregerson, a narrative therapist in Berkeley. Frank was then Professor of Neuroscience at University of California Berkeley. Some ten years or more ago, Suzanne and I planned to meet Frank at the 'Werblin Lab' and go out for lunch together. When we arrived, no one was there so Suzanne started to show me around. Only a few minutes had elapsed, when Frank and the fellows – post-doctoral and pre-doctoral students – arrived back from a nearby presentation. Suzanne began to introduce me to each of them. I was in the very middle of a handshake when we heard what I considered to be an alarming voice and feet rushing towards us at speed down the corridor. What was being shouted aloud was anything but alarming! It was excitement!

"I've got an idea!"

There was a heightened sense of anticipation and Shelley, whose hand I was then shaking, quickly extricated his from mine and seemed to wish to race off somewhere. Before he did, he asked me, "Do you want to come?"

"Where?"

"To an idea meeting!"

Not having a clue what I was in for, I went along for the ride.

When everyone quickly seated themselves, the person with the idea immediately started speaking excitedly, what could be described as on the good side of mania, while drawing a diagram on a white board. What caught my interest were the exchanges between Frank and the fellows in response to the presented 'idea' and I had the wit to quickly begin to write down as much as I might in a notebook I had with me.

Here is how Frank led the conversation:

"What's the question? Guess at it? What do you think is the most significant question you could be asking about 'the idea'? How can we use it? What is the first thought that comes to mind? Now that's a question! What would you expect to see with this idea that you wouldn't see with another idea? What is the question?"

One of the youngest fellows proposed they duplicate some existing research. Frank admonished him:





"If you did that you would probably get the quickest PhD ever in my lab! But you will never become a famous retinal neuro-scientist."

The fellow then fell silent and the mania was renewed. That idea didn't turn to be a 'good idea' and as such was abandoned.

Frank then told what he referred to as "The history of discovery in our lab... It just happens and we were clever enough to see it". Frank mentioned that what was required as much as anything else was 'courage'. They re-engaged in a wider conversation with Frank proposing:

"Let's set that aside and ask the bigger question— what's missing? What would we really like to learn?" And then he set the terms for such a discussion, "Let's fly away with it. Let your imaginations fly!"

Story three: Between craft and artistry

My third tale exemplifies Michael's irreverence and improvisation. It comes from Michael's (2011) *Narrative Practice: Continuing the Conversations*.

Michael writes about Dianne and her parents Joe and Ellen who have consulted him regarding Dianne's admissions to hospital over the past eighteen months, several precipitated by suicide gestures and others an outcome of concerns for her general safety. She was being treated in hospital for depression. Despite all of the above, Joe and Ellen's concerns about Dianne's predicament have not abated. They describe her to Michael as withdrawn, expressionless, disinterested and "off the air" most of the time. Dianne responds minimally to Michael's inquiries; she is guarded, and her expressions remained wooden throughout the early part of the meeting.

Michael perseveres in his customary droll manner, commenting to readers:

I am not sure where to go next. I try opening my mouth in the hope I will hear myself saying something wise but to no avail. At this point, I find myself wishing that there were a therapist in the room... I finally have an idea and can't figure out why it took so long in the coming. I say to Dianne that it is my guess that something is making it difficult for her to be present at this meeting and to join with us in this discussion about her life. I ask her if this is the case. No response. I say "Well, it is my guess that there is something telling you not to trust me, which I suppose is pretty reasonable, since we have only just met and you don't yet have a good measure of me". Not a flicker from Dianne. "And", I say, "My guess is that it would be difficult for you to imagine that anyone else could understand".

In response to this speculation, it is my sense that Dianne has become yet more stilled. Perhaps she is even holding her breath a little. This encourages me. I say: "I guess that





whatever it is that is telling you not to trust me doesn't even want you to listen to what I am saying, or even to give me the benefit of the doubt in any way at all". A flicker of expression on Dianne's face. "Well, if this is the case, I would like you to know that I am used to these sort of tactics". I now sense a minimal degree of engagement with Dianne. I ask a question of her: "Could it even be that whatever is telling you not to trust me is also calling me names?" Dianne registers surprise. "Do you know that this is something that happens to me a lot, and that I am used to this as well?"

Dianne quickly averts my gaze, which has the effect of encouraging me further. "Yes, this is true," I say. "You wouldn't believe the lengths that are gone to, and the names that are used against me at times in order to prevent people from talking to me about what is happening for them. Anyhow, I want to assure you that I am used to this and wouldn't want you to be embarrassed by this." "Would you believe that I like to collect the names that I am called? I compile lists of them. Some people have stamp collections, and I have these collections of names I have been called. I think of this as my stamp collection because they are names I have been stamped with".

Now Dianne grins. So, I say: "I would like to go and get my most recent list and read them to you. While I am reading this list, would you be prepared to listen to it, because I would like to know if there is anything else that you have heard about me, any other names that are not on this list and that I might add to my collection?" Dianne grins again. "I would appreciate any offering. Believe me, none is too petty".

I begin reading the list. Dianne is telling me that I had most of the ones she is familiar with, and then seems happy to share two names that I can add to my collection. Now these specimens were particularly petty. "Surely", I say, "They could do better than this". Nonetheless, I was gleeful about this opportunity to extend on my collection and suddenly everyone in the room seems relieved (White, 2011, p.27).

I tell this story as an initial attempt to distinguish between craft and artistry, adhering to maps and making maps. As well I wish to introduce Michael's reference to these antithetical terms by way of his analogy of jazz musicianship— learning the scales which according to him precedes learning how to improvise.

Now I turn to the jazz musician, Chick Corea, who speaks eloquently to the conundrum at the heart of his jazz improvisation, which I consider equally applies to us. Chick described it in these terms:

How do you define improvisation? That is hard to put in to words but decisions have to be made- what kind of rules and what kind of freedoms? That's how we come to make decisions as to how much improvisation there will be (Corea, 2016).





For me, what kind of rules and what kind of freedoms will decide whether narrative therapy teaches scales only as a regulatory regime like so many contemporary psychological practices and limits our freedoms and our imaginations. What I am proposing here today is an ecology for the maverick¹ in an age of branding.

Let me take the veterans back to the ‘beginnings’ of narrative therapy as well as introduce newcomers to ‘a history for the future’. I distinguish a history for the future from a history of the past which the philosopher Neil Postman (1994) described as:

Produced when an event is completed, when it is unlikely that a new and more robust phase will occur... In any event, they (historians) find autopsies easier to do than progress reports (p.5).

A history for the future is a prerequisite for narrative therapy’s ‘re-imagination’. As far as I am concerned narrative therapy is alive and well and a very long way from admission to some dusty ‘museum for the history of past psychotherapies.’

The first public appearance of narrative therapy was at the 1985th Australian family therapy conference where Michael and I jointly presented a workshop called ‘Consulting your Consultant’s Consultants’. Now go figure that out! But surely it was an attempt to de-throne some of the mandates of the contemporary psychotherapies, many of which were founded on the transference relationship. We proposed instead that we consider what we do as a ‘gift exchange’ or what Michael referred to later on as ‘a two-way street’. But what I believe characterized us was the type of knowing we appealed to, not ‘authoritative knowing’ but what the Russian philosopher Bakhtin (1996) referred to as “carnavalesque knowing” that subverts and de-crowns our taken for granted assumptions, a “licensed transgression” (Eagleton, 2013) that clears the ground for new ideas. Eagleton proposes a realm for that to take place: the imaginative.

As The Canadian philosopher, John Ralston Saul (2001) writes:

Imagination protects us from the temptation of premature conclusions; the temptation of certainty and the fantasy of fixed truth. What’s more, it seems to draw us forward by using this prolonged uncertainty to alternatively leap ahead and then enfold our other qualities... into a new, inclusive vision of the whole. Then just as we ‘think’ we understand, it leaps ahead again in to more uncertainty. And so imagination appears to be naturally inclusive and inconclusive (p. 116).

At the same time, let us take heed of Saul’s (2001) warning: “As I said, enforced loyalty to declared truth is the way to marginalize the imagination” (p. 121).

¹ Thank you to Pierre Blanc-Sahnoun for suggesting the word maverick to me.





In 1990, Michael and I were invited to Sonoma State University in Santa Rosa, California to do the first week-long narrative training programme on North American soil. Just as we began, we were asked to tell the assembled attendees what was different about narrative therapy from other current therapies. Michael and I looked at each other blankly and somewhat sheepishly asked if we could be alone for twenty or so minutes to consider this. To our astonishment, it took us only ten minutes or more. We came up with a list of nine questions— here are the first three:

1. How does this model/theory/practice 'see' persons?
2. How does it press you to conduct yourself with people who seek your help?
3. How does it press them to conduct themselves with you who offer help? (Freedman & Combs, 1997)

In summary, how are we to come to know the other? And I would suggest: through the magic and mystery at the heart of ordinary life.

Narrative Means to Therapeutic Ends (1990) was closely followed in 1992 by our *Experience, Contradiction, Narrative and Imagination* (1992). Please note the fourth word in the title: imagination. It reappears once more in David Marsten, Laurie Markham and my *Narrative Therapy in Wonderland: Connecting with Children's Imaginative Know-how* (2016). On this occasion, we concocted the neologism 'Children's Imaginative Know-how'.

If there were anything approximating a manifesto for narrative therapy, you could find it briefly stated in the introduction to *Narrative Means*. Here it is for you again:

We have been steadfast in our refusal to name our work in any consistent manner. We do not identify with any particular 'school' of family therapy, and are strongly opposed to the idea of our own contribution being named as a school. We believe that such a naming would only subtract from our freedom to explore various ideas and practices... We regard (this work) to be an 'open book'... However, we are drawing attention to the fact that one of the aspects of this work that is of central importance to us is the spirit of adventure. We aim to preserve this spirit, and know that if we accomplish this, our work will continue to evolve in ways that are enriching to our lives, and to the lives of those persons who seek our help (White & Epston, 1990, p.9).

The re-imagining of narrative therapy that I am proposing here today asks of us, both veterans and newcomers, to reinvigorate what we referred to then as the 'spirit of adventure' and by doing so we call back Michael's irreverent, maverick 'spirit of adventure' forevermore. The original meaning of 'maverick' refers to unbranded cattle that have gone astray. Applied to a person it means "one who thinks in an unorthodox manner".





Back to this manifesto, we then go on to allude to how we have gone about this and how we propose to continue doing so:

And besides our sense is that most of the 'discoveries' that have played a significant part in the development of our practices have been made after the fact... with theoretical considerations assisting us to explore and extend the limits of our practices (White & Epston, 1990, p. 9).

Okay, it was somewhat childishly utopian in refusing to name what soon became known as 'narrative therapy' (try telling a book publisher that you haven't got a title to put on the book's cover!) But nevertheless, we were naively seeking to sustain our 'freedoms'. Freedom from what you might ask? From the 'rules' that Chick Corea referred to and Frank Werblin inspired his fellows to go astray of.

The period of time between 1995 and Michael's death was taken up with writing *Maps of Narrative Practice* (2007). Michael's project was a distillation of some of what he had set out on mid-1981 and systematically evolved ever since. But so extensive was his practice that it could not possibly have been contained in a single text. I would estimate Michael had easily twenty maps up his sleeve. In chapter 7 of his 2011 text, he refers to a 'map' to guide conversations with men who have perpetrated violence. In a 1986 paper co-authored with Fred Seymour, I suppose I could be credited for the first published use of the word 'map' in regard to systematically describing an approach to children/youth who steal.

One of my proudest moments was launching *Maps of Narrative Practice* (2007) at the International Conference of Narrative Therapy and community work in Kristiansand, Norway, June 2007. In my address I said:

He used 'maps' to reveal which way he is going and why he might head in this or that direction. At the same time, he warns that there are so many directions he might have headed in. Or that you might head in. This is no manual...no macdonaldization. This is an artist disclosing in the most congenial manner his mastery and his craft. At the same time he promises that one's craft precedes and makes possible the originality of the reader's eventual artistry.

Let's go back to what I wrote in my introduction to his 2011 book, *Narrative Practice: Continuing the Conversations* where I spoke to Michael:

Michael, you never cared to look over your genius but I would like to consider your genius in improvisation. In your scintillating and respectful conversation with Salvador Minuchin at the Evolution of Psychotherapy Conference in 2005, Sal kindly insisted that there was so much more to your practice than the ideas you pinned it on. You accepted this in principle by introducing the metaphor of jazz improvisation but locating that in





the craft of musicianship. You insisted that that comes first. Could we take this metaphor seriously? And if so, aren't we going to have to consider pedagogies relevant to improvisation, once a person has mastery of their craft?"

Maps of Narrative Practice has no reference to improvisation, but I wholeheartedly agree with what you said: "Everyone has to first learn how to play and only then can they improvise" (White, 2011, p. xxxiii-xxxiv).

After Michael's death, I placed in my mind a kind of moratorium on *Maps* and any projects Michael and I had considered out of reverence to him. For me, like many, it was as if *Maps* were now inviolate and should stand as a memorial to him. I now have come to realize that I wasn't thinking clearly when I confused his last published words as his final words. Not a word should be changed, nor should I even annotate my copy of the book. It should remain as it was without discussion, debate or generativity. And that it should stand on its own, without reference to any of the myriad of his earlier publications. I know for a fact Michael had no intention of the finalizing of narrative therapy. He did not intend *Maps* as the final word but as a designated halfway point along the way so that he could 'start all over again.'

My homage and moratorium were quite contrary to what I knew of Michael's intentions for this book. In fact, it finally dawned on me this was as far as you could possibly get from what I knew of Michael's intentions. Michael had had to circumscribe his thinking for some time to collate *Maps* and distill them down to manageable, teachable, and doable forms for practitioners. He was determined to write an accessible book, as his prose style had been criticized as opaque and hard going. *Maps of Narrative Practice* (2007) was a masterpiece of such an ambition. The text was packed to the gunnels. The point I am trying to make here is that there was just so much more to Michael than its 304 pages allowed. To my way of thinking (and I never discussed this with him) that the 'Maps' are not, by a very long stretch, the territory of narrative therapy practice.

Michael had a talent for the systematization of his practice. It does indeed require meticulous care. If the 'Maps' are not the territory, what relationship do they have to such a territory? My suggestion would be this—that the 'Maps' take you to un-mapped territories and enable you to find your way there expeditiously. However, should you travel beyond where the extant 'Maps' go, you have some responsibility when you return to report back on where you went and what you found, so others can travel in the same direction.

And sooner or later, a mapper will map such a territory, allowing so many more to travel there and enlarge the terra cognita or known lands of narrative therapy practice. I would suspect such 'maps' may be far more modest and travel far less distances than his *Maps* of 2007."

I wrote that in 2010 for the introduction of his 2011 posthumous book.





Michael, I am now speaking to you almost eight years from the date in San Diego. We couldn't have predicted how the neo-liberal regimes of thought have infected all the therapies and the worlds we live in, and already artificial intelligence is working on robotizing therapy. My friend, David Codyre here in Auckland tells me that the Mental Health Services are investing in this and that potentially the Watson IBM computer could, believe it or not, be 'taught' to have narrative conversations with people!

Let me tell you about a federally funded service for youth to which I consult in West Sydney. You will recall it as the most marginalized area in Sydney. Staff are provided with four manuals, and I am sure you could guess which they are: anxiety, depression, psychosis, and trauma. No manuals as you can see for poverty, racism, asylum seekers and refugees who have fled war zones, unemployment, or for the indigenous Aboriginal people. I am very sorry to tell you that 'maps' in some instances have been eclipsed by the trend to manualization of our avocations. And believe it or not, there was even a narrative therapy app in the United States for \$5 or so. It seems to have failed to go viral I am glad to say. The watchword in every manualization of a practice is 'fidelity'. Do you get it? If the practice doesn't work, you have failed to be faithful to the manual. The genius and inventor of virtual reality, Jaron Lanier (2007), in the different context of musical composition, refers to this as being "locked in", which denies the imagination and forbids creativity. The 'freedoms' required for our imaginations to re-imagine narrative therapy have now become very precious. And we may have to secure them appealing to a greater fidelity to the 'spirits' I referred to in order to respond to your concerns that narrative therapy had become uncreative and why everyone sounded just like you and not themselves.

I am sure you would ask me the same question you always did, "What ideas are you thinking about?" Well, I am wondering if we haven't overlooked or perhaps taken for granted what may very well have been at the very 'heart' of narrative therapy practice. And I regret such matters couldn't and didn't find their way in to your *Maps*. How could they? If anyone could 'map' improvisation and the imaginative, they would have done so, patented it and turned it into a very lucrative franchise by now.

Michael, let me remind you of marcela polanco's comments on translating us both (2011):

I found a poetic resonance. It is not a language that tells about lived experience; rather it is a language that once again brings the lived experience to life. It is like a living vocabulary. Life is happening in the vocabularies, not besides them or prior to them. When I was translating a story, I was living it. The idea of time that says that this story happened before and is now being told was irrelevant.

In *Creativity in Times of Constraint: A Practitioner's Companion in Mental Health and Social Care* (2017), published with concerns that are very similar, Jim Wilson, the Scottish family therapist, writes:





Imagination invigorates serious conversation. To invite the play of ideas, with metaphor and story, fanciful associations and humour, loosens the ties of overly formulaic practice. To let go of standardized practices and protocols can be risky and one needs to feel secure enough as a practitioner to being to improvise as if on the spur of the moment (p.101).

In the introduction, Imelda McCarthy speaks of the “background noise” constraining the creativity of our colleagues working in the United Kingdom and Ireland: “It can be greater bureaucratisation, privatisation, models, manuals and measurements, surveillance and regulation, social disconnection and dehumanisation” (Wilson, 2017, p.xxiii)

Michael, let me remind you what I wrote in the Introduction of *Narrative Practice* (2011):

These papers direct our attention to your politics and ethics but you rarely commented on what I am calling the poetics of either your practice or your thinking in general. Perhaps for you, it was so taken for granted that it was just beside the point or tacit and beyond your own telling. Anyone who watched a videotape, read a text of yours or heard you speak couldn't help but marvel at the eloquence of your thought...

No one could plagiarize you, Michael, because your fingerprints were over everything you said or wrote. Surely you must have added several hundred questions to the library of therapy enquiry? And how many of your neologisms will turn up some day in the Oxford English Dictionary? It wasin the enchanting externalizing conversations with young people that I first marveled at your genius with your vocabularies. It was rare for you to say much that you had not previously invented.

Michael, don't you think we have to turn to poetics for this? After all, your words were at times mesmerizing and it was no surprise to me you drew upon Bachelard (the French philosopher of the Imagination) and the aesthetic metaphor of 'transport' as images for your narrative practice.

Recently, Michael, I have become aware of something else that has rarely, if ever, been mentioned in reference to narrative therapy— ‘aesthetics’ or the study of beauty. I was recently having dinner with my colleague Joan Campbell, family therapist and jazz musician, who attended my very first training in Auckland in 1984 and met you several times at your workshops here in New Zealand. We were reminiscing and without any prompting, she mentioned that she was drawn to narrative therapy because of its ‘beauty’. How uncanny as so many of our co-researchers/colleagues have also described Insider Witnessing Practices as ‘beautiful’, a terminology and a realm I hadn’t really previously considered before. Had you?





I asked Joan what she meant by this:

My initial thoughts are about things like an 'emotional response' and being moved/transported out of the ordinary, glimpsing something beyond, over the rainbow so to speak. I need to think more. Something about not being ever able to go back to what was before even though that 'before' is still there.

Michael, I have had further cause for the urgency of re-imagining narrative therapy at its very heart. Perhaps better put: one of the four chambers of the narrative therapy heart. And that is the consideration of poetics and aesthetics. Didn't we by 1985 insist upon this at least by implication? Surely as I have proposed elsewhere an externalizing conversation qualifies in socio-linguist MAK Halliday's terminology, as an 'anti-language', a conscious alternative to a majority language providing the means to contest and resist it. Have you ever met an English-speaker who 'naturally' speaks in an externalizing conversation? If I were ever to meet such a person, I would really cherish finding out how they came to do so. I do not consider a question you asked of us in your 1989 Process of Questioning Paper with its sub-title: "A therapy of literary merit?" (*Question mark!*) has been adequately broached. Perhaps in the re-imagination that I am proposing we might return to that question and zealously take it up on your behalf.

Michael, this reminds me too of the Wittgenstein (1921) quote we passed between us: "*The limits of my language are the limits of my mind. All I know is what I have words for.*"

I recently found my notes from "Against Method: Outline of an Anarchistic Theory of Knowledge" (1978), by the Austrian philosopher of science, Paul Feyerabend, who spoke about how one's capacity for innovation varies with the language one chooses. He insisted that invention cannot find voice in the normalized vocabulary of old ideas. Let me quote him:

We are of course obliged to appeal to the existing forms of speech that do not take counter-inductive speculation in to account and which must be distorted, misused or beaten in to new patterns in order to fit unforeseen situations. Without a constant misuse of language there cannot be any discovery (p.25).

Narrative therapy could be said to have "distorted, misused or beaten" the English language in to new patterns not so much to fit unforeseen situations but rather to provoke them. Might narrative therapy consider itself linguistic anarchy? What inspiration and comfort his ideas gave us in the 1980s. I still relish them. Is this why you were so concerned that people were copying and pasting your words rather than improvising their own?

Doesn't the Irish poet, Seamus Heaney, sum up what we got up to when he suggests what a poem does, "To place a counterreality in the scales— a reality which may be only imagined but nevertheless has weight because it is imagined within the gravitational pull of the actual and can therefore hold its own" (2002, p. 34).





In early April, 2008, I flew from Miami to Bogota, arriving exhausted just before sunrise. I was greeted by my ill-at-ease hosts who handed me several emails detailing Michael's circumstances and his grim prognosis. I was advised there was no sense in trying to see him again. That day I considered what I should do by asking myself what I imagined Michael might have wished me to do. His advice was to teach as 'hard' and as 'well' as I could. It gave me some solace to wonder if I was as earnest as I sought to be that I just might keep him alive. I engaged the 200 or so attendees with my fierceness of intent. That night John Winslade kindly phoned me to tell me Michael had died. What was I to do with the next day? I consulted myself. I would have Michael teach alongside me and I invoked him to join me with the same fierceness of intent. I more or less ventriloquized him.

Here is marcela's memory of translating us both:

While doing the translation I remember wanting to devour your words with great intrigue to learn as much as I could from Michael one last time...I felt he was there, through you...he hadn't left yet but this would be the last time we would hear him before his voice would leave us for good...

That night I felt a cramp in my right shoulder, so painful that the only way I could ease it was to sit in the bath and continually refresh the hot water. The pain persisted over the weekend until it became almost unendurable and finally I informed my sponsors of my plight. I had one more day teaching at a psychiatric hospital and they immediately booked me an appointment with a physiotherapist over lunch. I invited marcela to join me to translate. We had checked carefully that Sandra, the physiotherapist, knew nothing of my circumstances which made what followed exceptionally uncanny.

Sandra bustled in, dressed in professional attire, carrying a canvas bag of ultrasound gizmos and unpacked them as I lay, at her request, on the treatment table. As she turned and met my gaze, her eyes blazed wide open as if she had seen a ghost. That worried me. Was my condition far worse than I had thought? She emphatically declared: "Your brother died two days ago!" Shocked, I foolishly said the first thing that came to my mind: "What if it was my sister?" She seemed to scoff at my naivety: "Then it would have been your left shoulder!"

marcela was trying to alert me to the fact that she was very uneasy as she considered she was speaking to a professor and should show me due respect. So I had to preface each and every inquiry of mine by this prologue: "According to your knowledges, which I know nothing about, could you advise me about this or that.." In our second meeting she became more expansive and her advice, which I had earnestly sought, was:

It seems that you and your brother have done and gone through a lot together. And that both of you had a very special relationship of togetherness and you looked up to him. And now because of the death of your old brother, perhaps you are putting all the





weight on your shoulders of the responsibilities of taking on his place, feeling committed to continue what your brother left unfinished.

And then she authoritatively urged me to brush off such responsibilities and with it the pain would also be brushed off by demonstrating this in mime. I also asked Sandra as to what advice she would give me as to how I should conduct myself in Mexico. Her advice, again unequivocal, was to swim in the sea at my earliest opportunity.

The next day, I flew to Xalapa, in Mexico, several hours drive inland from Vera Cruz to visit Marta Campillo and meet Peggy Sax there who had previously intended to join us and decided, as a consequence of Michael's death, to keep to this. Marta picked me up at the airport with Peggy who had preceded me and announced that we were going to spend a day at her friends in a fishing village on the Gulf of Mexico, and swim in the sea.

What a relief!

While there, Marta invited us both to join her on an Aztec archaeological site nearby. Two basalt pillars about 1000 feet high strangely loomed straight up from the otherwise flat coastal plain. We were being told of the Aztec ritual whereby there was a fierce competition to be eligible to be sacrificed to ensure the fertility of next year's crops, when I looked over at the other peak nearby. I had a vision of Michael completing a very difficult ascent on his bicycle. At the top he stopped and waved to me; I waved back. That was the last time I saw him.

Michael, you aspired to live by the Foucaultian notion of "movement of thought." Rabinow and Rose (2003) described this methodology of Foucault as "an anti-methodology":

Thus the practice of criticism which we learn from Foucault would not be a methodology. It would be a movement of thought that invents, makes use of, and modifies conceptual tools as they are set in relation with specific practices and problems that they themselves form in new ways. When they have done this work, without regret, they can be recycled or even discarded (p. 27).

This is in sharp contrast to other notions of methodology, so familiar to therapies getting a bit long in the tooth which develop 'canons' and might be called 'canonical'. By that I mean to practice is primarily to be ruled and regulated by "a principle or criterion" (Collins Concise Dictionary, 1991). What might have been thought of it at one time as considerations transform in to 'rules and regulations'.

This is what the philosopher of science Thomas Kuhn (1967) in *The Structure of Scientific Revolutions* referred to as to how 'revolutionary sciences' over time become 'normal sciences', which are left to 'mop up' before being replaced by another 'revolutionary science. If I were to predict when that would take place in any contemporary therapy, I would say around twenty-





five years from the date of its discovery. It is a rather predictable path to its obsolescence. If 1985 was the year of the origination of narrative therapy, then its 'use by' date was looming around 2010. Michael and I had wisely proposed to preempt that, to 'start all over again' in 2008.

Going back to Chick Corea's definition of improvisation and the balance between the rules and the freedoms and how over time there is a shift in favour of the rules: Shouldn't we resist such regulatory regimes, from both without and within?

I believe that Michael would enjoin us to learn how to 'map' so we ourselves could 'map the unmapped' and continually extend the known territory of narrative therapy practice, but to do so with the requisite meticulous diligence and rigor that informed his own practice. A quotation Michael consistently referred to over the years was one he borrowed from Lionel Trilling. It had to do with his conviction that "copying originates." I have no doubt that Michael's copying was a kind of origination as that was his purpose in scrutinizing his practice. He always was looking to inaugurate the new.

For that reason, I would want to add what Michael took for granted—copying originates only if that is your express intention. That is, to look for those random and chance events that are brought about by novel circumstances, to cherish them and elaborate upon them next chance you get. Perhaps to tentatively describe it to yourself so next time around, you could try this 'route' out again, knowing that many reiterations are required to draw up a 'map' for others to follow. How many map-makers does narrative therapy require if 'Maps' are not to become regarded as sacrosanct relics rather than the 'scales' preliminary to 'improvisation'?

It is not surprising that Michael used 'map' as an analogy to describe his reflective practice. A map, in the simplest sense of the word, is the means by which one finds a way from one place to another. And over time, the elegance and economy of how such conversations went from here to there became mystifying, so much so that many watching were bewildered and, I suspect, began to wonder if they had seen magic or a trick of magic. Michael resented such imputations about his practice, knowing as I did just how much he had practised, practised, and practised, but always by way of reflection on his practice. Michael was entirely unsatisfied with his practice as 'tacit knowledge.' He always tried to find words to describe it, at first to himself, and then, when he was more assured, to others.

Michael's reflective practice refused to leave his knowing in the action; he insisted upon a map to guide his future practice, no matter how hard it was, how long it took, or how many ended up trashed and replaced by more suitable revisions. But again and again, he subjected his practice to the same style of mapping as before. I witnessed continuous revisions as one map succeeded another, each one more elegant and economical. By economical, I mean taking less time and effort to go from one place to the other so that at times it appeared as if he and his conversational partners had leapt as if by magic. You had every right to marvel and ask yourself





how did they get from where the conversation you were observing began to where it ended up? To answer that question, you would have needed to travel the same distance by the same series of maps that had preceded the current one.

There was another advantage to his mapping that could not have happened if he had not mapped. He would be as interested in finding those junctures between where the conversation/inquiry had set out and where it went astray, got bogged down or dead-ended. Here again, he would meticulously and zealously apply himself to see if he could imagine a way to make this transition less troublesome, and persevere until he had something original on hand. To do so, he might rehearse any number of possibilities to try out a different enquiry or sequence of enquiries the next time a conversation seemed to be following this map and heading toward this selfsame dead end. I believe that such problematic points inspired him to invent the new as a kind of bridge over the juncture where you strongly suspected you would have lost your way and been required to backtrack.

Let me speak in more detail to Michael's poetics and aesthetics:

Poetics comes from the ancient Greek verb 'potiein', which means to make or create". Bill Randall considers that the 'word' poetics is "uniquely suited to describe human development because it implies activity, and emphasizes the creative agency in what we do as we interpret our lives. Definable simply as 'the creation of meaning' (Freeman, 2001, p. 297), poetics encompasses as well the continual re-creation of meaning. Accordingly, like a literary story which we read and re-read, a life story is meaning-filled....(p. 148).. "poetics implies not just creativity but purpose, and it is this continuous purposeful creativity.....(p. 149) that Randall speaks of as 'ordinary wisdom (Randall, 2007, p.XX).

Miller Mair (2012) wrote of a "poetry of personal inquiry" that entails enchantment, "the marriage of feeling and imagination:

By poetry I do not mean short lines on a page that may or may not rhyme. I am referring to an approach to living that involves imaginative fluency rather than conventional objectivity... In referring to enchantment, I do not mean being put under a spell by a witch or wizard. I mean recognizing that consciousness and life can be raised to a different level: filled with new meaning; full of delight, beauty, and poetry. Our lives, in this sense, are enchanted when we are touched by beauty or by the inflow of new meaning so that we are able to see and feel more than the obvious and the objectively given, to what may be beyond and through what is immediately present (p.185).

Mair speaks similarly of 'ordinary magic'.





And above all else, Bakhtin (1983) refers to the “originality of ourselves” and calls engaging with an other as a species of love, “to linger over the particularity of the other.”(p. 64). This involves taking a loving interest in the other. I will quote from Caryl Emerson's (1983) clarification of what “love” means to Bakhtin because I believe Michael could easily have written this as well:

What marks a 'true love experience' is nothing possessive or erotic— and certainly nothing neurotic or compulsive. Rather, love is an urgent curiosity, almost more cognitive than emotional. It is an intensification and concentration of attention that enriches the beloved over time (p. 113).

The best way I can think of restoring Michaels’ ‘ordinary magic’ is to remind ourselves of his poetics and aesthetics as the means by which we come to 'know' those who consult us.

It was exactly at the sound of the word ‘pedagogy’ in my next paragraph that Ann, after 4 hours of copyediting this address so far, slapped down the remaining pages.

“Dude, enough already! Give them a break!” Startled, indignant and then relieved, I agreed to desist and write it out in a longer publication.

At least let me close this with a moral tale:

Story four: A moral tale

Our dear friend, Walter Bera, has just arrived from Minneapolis. His first night, Ann took him out to our backyard to gaze at the Southern Cross, a constellation of stars only visible in the Southern Hemisphere. Immediately, Walter whipped out his smartphone and enthusiastically showed Ann a map of the constellations. “Forget the gizmo, Walter! Look up at the stars!” Walter tried to interest her in the miraculous properties of this app. Ann insisted. Finally Walter looked up just as a shooting star streaked across the sky. They looked at each other and burst out laughing.

Thank you.

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Respectful letters for aggressive voices: Max's story

By Christoffer Haugaard & Max

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Introduction

In an interview titled "Psychotic Experience & Discourse", Michael White (1995) proposed a way of relating to problems concerning hearing voices. White distinguished between helpful voices and troublesome voices. I would agree that this is a very important distinction, and I find it relevant to consider how much more complex this matter has proven to be than is customarily figured into mainstream diagnosis (compare Beavan & Read, 2010; Corstens et al, 2014; Luhrmann et al, 2015b; Read & Bentall, 2012; Read, van Os, Morrison & Ross, 2005). For example, I have met people who say they would be reluctant to lose the company of their voices. Others who hear voices contend they are both supportive and helpful to the living of their lives. In light of recent developments connected to the Hearing Voices Network (see Corstens, Escher & Romme, 2008), and more recently the ethnographies of T. M. Luhrmann and others (Luhrmann, Padmavat, Tharoor & Osei, 2015a; 2015b; Luhrmann, 2018), I believe there may be grounds for considering if a central issue of voice hearing might be a matter of relations.

The question may not be so much whether people ought to hear voices or not, or whether this is taken to indicate abnormality or even pathology. Instead, we might make it our priority to consider what kind of relationship a person is having with any number of voices. White (1995) proposed that we consider troublesome voices in light of power relations and that we characterize troublesome voices in terms of their agendas for a person's life, their strategies of power and their ideological or moral assumptions about how life is to be lived. It seems to me that this way of engaging with voices is very close to externalizing conversations, and I have also considered the category of inquiry associated with externalizing conversations (White, 2007) very adequate to characterizing and revising a person's relationship with troublesome voices. It seems a small step to consider voices as problems that are already related to as "external" or that already appear to the person as an external agent. In concert with White, I make no effort to support or introduce ideas about voices being split-off parts of the self that need to be accepted and integrated into one's sense of self. I am quite at ease with relating to them as indeed external as persons, but of course a different kind of person, or different order of person than embodied human beings.

I believe that this matter of how we relate to voices and what those ways of relating require of people is worthy of considerable thought. Luhrmann's preliminary research, as well as the ideas within the Hearing Voices Network (see also Larøi et al., 2014), suggest that this matter is quite significant to the forms and levels of distress associated with troublesome voices. Luhrmann suggests, for example, that Western ideals of a bordered, integrated and coherent self within





the person may contribute to the experience of voices as troublesome. If voice hearing is considered in light of Vygotsky's theory of the development of thought and language (Jones & Fernyhough, 2007), might voice hearing appear almost unsurprising to us, and even a logical extension of the way our thinking works in general? In recent decades, ideas about relational, non-self-contained subjectivity have been developing in anthropology and religious studies (Bird-David, 1999; Harvey, 2006; 2017; Viveiros de Castro, 2004; 2015) of mostly non-Western cultures. Might we, in light of such understandings, take voices seriously as a kind of person? Such consideration may be important in response to the stigma of being able to hear voices associated with widespread Western understandings of normality and selfhood, and support a shift away from conceptualization and practice of pathologization, toward conceptualization of troublesome relations – a move from striving for a cure to instead striving to establish respectful relations with voices.

Leaving aside the matter of how to explain or defend such an approach, Max and I will here provide an example of working with troublesome voices that engages with them from a relational understanding of the experience and a response to troublesome voices that is more a matter of respectful relations than cure.

Max and the voices

Max, person with inside knowledge about voices.

I first met Max in 2013, a young man in his twenties, and no less than 27 hospitalizations behind him, many of which involved the use of force and restraint as he was at times violent. Max received antipsychotic medication, which did not relieve him of hearing voices, and had a history of self-harm and attempted suicide. In fact, the risks of self-harm and suicide were so imminent that Max and I decided to write up an agreement between the two of us as well as the staff at the psychiatric emergency room, describing how this danger should be handled in relation to our conversations. Both Max and I did, in fact, have concerns about the risks for Max's life that might be involved in simply talking about the voices or the urge to kill himself. A plan was made and accepted by Max, the psychiatric emergency room and Max's psychiatric team, which besides myself, consisted of a psychiatric nurse and a psychiatrist. This collaborative action was prudent for reducing our anxieties about these life-threatening risks so that we could dare to proceed.

In our first couple of conversations, Max introduced me to three voices he could hear. We took the approach of characterizing these voices, trying to figure out what their agenda was for being involved in Max's life, and what strategies or methods they would use to gain and maintain their influence and further their agenda. This inquiry led to a characterization that I committed to writing in the form of a therapeutic document, and that I shared with Max throughout our meetings [document is reproduced below].





At that point in our relationship, there were more pressing concerns for Max and consequently the voices did not become the centre of our conversations. Rather, our conversations inquired into Max's life story, his circumstances of living and the requirements involved, and what kind of person this life required Max to be. He had grown up in, and continually inhabited, a world of violence. Max suffered anxiety, emotional coldness, aggressive impulses, violent behaviour, visual and auditory hallucinations, self-harm and suicide attempts. Our conversations at that time focused on the possibility of resisting this world of violence and becoming a different version of Max: dealing with anxiety, self-harm and aggressive impulses, becoming able to feel warmth, and to feel good about doing good things. Max wanted his life to change, and part of that was to no longer be the kind of person that violence had made of him. He wanted to be able to *"feel content, pride, take joy in who I am – to wear a smile."*

Violence and crime were the norm during all of Max's childhood and right up until the time I first met him. His earliest memory was standing in between his father and mother, attempting to stop his father from beating his mother. As a child, he carried a knife to school with him for his own protection. In one instance, he recalled a remarkable memory in which the mother of one of his peers gave him a hug. This proved incomprehensible to Max, and unbeknownst to this woman, he had in fact been prepared to stab her to protect himself as she drew close in order to hug him.

Max does not want any further details of this history to be included here, but I can assure the reader that calling what Max was subjected to as "terror and torture" is entirely justified. I would also like to tell the reader that Max and I hope that although this is disturbing information, it is not included here to cause distress. It is, however, key to getting a sense of the great significance of the discoveries and developments that we shall describe later.

I might call what Max and I undertook a pursuit of an alternative identity project to the one he had been recruited into by the circumstances of his life. These conversations were helpful for Max. At a certain point, however, our ways parted as Max moved elsewhere.

This is the document I provided for him characterizing the voices:

Hello Max,

Thank you for our conversation. We spoke some more about the voices and their role in your life today. It was possible to have a relatively calm conversation, despite the fact that the voices eagerly strive to obstruct any of your attempts to do something good for yourself. Here is our characterization of the voices so far, based on our first two conversations:

There are three voices:





1. A militant, commanding, ordering male voice. He is the most present, he is degrading of you and orders you to perform acts of self-harm.
2. A more calm male voice who, in league with the militant one, observes you and evaluates you. The evaluations are negative.
3. A female voice screaming in terror. This happens when you are in a very bad state.

Agenda:

The voices' plan for you is to get you to isolate yourself at home and sit and cut yourself with a knife. They want you to deny yourself anything good and want you to be cruel to yourself.

Why?

The voices believe that you do not deserve to feel good. We considered that this idea may be related to an understanding that one should "pay" for the good things in life with pain and suffering. I got the sense that the voices are requiring a very "generous payment" from you, for if you cut yourself superficially, you only get peace from their humiliations in the time that you are doing the cutting. One time you cut so deep you could see bone. For that, the voices only gave you peace for two days. What are the voices on about here? What kind of idea about you would they need to have to make it seem reasonable to them that you should pay so much for so little in return?

Methods:

By what means do the voices seek to ensure your cooperation and promote their agenda?

- Speaking about you and others in an ugly, demeaning and degrading way. Might this be an attempt to persuade you to refrain from certain things? For example, if it is true that I am a quack as the voices say, then there is no reason to waste time talking to me. Is that intended to have the effect of keeping you from developing any hopes and keeping you from believing in anything that contradicts their agenda?
- Continuously being obnoxious (to put it mildly) and disrupting and preventing you from focussing on anything whatsoever with the intent of preventing you from getting involved in anything meaningful or giving. In other words, a form of sabotage.
- Simply persisting with the above strategies in order to exhaust you as a tactic in itself.

By the way, thinking about the fact of their presence throughout your life, have they had any influence on your idea about yourself? In that case – what have been the consequences of that?





The influence of the voices has not been constant. It was not until you were in your early 20s that they became capable of getting you to perform acts of self-harm. From when you were a child and until you developed chronic pains in your early twenties, you have worked all that you could. It appears as if work has been a way of avoiding the influence of the voices, and that commitment and being busy perhaps put your manpower/labour out of reach of the voices. But that changed when you became “tied to my bed” by pain. However, there have been recent examples of the voices not always getting their way. For example, they can no longer get you to cut yourself. And just maybe they failed to get you to take an overdose only last week!

*Regards,
Christoffer*

A new life and a new idea

About two and a half years after these conversations had come to an end, Max requested to meet me once again. I could not have been prepared for the amazing news he had to tell me. He was moving away from his old life, and was fast becoming part of a new and different one: a life of warmth, caring, empathy and non-violence. This was connected to the fact that since we last spoke, he had fallen in love and moved in with Joan who he would eventually marry. This meant Max had become a step-father to her three children, who had quickly accepted and come to love Max, much to his surprise and amazement. These changes were overwhelming for him. It was quite clear for people around Max – *myself included* – that Max was doing an impressive job at being a caring partner to Joan and an attentive step-father. But although Max managed to function within this very different world, he felt very much like an alien and thrown in at the deep end. Our conversations now revolved around a metaphor of passage from one reality and identity to another.

We made use of ideas relating to culture shock, introduction to new and unfamiliar customs, acquiring the necessary skills for a particular way of life and needing time and assistance to become accustomed to such a new way of life. I readily admit to being amazed at how obvious it was that Max was able to have the emotions that go with a caring and loving family life, despite the fact that such feelings were very unfamiliar to Max. We imagined what would be involved if a person were suddenly inserted into a foreign culture. How does one learn how to act? What feelings and ways of thinking are required? How does one learn what seemingly exotic things mean? We talked about making observations and getting information from competent members of such a foreign culture, and how Max might go about imitating others and receiving guidance and explanations, hearing stories that exemplify the norms, acquiring skills and practicing them to achieve habituation and eventual competence. This involved developing new skills, feelings, responses and interpretations of others, along with his suppression of old patterns and responses. This development was extremely arduous for Max,





and I was indeed impressed by the speed with which he learned to restrain responses that had become second nature to him by necessity.

The voices were giving Max a lot of trouble over this period of our time together. They were having a hard time accepting what was happening in Max's life and would regularly overwhelm him with degradations and claims of his unworthiness for the love and acceptance he was now enjoying from Joan and the children. They tried to intensify his own doubts and make claims to the effect that people around him were neither truthful and nor to be trusted. At times, Max could do nothing but sit paralyzed while the voices poured their vitriol over him. He tried making counterclaims, arguing with them or exposing missing links or errors in their reasoning, and this did sometimes disturb the voices, but they would quickly retaliate and punish such noncompliance with escalating reprisals.

One day, Max and I sat pondering this puzzle of how to deal with these voices. What could be done to give Max a break and allow him to move on with engaging with his new life and a different Max? At this very moment, Max reminded me of something he had mentioned towards the end of our former run of conversations: he had once posed the idea to me that perhaps there was a good intention behind the voices even though that seemed so counter-intuitive to both of us. Max's idea was that perhaps the voices had, in fact, contributed to his survival in that world of violence he lived in throughout his childhood and into early adulthood.

We pondered:

- Is it possible these voices were trying to protect Max?
- Is it conceivable what they were doing right then was an attempt at his protection, conceived by someone who still thinks the way you need to think to survive in a world of violence?
- Perhaps the voices were looking at the developments in Max's life, but were lacking an appreciation of the difference between the world of violence he had barely survived and the world of love he had recently engaged in?
- What if the voices did, in fact, care about Max's survival, but were having a hard time adjusting to a reality that is profoundly different from Max's prior life?
- If this might be so, might we be able to appeal to them?
- What if we were to cease trying to outwit them or strike back and instead give them some credit and offer to update them on Max's life?

After some consideration, we thought it worthwhile to give these adventurous ponderings a go.

A different kind of conversation

With Max's permission, I began to address the voices aloud, looking not at Max, but into the space directly in front of me, asking Max to simply listen to me and for the voices' responses. I





directed my comments to the voices themselves and told them about our earlier conversation in which we concluded their intentions had been benevolent to ensure Max's survival up until this time in his life. And, I assured them of my respect for such efforts they had taken on his behalf.

I spoke to the voices about Max's new life as a loved partner and a revered step-father, and how he and I believed that different actions were necessary on the voices' behalf to further this development and thereby continue to protect Max. I spoke to them assuming that they would still be interested in contributing to Max's survival. Max immediately told me that this had an appreciable effect on the voices. Did we catch them short? Had we possibly confounded them? The voices didn't respond in their usual manner. We wondered if this was a bewildering yet interesting experience for them to be addressed in this way. Max urged me to put this in writing for him, which I immediately did. Here is what I wrote:

A letter to Max and the voices:

- *The voices are receptive to things you say to them. It has been possible to make a hit on them on some occasions. But they deploy some very unpleasant tactics when met by such resistance.*
- *Perhaps it is possible to speak with them in another way? The way they treat you is horrendous indeed, but perhaps there are good intentions behind it that are understandable and may provide some common ground?*

Why do the voices do what they do?

Perhaps to protect you? Perhaps they are part of a way in which you have survived in a world of violence. In such a context, there are examples that point to them being interested in helping you. And part of that help may have been to shut you down emotionally as part of surviving under extreme conditions². But the things the voices are doing, based on such an intention, is not a good fit with the world you inhabit today. As matters are now, the effects of the voices' well-meaning work are destructive.

Might one relate to the voices from such an understanding? A way of relating to them that is not about outmanoeuvring, tricking or striking back but instead one that perhaps pays them respect for their intentions:

Dear Voices,

² Being shut down means that the voices overwhelm Max with their commands and degradations to the point of him becoming emotionally cold, losing control and being hospitalized, thereby 'shutting down' the circumstances that are putting pressure on him – a seeming cruelty that seems to have helped him survive.





Thank you for striving to protect and help Max under the extreme conditions under which he has previously lived. You have contributed to enabling Max to survive in a universe of violence that required a certain insensitivity, cool resolve, stolidity – and perhaps sometimes for Max to be ‘shut down’. I can see the good intentions and the care for Max behind your actions. Thank you for this contribution to his survival.

At the same time, I would like to tell you that Max’s life is unfolding within a different world now. I hope you will persist in your efforts to protect Max in this new reality. I would like to tell you that there is a need for you to do so in a way that makes a good fit with the reality he now inhabits. I would like to encourage you to notice the ways in which his life has changed. And to notice that Max has people and love in his life now that it is very important for him to keep. It is the best thing that has ever happened to him! I would value it if you would contribute to protecting the life Max has now. I have absolutely no doubt that Max would be indebted to you for such help.

Thank you for your attention.

*Kind regards,
Christoffer*

Max’s account on the effects of the letter

What did it mean to Max to hear me say those things that day and to read such a letter to the voices? And how did the voices themselves react to this? The next time Max and I spoke, I asked him whether the letter had been useful to him and he said that it had. In fact, he reported that “it was crazy” how helpful it was. This is a summary of that conversation:

Max didn’t tell me at the time, but when I suggested I speak directly to the voices, he had initially thought to himself, “*Oh shut up you quack! You can’t talk to an illness. It’s an illness, and you can’t just talk to that!?*” He had really thought to himself that I was embarking on something quite mad and impossible (I am very grateful that he didn’t say so at the time, as I surely would have hesitated to engage the voices in such a fashion). And as it turns out, the voices paid attention! Max reported they had listened and responded to what I was saying. The voices did not get angry with our requests because they had the experience of being recognized, respected and held accountable in a positive way. Addressing them directly required the voices to reconsider their own activities and what their intentions were. This was a complete surprise for Max.

He further told me it had been very important we had prepared ourselves before I addressed the voices. That we had developed a clear idea together about how the voices might be other





than what they appeared to be, and that it might be worthwhile to address them with respect and recognition.

What about the letter, then? What happened when the letter arrived and Max read it?

I got the letter in the mail and opened it. When I read it there was an explosion in my head! I was paralysed for a while and shaking. The voices had been provoked by it and had gotten angry. But the thing was that they could not pin their anger on anyone because the letter was just a thing. A piece of paper. The worst thing they could do was to get me to scrunch up the letter, but the words in the letter would still have been said.

The voices' anger was directed at me and at a piece of paper, but not at Max.

There was not a bloody thing that they could do about it. They fumed for about five minutes, and after that just went on to a bit of mumbling.

Max laughed to himself as he told me this.

It gave me a weapon. I could read it again and again. It is so nicely written that they cannot really be angry about it. Provocative but sweet. There's nothing you can do about it.

Max kept this letter folded in his pocket until it literally fell apart, after which I renewed it. I asked Max about the effects of this. What did this do?

It gave me peace, and it gave me my power back, and my life. My own life. For the first time, I have a tool that has worked with the voices.

After this moment there was a new pattern: the voices might get angry about something, and then throw a tantrum, but it would only last about five minutes, and then there would be peace again.

In addition, Max informed me it was significant that I had addressed the voices, along with saying these nice and respectful things to them. One thing that Max had learned from his earlier attempts to outwit or trick the voices is that he never could win that way. The reason for this was that the voices would always know everything he knew, and so they would know what he would say before he would even say it.

They know everything. It had to be someone else who talked to them like you did.





Was Max surprised by these effects of addressing the voices like this and writing a letter to them?

It was a gigantic shock for me. I knew it had an effect because it affected the voices when you spoke to them. But I didn't know it would have so big an effect. I could use the letters when I was at home and affect the voices' behavioural pattern. I had not expected that. I have been able to use the letters at any time. Like when I was at the crowded mall and the voices just got worse and worse, I could take out the letter and read it. The voices must have the same respect for Christoffer as I have. I keep the letters and can pull them out again if I need them. They are between some books, sticking out slightly so they are easy to find.

A second letter to the voices

Six months later the voices were once again having trouble keeping up with and adapting to the developments in Max's life. They expressed the idea that all these turn of events in Max's life were unjustified because of the crimes he had committed when he lived in the world of violence. This brought us to consider matters of justice and the social good and how to determine what constitutes good in relation to crime and reform. In this regard, I was reminded of a television program I had once seen about an unusual approach to imprisonment and rehabilitation in Norway. We discussed these matters and again decided to commit a summary of our tentative conclusions to writing, addressing it to the voices in a respectful way. We did so on the assumption the voices were committed to helping Max, although their understanding of what that entailed may have been considerably at odds with our own:

Dear Voices,

I would like to thank you again for the protection you have provided for Max during part of his life. I believe your desire to contribute to Max's survival is still present. I would also like to tell you, as you may have noticed, that great changes have happened in Max's life. These are changes that have allowed him to move into a new space. To be a different version of Max. And that movement is really happening. It is visible and readily recognized to people who know him. They can hardly believe their own eyes, as they could not have imagined that all this was possible.

It can be difficult for Max to believe it himself. And perhaps for you too? It may seem unjust that such a positive development is happening in Max's life, bearing in mind his history. I would like to invite you, voices, to consider the meaning of 'good' and 'justice' in this case.

When people do something wrong, it is our custom to punish them from the understanding that one must pay with suffering for the suffering that one has inflicted





on others. Therefore, we deprive criminals. But it seems often to be the case that such punishment does not necessarily lead to better human beings at the other end. One does not necessarily become a better human being from being exposed to punishment, pain, stigma and exclusion. Unfortunately, many imprisoned criminals return to prison again and again. But I would like to inform you that in Norway³ there is a prison island where the inmates can move with relative freedom, and where the surroundings are pleasant and reminiscent of a nice life. And here the inmates are taught those skills and ways of relating to others that are conducive to a good and law-abiding existence. People who have been 'imprisoned' on this island are not very likely to show up in the penal system again!⁴ We must ask ourselves: What is conducive to creating human beings that do not commit crime? That are not violent? But are loving and contribute to society and the lives of others?

One may believe that Max deserves to suffer. But look at the results of the life he is living now. He is a caring man with a big space in the hearts of his partner and her children. He is calm and thoughtful. He does no harm to anyone. He is removing himself from the life of violence at such a pace that it is difficult for him to keep up with himself. So what would we prefer? 1) A Max who must suffer for his mistakes and be held in a cold world of pain? 2) Or a Max who loves and is loved and who harms no one? Do we want vengeance or do we want a more peaceful and safe society? I believe that the development that has taken place in Max's life is in the interest of us all. This means that there is something to consider other than justice. It is my opinion that the results speak for themselves.

I hope you will consider this.

*Kind regards,
Christoffer*

Max's account of the effects of the second letter

At first, the effects of this letter were difficult for Max to describe. However, on a later occasion, he tried to approach a way to explain it to me:

It was as if the contents of that letter worked like a scattergun over everything. It did something to EVERYTHING. Things in my childhood were changed by it.

³ Bastøy prison island (Bastøy fengsel) near Oslo in Norway. [Link here](#); [Link here](#)

⁴ Reported reoffending rate 16% compared to the European average of 70%. [Link here](#)





I was amazed! What did Max see in that letter? He said that he had been particularly drawn to the beneficial results from Bastoy prison and the last part of the letter about what we would prefer for someone like Max, and what the common good might be.

When I got the second letter, I remember lying down with it and reading it, and then holding it to my chest. Then I heard weeping and thought who in the world is that? But there wasn't anyone home who might be weeping. They will hate me saying this, but I think it was the voices.⁵

The letter addressed matters that Max later told me were essential to him. The matter of crime and justice was the central question for him in relation to his fundamental view of his life.

Crime WAS ME from when I was a child. It was normal. It was just how things were.

With the new life that Max had become part of, supported by this perspective on crime and justice, he now could see another world around him:

I see love, safety and intimacy everywhere around me. And I am involved in making it.

A new voice

A few months later, Max told me about a surprising development: a new voice had shown up! But it was very different from the other voices. This one was very agreeable, spoke in a pleasant and respectful manner and was clearly sympathetic towards Max. It was both very talkative and inquisitive and often overdid it. For example, Max told me how, during our conversation, the new voice commented on all sorts of things in my office. It took note of the instant coffee jars I had, and how one was different from the others. *"Does the psychologist prefer one type of coffee, but some of the time switch to another none the less?"* the voice had queried. I made sure to provide the voice with a suitable explanation (it had belonged to an intern psychology student who preferred a different brand of coffee than me).

This was all very remarkable. Max didn't know how or why this voice had come, but suddenly it was there. I was interested to know what kind of person this voice was, asking Max what the voice seemed to be interested in, and what its concerns were. Max explained that the voice tended to encourage him to stay close to his loved ones at home and avoid strange places. Consequently, we formed the impression the voice was concerned with Max's safety and that it

⁵ With respects to the voices, I would like to add something here: *I would like to tell you voices that what Max is saying about you here, I think is moving. It does not make me think less of you or lose respect for you. On the contrary! I felt a warmth by it when Max told me. A warmth for you, voices. It made me think better of you and led me to become more interested in getting to know you. I hope you will allow it to stay in this paper. I think it honours you. Thank you in advance. Best regards, Christoffer.*





attached significance to important relationships in his life. Max and I both agreed this new development was certainly welcome.

However, the voice was very, very inquisitive— like a young child bursting with curiosity or a being from a different planet who was highly fascinated with what was going on in Max's life. Because the voice was so courteous and well-mannered, it was difficult for Max to ignore it. He often felt compelled to answer it or even go so far as to initiate conversations, however, in some circumstances that appeared strange to onlookers. As well, such engagements made it difficult for Max to concentrate and sustain his focus. So although Max appreciated the good nature of the voice, he reached the conclusion that it talked too much at times. Max needed space and quiet to focus and not act in ways others would deem strange. We decided to offer hospitality to the voice and to address it as a new acquaintance and a guest in Max's life. And as a guest in his life, we felt that Max as host was justified in setting some basic rules. We composed a letter to this effect:

Hello Max's new voice,

As someone having the privilege of knowing Max, I would like to address you. Max has brought it to my attention that you have arrived. On his behalf, I would like to welcome you as a guest in his life. I have learned from Max that you are a friendly spirit and that you take an interest in his life. I would like to thank you for that.

As you are a new arrival, I would like to tell you a few things about the life of your present host. Max comes from a very difficult life and has some voices with him from that life. He is very much in the process of moving away from that life. He has become part of a loving family with Joan and her children who love Max dearly.

This new life is at times overwhelming for him, and sometimes confusing. It takes time to adjust to a reality that is different from what you know. But I feel confident in telling you that Max is making himself at home in this new reality at an impressive pace. Several people around him have noticed this. This development is immensely significant for him. In connection to that, I would like to ask you to attend closely to the life in which you have recently arrived as a guest, and to respect and contribute to it while you are there.

There are a few specific things that Max would particularly appreciate if you would bear in mind:

- *When Max is with the children, he would very much appreciate it if you refrain from talking to him. This is simply because your friendly demeanour and clarity of voice makes him want to answer. But if he does, it will look strange to the children. For*





- that reason, it would be very nice if you would refrain from speaking to Max when he is with the children.*
- *In much the same way, it would be appreciated if you would remain quiet when Max is having important conversations. Otherwise it is quite difficult for Max to concentrate on such an important conversation.*
 - *Max appreciates good advice and warnings. But sometimes he doesn't need it. Sometimes he would much prefer peace and quiet. He is on top of many things. For this reason, it would be much appreciated if you would be willing to try and be quiet when Max asks you to. Sometimes he just needs peace and quiet.*

I would like to thank you for your friendly demeanour and what seems to me to be an interest in looking after Max. To my mind, you seem to be concerned with Max staying in places where he is safe and with people he cares about. It brings me great joy that you regard that these matters are important to Max. I am very happy that you are supportive of those things that matter to him.

*Kind regards
Christoffer*

A month later, Max would relate to me that the new voice had demonstrated a capacity to listen and to bear in mind his wishes. It had, in fact, learned to stay quiet when Max was having important conversations. Although this voice was kindly and supportive, he did hope it would move on eventually and not remain in his life forever. Max strove to make that clear by not getting too personal with this voice, referring to it as 'it' and not 'he' and stressing that it was a guest rather than a permanent residence in his life. The voice did move on after a relatively short time and is no longer present for Max.

Evaluation of change on psychiatric measures

Max was first admitted to psychiatric hospital in 2010, following several suicide attempts. Between then and our first conversation in 2013, he was admitted to hospital 27 times, usually involving physical restraint due to dangerous and violent behaviour. Our first course of therapeutic conversations, comprising 16 meetings, came to an end in 2014, when he moved to a different town. Max continued to be frequently admitted at the local psychiatric hospital, but no longer by force. While living there, he admitted himself of his own free will. Unlike before, there was very little use of force. He was still restrained, but now for the reason that he requested it to ensure his own safety. He continued to be admitted to hospital several times per year through 2015, and again in the beginning of 2016. Max and I resumed our conversations in late 2016, and it was just after a few conversations in December of 2016 that we developed the first respectful letter to the voices. The second respectful letter to the voices was written in the summer of 2017, almost exactly six months after the first one.





At the time of writing this paper, autumn 2018, Max has not been hospitalized since early 2016. Max has been administered antipsychotics since 2010, but according to him, they had never worked on the voices. Despite high levels of stress, suffering intensifying chronic pain, learning to live a normal family life and hearing voices, Max has had no further hospitalizations for the past two and a half years, in sharp contrast to the very many, often involuntary, admissions between 2010 and 2016. He is now in his early thirties.

I asked Max if he saw a connection between our collaboration and hospitalization:

Because of the letters to the voices, I am able to learn. I can now learn to be a human being. I used to be intensely paranoid, but being able to deal with the voices, using the letters, has taken a lot of the paranoia away. This is the thing that has meant the most of all. Using the letters, I can function within a normal life. That pushes the psychiatric world away from me. I am now able to use the feedback from the children to be able to behave right. Their feedback is always completely honest and immediate. I have gotten a life because of those darn letters. It just bloody works. And not just for two weeks or something. They worked immediately and they keep working. I haven't been hospitalized since. I read the letters to the voices instead.

Reflections

There were some matters that stood out for Max:

- *The fact that Christoffer would relate things to his own life and would sometimes say something crazy-sounding made him so much more human. Not a role. Not a function. That has given him immense authority in my eyes, and the respect that is mentioned in the above. It is significant that the person shines through.*
- *Twisting things and turning them upside down. I believe in karma and because of the way my life has been, I believed I did not deserve good things. But then one day Christoffer said: "If karma means that you get what you deserve then would that not also mean that if life gives you good things, it must be because you deserve it?" I think that is such an annoying thing to say, but the logic is correct. That is a great help. It works. With the voices, we also turned things around: We treated the voices with respect, even though one feels like hitting back at them and being obnoxious to them like they are obnoxious to me. But we turned the situation on its head.*
- *I do recall that when I was a child, the voices guided me like a grownup guides a child, scolding and such. They prevented me from getting involved in certain things. Some things would make the voices go off on me if I just thought about doing it. That was protection and has in fact contributed to my survival.*
- *I have reclaimed something I had when I came into the world, but which did not exist in my childhood and beyond: Warmth, feelings, and caring. There is a message in*





that: You can reclaim these things. They are not lost for all time, just because you did not have them in your childhood.

As well there were some matters that stood out to me [Christoffer] in Max's story and the approach to the voices that we took:

- We related to the voices as separate persons rather than as symptoms.
- We engaged with the voices from a concern with the ethics of relations as opposed to engaging in conflict or attempts at a cure.
- We strove to move towards respect and acceptance instead of rejection or condemnation.
- Someone other than the person hearing the voices spoke to and wrote to them, explicitly addressing them in the grammar of the second person.
- The approach to the voices that we took worked even though Max did not expect it to. He informed me that initially the approach had sounded crazy and impossible, but nonetheless it worked immediately and has endured up until the present.
- We created a situation where the voices' usual tactics of attacking the person did not work.
- We immortalised the message to the voices through letter writing.
- We addressed in particular matters of social justice and related the problem to a moral universe.

Acknowledgements

From Max:

I would like to thank Christoffer, because without him this would not have happened. And thank you David Epston for receiving my story the way you did. Christoffer has also told me that he collaborates with a person who is finding inspiration in my story. I would like to thank that person too. It has great significance for me that others may find hope and inspiration in my story. That makes it all meaningful and is the reason I want to make my story available to others. I would also like to thank my wife for love, support and patience.

From Christoffer:

I feel I must mention two unnamed people with insider knowledge about relating to problems respectfully who have played an important role in helping me to understand the significance of respectful and caring relations with problems that may immediately seem obnoxious and evil-minded. I believe that their examples have contributed to preparing me to engage with Max's voices the way that I did. Thank you for your wisdom!

Thank you to Rune Hjarnø Rasmussen, historian of religion at Uppsala University, Sweden, for introducing me to recent developments in anthropology and religious studies. Thank you David Epston for assisting with this paper and contributing to Max's life. And most importantly thank





you Max for an amazing collaboration and inspiration for my work. And a thank you also to Max's voices for the protection they have provided earlier in his life and for the respect they may have for me.

Kind regards,
Cristoffer Haugaard

Consent

The name 'Max' is a pseudonym. The person behind the pseudonym has been fully informed about my interest in publishing his story, and has given his consent for me to write it and expressed his strong desire for his story to be made available to others to inspire them to find similar ways of relating to voices. Max has contributed directly to this paper by means of comments, corrections and he is also explicitly quoted in the text. Prior to submission and publication, Max has read this paper and accepted it, and he has given his written consent for it to be submitted to a journal for publication.

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Sitting through it with the voices: Victoria's story
By Christoffer Haugaard & Victoria
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Victoria, person with insider knowledge about living with voices

I first met Victoria in early 2010 when she was in her early twenties and I had recently graduated as a psychologist and had only worked at Aalborg University Hospital for about a year and a half. At that time I neither knew who this young woman was nor what was going on in her life. It would be some years before she would initiate me into some of her history and knowledges. However, I do clearly recall that first meeting with her and it often comes to mind when I think of all that she has taught me since then. When we first met, my task was to administer a number of psychological tests to assess for any cognitive deficits. I no longer remember much about those tests, but I remember this young woman, who quickly curled up her legs in the chair and sat awkwardly crouching. I could hardly make her out as her hair obscured and hid her face from my view and her downcast eyes were directed towards her feet. She was taciturn, replying to my queries with an obligatory yes or no. I completed my task and duly wrote my report. Four years later in the summer of 2014, I met her once again, this time with a different purpose.

She had asked to speak to a psychologist, and that happened to be me. On this occasion, she did not curl up in her chair though, and was far more resolute and had a great deal to say. I asked if there was anything in particular that she wanted to discuss with a psychologist, and she mentioned several possibilities. As she listed one possibility after another, she informed me in a very matter of fact manner that "there are these voices that I hear but I've got that under control, so we need not talk about that". What we did go on to talk about was her desire to be more influential in her own life, and how her knowledges were often disqualified by well-meaning others, some of whom were in positions of professional authority. Most often, her knowledges about what was helpful for her and what she knew were disregarded or dismissed as inconsequential. This resulted in her being persuaded or pressured into interventions that she predicted with almost unerring accuracy would fail and simply drain her of precious strength.

Another matter soon rose to become the centre of our concerns, however: Anorexia. Anorexia had previously made a very serious attempt on her life, including her being hospitalized. Over this period of time, she was so weakened by Anorexia progressively reducing the amount of nourishment she was allowed that she was finally unable to stand without fainting. Thankfully, she survived this, went on to find a way to deal with Anorexia that restored her strength and kept her from death's door. In fact, she had discovered her own way of dealing with Anorexia. However, once again, Anorexia was making another attempt at taking control over her life.





We focussed our conversations on exposing Anorexia's techniques of power, its true agenda, the history of its entrance onto the scene of Victoria's life when she was twelve years old, and what deceitful promises it made in return for its regime of starvation. We recovered Victoria's strategies of reducing Anorexia's power and we exposed the promises it had made to her but failed to keep. We discovered the limits of Anorexia's power, and how Victoria would get around the full force of it, and at times even enjoy significant freedom. After collaborating for about a year, Victoria had established a way of living that revolved around joy, happiness and pleasure, supported by a small community of significant people in her life. This well and truly overshadowed Anorexia and instead Victoria's wishes for her own life became centre stage. And so it has remained up until this day.⁶

At a point in our conversations, when we were quite confident that an Anorexic take-over was no longer an imminent threat given its presence had been substantially weakened, I became curious about a recollection I had of her mentioning hearing voices "but I have that under control". Why was I so intrigued? In the time between 2008 to the present that I have worked at the psychiatric hospital, I have spoken to a number of people who hear voices, and tried to assist them in finding ways of dealing with terrorizing and bullying voices. Had Victoria found a way to deal with such voices, I wondered? And if so, would she perhaps let me in on how she achieved this? I was entirely unprepared for what she would divulge to me. To this day, I feel very fortunate and grateful that she decided to share her knowledges with me.

Sitting through it with the voices

CHRISTOFFER: Some time ago, you mentioned to me that you have a way of dealing with the voices you hear, but then it was not relevant for us to talk about that. We had other more pressing concerns. But I have become curious about how you deal with these voices. I speak to other people who are troubled by unpleasant voices. Perhaps your knowledge might be of some use to me and to other people with whom I collaborate. Might I ask you to tell me about this way of dealing with voices that you have?

VICTORIA: The voices wanted me to harm myself. But when I did, it just made the situation worse and led to guilt and self-blame. The voices' primary method of getting me to harm myself was making threats that if I did not comply, then something would happen to the people I love.

⁶ Anorexia has a history of its own in Victoria's life. This, as well as how she went about dealing with Anorexia, is a story of worth in its own right. However, we have decided to focus on Victoria's practice with the voices in this paper. We would like to refer readers who, for whatever reason, are interested in resisting Anorexia to the book *Biting the Hand That Starves You: Inspiring Resistance to Anorexia/Bulimia* by Maisel, Epston & Borden (2004). See the reading list at the end of this paper.





I learned to sit through it, even though the voices said that horrible things would happen to those I care about. I just sat and listened to them for hours without doing anything. In this way, I discovered that it wasn't dangerous to decline doing what the voices demanded. Eventually the voices would stop, although I did not comply. This led me to the conclusion that the voices were making empty threats. The more I endured this, the more the fears associated with the voices diminished.

CHRISTOFFER: How were you able to sit through this when the voices were making threats against people you care about? That sounds difficult and scary.

VICTORIA: It took courage. It was also because of stubbornness or persistence. And there was a reason why I couldn't just do what they wanted. Because that would have consequences for others – people that mattered to me. Hurting myself or dying would hurt them as well. Being in the company of other people also contributed to being able to sit through it. It would sometimes happen while I was sitting on the couch with visitors, and I would sit through it with them present.

It was really hard! The voices were loud and I was frightened. But it was necessary to stick with sitting through it, and not give in to the voices' demands. I thought to myself: 'If I want to get better, I can't keep hurting myself. I don't want to be like this for the rest of my life.

But I was afraid my parents would die. That was what the voices were threatening. I called them to hear if they were okay without telling them that was why I called. I made up an excuse. Sitting through it involved guilt when I declined to comply with the voices. I felt guilty because what if something happened to someone because I didn't comply? I told the people the voices were threatening about that I was going through all this – that I was being threatened. They said to me that nothing would happen and that they were not afraid of the threats. It meant a lot to me that the people I was being threatened about said this to me. That those people themselves said they were not afraid. This had far more significance than when professionals said something similar.

I made my decision to put my trust in what the people I care about said to me. The fact that they were unafraid supported me in what I was doing. I could see that I had to choose between running a risk for others by not complying despite the threats and risking my own life. If I did not resist the voices' demands, I believed I would end up dead. Because my death was what the voices were beginning to demand of me. When I looked at what the voices desired for my





life - to harm myself and take my own life, I could see that my family wanted better things for me than the voices. This helped me to defy the voices and put my faith in the people I care about. Even though I was frightened and felt guilty.

CHRISTOFFER: What did this lead to? What happened as you practiced this approach to the voices?

VICTORIA: Before the voices were there almost constantly. Now it is only during stress or when I am tired. Their presence is more like background noise now.

I began to be able to see through the voices after I discovered that nothing bad happened even though I declined to comply with the voices. It became easier and easier. The voices became more neutral. I became aware of an association: when I stopped being afraid, the voices became less severe. But when I was stressed, they intensified.

CHRISTOFFER: I am amazed by this, Victoria! Please help me to understand the magnitude of what you were up against: when the voices were making threats to you that people you love will die if you do not do as they say, how convincing were these threats? Did you believe one hundred percent that people could in fact die from your disobedience?

VICTORIA: At first, the voices were absolutely convincing. One hundred percent. I believed what they said more than I believed what anyone else said. This was because of how intense they were and the way that they argued in their favour – it made sense to me. It was not helpful when other people said the voices weren't real. Gaining my own knowledge from personal experience was crucial. Only then was I able to believe what others said.

I was amazed hearing this summary of how Victoria had developed a practice of sitting through it with the voices despite their terrifying threats. How on Earth does she do this? Under what conditions did this happen? I am grateful to Victoria that she agreed to initiate me into this hard won knowledge that she had indeed discovered by means of her own experience and turned into a practice based on her know how.

The history of the discovery

As mentioned above, Anorexia has been present in Victoria's life from the age of twelve. Practices of self-harm, such as cutting, also came into Victoria's life at around the same time. Victoria first began hearing voices when she was seventeen years old. The first voice did not make threats but variously commented about her activities during the day. She survived a very serious attempt on her life from Anorexia and was consequently hospitalized when she was





nineteen. At around twenty years of age, new voices arrived and started making threats. Victoria is uncertain as to why these new voices got involved within her life. At around the same time, she was trapped in a violent relationship, which she speculates may be relevant to it, but is uncertain about that.

In the twenty-sixth year of her life, she decided against taking antipsychotic medication after nine years of this medical regime. She consequently developed her practice of sitting through it with the voices. It was just a few weeks after she had successfully changed her relationship with the voices and no longer practiced self-harm that our conversations began in the summer of 2014, when I mentioned in the above that she told me that the voices were not a relevant topic for our conversations. I was unaware of such an accomplishment at the time. She has fiercely held to her decision to not receive any further psychiatric medication ever since trusting in her hard won knowledges. Today, the voices are hardly present in her life, and self-harm, which she practiced from the age of twelve until twenty-six, has no place whatsoever in her life.

Asking her about her experiences with antipsychotic medication, Victoria explained that she was prescribed antipsychotics from the age of seventeen. Initially, she did not tell anyone about the voices but she did take antipsychotic medication, which had been originally prescribed for her to help her sleep. Antipsychotic treatment continued when she revealed that some voices were speaking to her in her early twenties. She accepted this, hoping that it would stop the voices. However, this did not prove to be very helpful. The voices carried on regardless. In fact, this medication had deleterious effects. It kept her from doing the things that have always been significant to the living of her life: reading books, sketching, watching movies, and playing a musical instrument. All of these past-times were impossible for her to undertake when she received such medication. The psychiatrists explained to her that it was her illness that made her unable to sketch and read and so on. They didn't think it had to do with the medication. But for Victoria:

The idea that the illness was to blame gave me a bleak view of the future, because then there was nothing I could do about it. That idea of it did not help me. It made me powerless.

According to Victoria, the psychiatrists believed that nothing more could be done, and they prognosticated that the circumstances of her life would remain as such for the rest of her life. This gave her the impression that they had more or less given up on her:

I could see that the medication didn't help and that there was no change in things. It was just the same and more of the same. The psychiatrists were in charge of what went on. The future was bleak. I couldn't do anything, nor feel anything. It was like hitting the same wall over and over again. It wasn't a life for me.





After having been on antipsychotic medication for nine years and having tried to engage a psychiatrist for over a year in assisting her to discontinue with no luck, in desperation, she decided to stop taking the medication on her own volition and against the psychiatrists' recommendations:⁷

I stuck with my decision even though I was continuously encouraged every time I was in contact with a psychiatrist to take medication again. But I refused.

Instead, she began to deal with the voices without medication and using her own tactics. Thus, Victoria "got the power back". Discontinuing antipsychotics also revealed something to her: it had indeed been medication that made her unable to read, sketch and play music, because these skills immediately returned. By this means, she recuperated her talent for, and the pleasure she took in, sketching, reading and playing music.

The medicine basically made me more vulnerable to the voices and it didn't make them go away.

This was by no means an easy feat! However, Victoria had reached the conclusion that things had to change. As we shall see, the voices wanted more and more from her. It became clear that doing what the voices wanted would effectively lead to her death. On the other hand, following the treatment program had led to her powerlessness and a very bleak view of the future, a life she considered intolerable. For these reasons, she reached the conclusion to do things her own way despite the dissenting authority of a psychiatric hospital and professional knowledge. In addition, almost everyone around her encouraged her to accept this knowledge and authority, including those close to her.

It was under these dire circumstances that Victoria began to develop a way to live with hearing voices on her own and without medication. To understand in depth just what kind of situation this was and how desperate her search for a different approach was, some appreciation of the nature of the voices and their impact on Victoria's life is necessary.

The voices

Voices appeared in Victoria's life when she was a seventeen year old high school student. At first, what she heard was the sound of someone reading the daily news. She couldn't make it out in much detail. It was similar to trying to hear what one specific person is saying in a

⁷ Neither Victoria nor I recommend that anyone discontinue antipsychotics, or any other psychiatric medication, on one's own. For many people, antipsychotic medication is helpful and sometimes essential to their wellbeing. In cases, like Victoria's were the benefits of medication seem unclear or deleterious effects are experienced, we strongly encourage discussing this with a psychiatrist and only making careful and slow changes in collaboration with professionals and closely monitored. Both Victoria and I would like to emphasize this point very strongly.





crowded room. This voice did not directly address Victoria. A second voice appeared less than a year after Victoria had been discharged from hospital, an admission consequent on Anorexia's starvation of her. This voice appeared pretty much from one day to the next, differing considerably from the indistinct newsreader. Whereas the newsreader had been mumbling in the background, this second voice spoke clearly and directly to her. It started to comment on everything Victoria did. Soon after, a third voice added itself to the ranks, and this one was very aggressive. These two more recent voices were very dominant and exerted a powerful presence so that although the first voice remained, it no longer attracted much of Victoria's attention relative to the others.

The second voice did a running commentary of sorts. It commented on all sorts of things that Victoria did, such as making a sandwich or watching television. But it would do so in a way that was subtly critical of her. It was perhaps even passive-aggressive towards her. It might pose rhetorical and insinuating questions such as: "Are you just sitting there watching television again?" As time passed, it increasingly expressed its opinions more and more which began to interfere with what she was doing. It became obvious that this voice did not agree with many things in how Victoria lived her life, and wanted to take over supervision of her life even to intimate details.

Eventually it began to warn her against things or suggest what she should do, and then it would get angry with her if she did not act accordingly. It would then blame and demean her for just about everything. It would present itself as being on her side and having her best interests in mind, much like an advisor. This made it quite persuasive especially in situations about which Victoria was confused or uncertain. The voice would then direct her and ostensibly relieve her from any of her doubts and insecurities. It would also direct her attention to people she was with, both those familiar to her and strangers in the street, warning her about them on the pretence of looking out for her safety. Reflecting on this more recently, Victoria commented that:

It wasn't the aggressive one that was the most dangerous. It was the one giving directions and advice because it was two-faced. It gave the impression of being one thing but in reality it wanted something entirely different for me.

The aggressive third voice entirely lacked subtlety. When it was present, it would constantly yell at her threatening, "Do as I say or suffer the consequences and then it will be your own fault." What did it want her to do? It required Victoria to physically either hurt or kill herself. It would violently scream such orders at her at any time and on a bad day more than a hundred times! It would vary the details of what it required but the message was always essentially the same. It was relative to this that the critical voice seemed to be on her side. It would advise her to do what the aggressive voice said in order to protect her loved ones. It would give her advice about how to avoid disasters happening that were caused by Victoria's very existence.





Both of these voices agreed that if Victoria did not obey these orders, then loved ones would die as a consequence. In fact, the seemingly friendly voice would explain to her that if she did not hurt herself, then that amounted to making a conscious decision to kill those whom she loved! This made the second voice appear to be loyal to her at the same time as looking out for the people she cared about and loved. The effect was to persuade her to hurt herself, even to the point of risking her own life. If she questioned this or refused, the second voice would also become angry and demeaning of her, while blaming her for putting others at risk. Effectively, these two voices promoted the very same agenda for her life: Getting her to hurt herself through threats of harm to her loved ones and more generally blaming her for bad things happening in the world including disasters happening across the world that she saw on television.

How were they able to persuade Victoria that bad things would happen if she did not follow their directions? They were able to do so, because they took advantage of something in her life:

There was an understanding from my side that some things would happen and that I was somehow involved in it. There was something wrong in the fact that I was here and that I could control these things by doing what I was told. Then terrible things wouldn't happen. I think I also had an idea of myself at that time that it was wrong that I was here, and that because of that, things would happen.

It is difficult to explain in hindsight. I have sometimes read some things I wrote down back then and it doesn't make sense to me now, but back then I was one hundred percent convinced that I should have been dead at a certain point and that because I wasn't dead, there had been a mess in some kind of system. And then the longer I was actually here and didn't do these things I was told, then something terrible would happen to some other people.

Victoria explained to me that this sense of something having gone awry because of her continued existence had first appeared soon after Anorexia required her hospitalization and subsequent discharge:

It was this sense that something was wrong with me. I felt physically changed and different after the discharge from hospital. Like something had gone awry at a high level. I should not be here. I should be dead. The body itself felt wrong and looked wrong in the details when I looked in the mirror.

She was overwhelmed by a very powerful sense that she should in fact have starved to death and that her survival had been a mistake, and that this had created an imbalance in the world. This put other people's lives at risk and made it necessary for her to follow the voices' instructions to compensate. Such an understanding of her continued existence being a mistake





was not created by the voices. It was, however, an understanding that they consistently exploited. Much of what the voices said was connected to this and got its power from it. In this way, the voices' demands made sense to Victoria and seemed right as well.

I felt an enormous guilt. I felt I was a bad human being because I had put others in peril by being here when I shouldn't be. I put other people in peril and as a normal human being, you think that is wrong, right?

The voices increased their demands over time. What became required of Victoria to do to keep innocent people and her loved ones safe became more violent. It intensified to the point where she could see that if this continued, she would surely and inevitably die. It was only a matter of time. Her death even became what they explicitly demanded of her to save her own family. A nightmarish dilemma!

The voices were intensely violent to experience. Sometimes I became all desperate and then it just had to be stopped. I would do some pretty extreme things. I was almost willing to do whatever it took to make it stop. Because I couldn't take it anymore.

How to sit through it with the voices

Faced with such powerful tactics of persuasion and manipulation as well as the force of the unerring conviction that one's existence was harmful to others and the necessity of performing life-threatening self-harm to protect loved ones, how does one find a way to keep existing? Victoria was faced with this dilemma: To kill herself to save her loved ones or to survive and expect to face the guilt of having caused their deaths. At the same time, she was facing the bleak future and hopelessness of the existence of someone unable to pursue a meaningful life due to apparently untreatable mental illness. It was under these desperate circumstances that she made the decision to stop taking psychiatric medication against professional advice and instead to rely on her own courage and self-willed perseverance.

What did this practice of sitting through it consist of? Knowing that the levels and kinds of self-harm that the voices were demanding of her were fatal, she began a practice of just sitting and doing nothing. She abstained from harming herself. Unsurprisingly, the voices became enraged and uttered mean and degrading humiliations and insults. Still, she refrained from complying with their commands. The voices screamed at her just like an infuriated antagonist screaming in your face.

I really just sat there and stared into the air and was restless. Like with shaking legs and that sort of thing because it was difficult to endure it. I wasn't able to concentrate or do other things even though I tried sometimes but it didn't last long. The television was usually on but I couldn't focus on it.





At first, she persevered like this for hours every day.

CHRISTOFFER: Did you attempt to mentally deal with the threats and degradations by saying something to yourself?

VICTORIA: I didn't say anything to myself. I sat there and struggled against the urge to harm myself. Because I was very tempted to do that. It was hard. Also because I didn't know how long it would carry on for. I knew that if I cut myself then it would become less intense pretty quickly, and so it was hard to continue to endure it when I knew that there was something that would help.

CHRISTOFFER: How did you prevail against that urge or temptation?

VICTORIA: More and more often they would demand that I do things which would kill me and I didn't want that. And it wasn't enough anymore, just cutting myself which had worked before. They were no longer satisfied with that. So I was forced into sitting through it without doing anything, I feel. If I didn't want to die, then I had no other choice.

CHRISTOFFER: I imagine that the idea of doing yourself harm would have pulled at you all the time. How did you stay put despite this?

VICTORIA: I think I was stubborn. I think that played a big part in it. That I was tired of it. I wanted it to stop but I didn't want it to stop by dying. Cutting myself was the only solution I had had for many years. But I also felt a bit like I was stuck for many years because I hadn't found other solutions or ways to handle it because I had a method that worked. Perhaps it wasn't optimal, but at least it was effective. But I didn't want to continue that way. I wanted something else to happen in my life and not to be controlled by self-harm and voices and all that. I couldn't stand the idea that this was how it should be for the rest of my life. And then I got angry and stubborn. When the idea came that I could reduce the intensity by harming myself, then it was this idea that worked against it. I felt that if I didn't find a solution, then I wouldn't live long. So I didn't want to do what the voices ordered me to because I couldn't stand it being this way. It was either finding a solution to it, a way to handle it and be able to stand it, or commit suicide. Those were the two thoughts I had.

I was angry because I didn't feel that the professionals were helping me. I was angry that no one wanted to help me find a different solution. I was angry about a lot of things that had built up over a very, very long time. But I got this devil-may-care mentality. As they had told me that I should take medication for





the rest of my life and that I wouldn't get much better and stuff like that, I got this attitude: 'Dammit! That is not for them to decide!' And I think that was really part of what motivated me. I was angry about what my life had become; angry that I hadn't been able to do the things I dreamed of doing; angry that I wasn't allowed to travel when I wanted to and things like that. There were lots of things. That meant that I would not accept my situation. I wanted something to change. No matter what. It gave me a kind of power that I was angry at everything.

As Victoria began to sit through without doing as the voices demanded, the voices got more and more angry and scolded her, calling her awful things to degrade her. They made threats and got louder. She could focus on nothing else. This was extremely intense for her. The way they degraded her had a powerful impact.

VICTORIA: I believed many of the things they said about me. That I deserved it and all sorts of other stuff.

CHRISTOFFER: Were you successful the first time you tried sitting through it? Or were there attempts to take steps in that direction that weren't quite successful?

VICTORIA: There were times when I didn't manage to sit through it all the way to the end but I don't know if it was the first time I tried. But certainly there were times when it was so overwhelming that I did something anyway but most of the time I found out that it would also stop. That helped. That knowledge. That I had that. That even though it is bad right now, I know that if I don't do anything then it will stop anyway at some point. It doesn't go on and on and on to the same degree at least. It stops.

CHRISTOFFER: How long would it take to sit through it?

VICTORIA: Well, watching television in the evening I could be sitting like that through a whole movie. So a couple of hours.

CHRISTOFFER: How many rounds of doing this did it take before the voices began to lose their credibility?

VICTORIA: I found out that nothing bad happened that would then be my fault. Even though they insisted strongly, it was not true. It took quite a few times to be sure because they seemed highly convincing and I just went around all scared that something might happen at a later time. It could well be that something





bad would happen later. But for every time I did it, it was a little easier. I found that nothing happened. They lied. Hah!

CHRISTOFFER: How did the voices take it when you did this? Did they intensify their attempts to make you do what they wanted? Or was it more of the same and keeping it up for a long time? Like a strategy of exhaustion – they just keep it up and keep it up. Or was it more like ‘alright then’, they will go harder on you or make more extreme threats or become even more degrading, yell even louder? How did it unfold during those hours?

VICTORIA: They got worse when I didn't do what they said. They got angrier and angrier. They sometimes started out not being too horrible actually, where they just kept saying certain things, and then, when I didn't do what I was told, it got worse and they got angry. They scolded more and said whatever that they could come up with. Then it really went on with pretty much the same thing for a considerable time. Then at some point it dampened down again. It definitely lessened little by little after a certain point. At that time it was unusual for the voices to be completely absent. I heard them almost constantly but they weren't always as intense. So when they were not so bad, then I could do other things or I could get to sleep. I could sort of push them away a bit. Whereas when they were really grinding away I couldn't do anything except just sit down.

CHRISTOFFER: How long it was like this before things changed? This new life with periods of sitting through it interrupted by more calm periods – was it a week, a month, six months before there was an overall change?

VICTORIA: I would definitely say it was a number of months where it was like that. Then it slowly started getting better. I wasn't as frightened. I stopped being so scared, and then they sort of lost some of their power when I wasn't scared any longer.

CHRISTOFFER: Do you suspect that voices like these are dependent on being able to generate fear in some way?

VICTORIA: Well, it is like that to the extent that they want to get me to do things. They very much exploited my fear of losing the people I care about and something bad happening. When I found out nothing happened to them and that the voices would eventually stop, then I no longer had the same need to listen to them or to do what they said. So they no longer got anything out of it in the same way. And they might be loud and it might be difficult but I wasn't as afraid. Because of that, I was no longer tempted to do what they said in the same way because I was no longer one hundred percent convinced that





someone would die or things like that. When I did then it was easy to get me to do what they said. But after this, it was no longer easy.

I think I just wanted to win. I had the sense that it was me and it was my life and I would win this. I was fed up with how things were. Really tired of it. I didn't want to give in. The longer I went without doing harm to myself, the more it was also like I mustn't ruin what I had built. I felt it would have been wasted if I went out and cut myself. Then I would have thrown away all that I had fought for.

Actually, I was immensely proud because I was twelve when I started cutting myself and hurting myself in other ways. In those years there were many periods of time, long periods where I did it every day, several times a day. And the fact that I had then gone a month or two, or just a week or three days, that was a gigantic victory for me. After all, it was something that has been such a big part of my life for so many years. I was really proud of it. I had been able to not cut myself when it would usually have been the first thing for me to go to. I was proud that I had gotten to such a place.

Additional knowledge and practices

In trying to be of assistance to people who may be positively terrorized by voices, it may be tempting to try to tell them that the voices aren't real and can't do what they claim. I wondered if Victoria had any experience with that or might have any recommendations for me and others trying to help people who hear threatening, degrading and terrorizing voices.

VICTORIA: Many people said to me that the voices weren't real and not dangerous but it isn't helpful when people say that. You can't just ignore the voices because they sound absolutely real. At first, I would search for the people that the voices belonged to because there had to be someone.

CHRISTOFFER: Have you ever experienced attempts from others to convince you that the voices weren't real?

VICTORIA: When professionals tried to convince me that it wasn't real, the effect was that I didn't feel like they were listening to me. It made me feel more alone and not heard. I felt that it wasn't being taken seriously just how awful it was for me to experience. It was impossible for me to see it the way they did. When they said 'but it isn't real, Victoria', the things I was going through were belittled. I was cut off from them so that it was me saying what I experienced and them saying





it wasn't real. That meant I couldn't get to talk to anyone about how it was for me. About all that fear I had.

Victoria found that a different approach to the voices than the one espoused by psychiatric treatment was more helpful for her:

At a certain point, I accepted that the voices were there and that it was okay that they are there. This is in contrast to the idea that they must be medicated away and that it was a personal defeat when the voices persisted. To live WITH them provides a different focus. To do that is not an impossible task.

In addition to her practice of sitting through it with the voices, Victoria also made other discoveries that supported her in finding a way to live with voices. She found that her artistic practices that had returned after discontinuing medication were helpful:

VICTORIA: I started talking to the voices. When I do that, they become calmer at other times. So sometimes, I have a kind of conversation with them to myself. Or when I'm in the bathroom, I have a chat with them where other people mostly won't hear. I also discovered that I could distract myself from the voices by reading or sketching. When I play a musical instrument, the voices are not there at all. I participated in a group with others who hear voices. It introduced me to the idea of talking to the voices. The idea of sitting through it was just an idea I got, I think, and doing that was simply a necessity.

CHRISTOFFER: How did you go about talking to the voices? What did you say?

VICTORIA: At first it was often responses to what they were saying. Talking back. I told them when I didn't agree with them and I asked them why they wanted the things they were ordering me to do. 'Why do you want this?' And I would also tell them that 'this is not being fair'. I started setting aside some time to talk with them. I told them about how my day was and what I would like to do. I explained that my reasons for doing something were because I wanted to and that I was allowed to do things my way. Then they would give me their opinion. I made them a part of my daily life by allowing them to be there and chatting with them.

It was a relief to be able to tell them, "Dammit! You must stop this now!" To not just sit there and listen passively but to engage and be part of what was happening. I asked them to explain things and that way it wasn't just an order that I had to obey. They had to explain themselves. This revealed that their explanations and reasons didn't make much sense. I asked questions, even





about the details of their plans. This contributed to becoming less afraid. Most of the time they did not respond to this in a violent way. They would mostly try to persuade me. Talking to the voices like this and taking time for them during the day, they became less intense and aggressive during the rest of the day. This way, I had some control.

She also found that taking a shower was helpful:

I would also often take showers. It had some sort of calming effect on me. Perhaps it didn't have much effect on the voices but I think it had an effect on the urge to harm myself when I was sitting in the shower with the hot water. That helped a little. I often did that when it was happening. Then I would sit in there on the floor all the while. They would still be loud and insistent and all that, but it helped me to be more relaxed. A little less frightened in some way.

The results of this practice

We have tried to get a sense of the time frame of this practice and the changes it led to. Victoria stopped taking antipsychotic medication at the end of 2013. She and I had our first therapy meeting almost exactly six months later in the summer of 2014. This would indicate that Victoria started to sit through it with the voices and had reached a point where speaking with me about the voices was no longer relevant, because *"I have that under control"* within those six months. In other words, Victoria successfully found a way to live with the voices where she was no longer afraid and no longer practiced self-harm, and at the highest estimate, this took no more than six months.

Speaking in the summer of 2017, Victoria said:

VICTORIA: The voices are not there nearly as much now. They are there sometimes but they don't get anything out of it. They are pushed away and then I can do other things. And basically, they can say whatever they want. I don't have to listen to it and I think that is what makes a difference. They don't affect me. I may think it is annoying that they are there but now they don't frighten me. And they are less intense. Today they may come and say I should hurt myself but I don't even consider doing it. It's just something I'm used to. That is what they say and they will probably keep saying that but it doesn't mean anything to me. Before, the voices were there almost constantly. Now it is only during stress or when I am tired. Their presence is more like background noise now.

In the summer three years ago was the last time I hurt myself. It is the longest I have ever gone. So I am happy about that. And I am happy that it isn't even





something I think about anymore. I have actually been able to come to such a place in my life where it doesn't have any space. I would have never believed it. It is not something I think about and it is not something I want to do when I am sad. Even though I go through some tough stuff, this is still not what I think I should do.

Sometimes, if people ask about it and if it is someone I trust, then I will tell them about this and say that has worked for me. This is difficult to understand for people who haven't tried it. People sometimes ask because compared to before, they can see a difference in me. They are curious what it is that has happened, seeing as I have suddenly been able to go from being, well, hardly even being able to talk to people and make eye contact and stuff like that to being what I am today. Many people comment on that. That it is as if I am two different people.

Reflecting on her experiences with finding a way to deal with Anorexia as well as finding a way to live with voices, Victoria states that she has learned that she must trust in her own feelings and not what others say, even if they are an authority.

VICTORIA: If it doesn't feel right, there is probably something in it.

CHRISTOFFER: Was this feeling difficult to find at first?

VICTORIA: I think I have always felt clearly but you have doubts when a whole bunch of professionals say it can't be right. When you are constantly told that the medication helps. But on medication, everything was empty. I was almost nothing.

What happened with Victoria's sense of being physically wrong and her continued existence being a mistake? In late 2017, Victoria commented:

VICTORIA: I do not get that sense at all now. Actually, I hadn't noticed that it has disappeared. I don't know if it happened suddenly or gradually. I hadn't thought about that until now that you ask. I haven't consciously done anything to change it.

CHRISTOFFER: When was the last time you are aware that it was there?

VICTORIA: It has been there within the past four years. Many things changed markedly in various ways when I stopped taking medication. I started feeling a lot better. There was more progress within months than there had previously been in





several years. Maybe as the voices dwindled more and more, they could no longer strengthen the sense of wrongness? They certainly contributed to holding on to it by repeating it constantly.

Follow up

At the time of writing, autumn 2018, Victoria has passed her four-year anniversary since she last hurt herself. Victoria was last admitted to psychiatric hospitalization in the autumn of 2014 due to stress and insomnia which had made the voices more difficult to deal with. She did not do what the voices wanted, however, and it was a short stay.

Between 2007 and 2014, she was psychiatrically hospitalized nine times. Between 2005 and 2014, she had visits to the emergency room due to self-harm fifteen times.

Victoria still does not use any psychiatric medication.

As stated earlier, in the summer of 2017, her three year anniversary of sitting through it with the voices and putting an end to self-harm, Victoria stated that the voices were now only there when she was stressed or had not slept well. The voices were unable to persuade her to harm herself or even consider it. As of autumn 2018, after her fourth anniversary, Victoria declares that she cannot hear the voices at all anymore. She cannot even sense their presence. As far as she is able to determine, they have completely disappeared. They have been absent for at least one year now.

Further messages from Victoria

Victoria would like to encourage psychiatrists to listen carefully to psychiatric patients' knowledge and wishes, not least those who are dissatisfied with the effects of antipsychotic medication and to consider the possibility of collaborating with such patients to carefully reduce the dose. She would also like to encourage psychiatric professionals to explore different approaches. She does not encourage anyone to discontinue medication on his or her own like she did, nor does she want to give the impression that discontinuing medication is the right decision for everyone.

Acknowledgements

I would like to give Victoria my heartfelt thanks for her generosity in sharing her story and knowledges, and for her time and involvement in developing her account into this paper.

Thank you to David Epston for his assistance in developing this account of Victoria's knowledge about voices.

Victoria's family.





Consent

This is a co-authored paper, written by Victoria and Christoffer in collaboration. It contains accounts of some of our conversations from both of us. Victoria has been involved in editing the text underway. She has had the right to make changes, additions and subtractions from the text, and the final version of the text has been reviewed by her. After having accepted the final text, she has given written consent for it to be published in a journal.

Victoria is a pseudonym to protect her privacy. Details that might reveal her identity have not been included in the text.

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This work took inspiration from the narrative therapy approach called Co-research and Anti-Anorexia/Bulimia

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The road to co-research
By Christoffer Haugaard
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An introduction

How did I come to engage in co-researching insider knowledges about troublesome voices in the context of psychiatry? I believe an important element has been a certain disquiet about some aspects of psychology and psychotherapy that began soon after I entered Aalborg University (Denmark) to study to become a psychologist. I had concerns specifically about the tendency within psychology and theories of psychotherapy to understand human life in terms of an interior world and a mechanistic view of the mind. Including how understandings of reality and being in the past and in non-Western societies were interpreted in terms of this interior, mechanistic mind, and not accorded much credit in their own right as contributions to the enterprise of understanding how human beings work. Discovering Michael Guilfoyle's (2001) paper 'Problematizing Psychotherapy – The Discursive Production of a Bulimic' was a revelation. Guilfoyle seemed to precisely address what I felt concerning psychotherapeutic practices – that they tend to involve some form of conversion of the client to the authoritative understandings of the therapist. Guilfoyle posed the question whether non-psychological, non-pathologizing frameworks of meaning could be equally adequate and helpful? For example, why construct a pathological person within an interiorized psychological reality and not a subjugated person in a political struggle? I believe this paper very much shaped my earliest idea of a way to understand psychotherapy that explained some of my disquiet.

Later on, I was trained in Cognitive Behavioral Therapy (CBT) and practiced along such lines when I began working in psychiatry at Aalborg University Hospital in 2008. I soon found myself dissatisfied with CBT, and my old concerns lingered. This led me to seek out literature on narrative therapy, and I quite immediately changed my practice, finding that narrative therapy addressed my apprehensions very well. I now sought to enter into the world of the people who consulted me and discover understandings and practices, or creatively create them from the inside, with them. I also became interested in possibilities for sharing knowledges of living non-normal lives in some sort of forum. In 2014 I developed a concept for a group practice. I worked with people experiencing psychosis, and had gotten the impression that problems with having a place in society and social life afforded a sense of belonging, and being able to talk about one's life and having access to a positive identity were very common for people in this situation. This group, or forum as I have come to prefer to call it, was intended to function as a small community in which living non-normal lives and having non-normal experiences and ways of being could be the norm. Here, we might question 'normality' and its usual alternative of 'pathology' and explore other ways of being and living without having to live up to normality, nor being assigned to pathology. The practice consists of telling stories of life to an audience of





people in similar circumstances and having open conversations aimed at responding to those stories with interest, respect, solidarity and curiosity. A place to share knowledges and skills of living non-normal lives.

However, this forum never entailed any focused attempt to document and spread insider knowledges more widely beyond the members of the group. This still existed within small closed forums, like this group or individual conversations. This changed when David Epston and I began to correspond. We had met at a workshop in 2014 and been in touch every now and again since then. But in 2017, a new situation arose. Management at Aalborg Psychiatric Hospital were taking an interest in the forum I had established for knowledges about non-normal living. They asked me to develop this further. I mentioned this to David, and he then suggested developing a co-research practice in relation to psychosis (the field I work in). This led me to a shift in how I looked at things. To being concerned with “How can we find a way to help you out?”, an additional perspective was added: What do you know that others may take inspiration and benefit from?

First, I tried to figure out what the idea in co-research might be and how to do it. I consulted David and made various attempts to describe for myself what style of relating and form of inquiry might be involved in doing co-research as David had done it. I also wondered and wrote to myself and to David about how I might relate with people who have become psychiatric patients in a way that creates room for knowledges of a different kind to the established professional knowledges and how I might do so in a way that empowers such knowledges, making it possible for them to ‘speak’ to established knowledges and have some effect on the social reality of psychiatric patients as well as professionals. David suggested taking inspiration from Anti-anorexia/bulimia, and so I got hold of *Biting the Hand That Starves You: Inspiring Resistance to Anorexia/Bulimia* (2004). I read examples of co-research conversations, and studied an example of a co-research project about Hikikomori in Japan (Ishikawa, 2014). I also took much inspiration from “Co-research: The making of alternative knowledge” (Epston, 1999) and “More Travels with Herodotus: Tripping over borders lightly or “psychiatric imperialism”” (Epston, 2011) and more specifically what follows:

I would describe an ‘insider knowledge’ as innocent as a newborn child; as delicate as a sprouting seed that has just broken through the soil, as shy and apprehensive as children arriving at what will be their school for their very first day. When we try to speak about them, we can seem as awkward as a fish out of water. ‘Insider knowledges’ are often before or without words, and for that reason, when inside knowers try to speak about their skills/knowledges/theories, they can appear either foolish or to be making unjustifiable claims. [...] For all these reasons, ‘insider knowledges’ find it almost impossible to compete with the well established and sanctioned professional or ‘outsider knowledges’ (Epston, 2011, p. 7).





Along the way, some tentative principles of co-research developed:

- Ask questions rather than making statements. Elevate the knowing of the other over your own. Relinquish the professional's monopoly of interpretation (Kvale, 2006).
- Authentic involvement and spontaneous excitement and solidarity over neutrality, objectivity and observation (Marsten, Epston & Johnson, 2011).
- A mutual exchange so that both parties benefit from the co-research. An exchange of gifts, rather than an act of charity, an intervention or even exploitation.
- Discover and create distinctive vocabularies of description, rather than assimilate such insider knowledges to known categories.
- Imaginative curiosity towards the unexpected, the unknown, or that which appears common, when endowed with significance becomes uncommon.
- Giving insider knowledges a reception that cherishes and nourishes them while protecting them from indifference and ridicule.

How to put this into practice?

As I mulled over these unconventional considerations, I began to think of my collaborations with patients more and more along these lines. As well, some matters from my past that were given little or no significance now came to mind as potentially propitious. It was something Victoria (see "Sitting Through It with the Voices") had told me. As mentioned in our co-authored paper, I recalled that she once said that she had a way of dealing with her voices. Other concerns required our attention, and from the perspective of "how can we find a way to help you out?" the fact that she had a way of dealing with the voices made it something with which I wasn't very concerned. That was her business, although admittedly it did sound interesting. But at that time I didn't think I had any role to play with regards to such a matter. But thinking in terms of 'what do you know that others may take inspiration from or benefit from knowing?' suddenly made Victoria's short statement about those voices auspicious.

I was fortunate that her words had stayed in my mind sufficiently for me to recall it three years later. This was intriguing! I began an inquiry and as our account will tell, she had much to say. When I did so I had no idea whatsoever what she might say or what she might want to share with me. Therefore, I simply did my best to record in handwriting what she said when she provided me with a summary of what she called 'sitting through it with the voices'. Amazed by this practice that she had discovered on her own during her discontinuance and withdrawal from antipsychotics by herself, I asked Victoria if I might share this summary of her practice with David Epston and whether she might be interested in collaborating with me to write a detailed account for the benefit of other people who are able to hear such voices? I am grateful that she generously gave me permission to do so.





Now the time had come to attempt a co-research interview and live up to those principles above! As you might have guessed, I was quite nervous and found myself unable to be nearly as much at ease in Victoria's company as I customarily was.

Although a co-research interview, as I had now come to conceive it, shared its values with my narrative practice up to this point, there was nonetheless a change in the genre of conversation and a wider context to consider. With 'Sitting through it with the voices' my task was not to assist Victoria to find a way. She already had found it. My task was to work with her to describe it as well as honor it, and to give it a form that might serve as inspiration and an example of practice for both those who receive threats from voices and to professionals who wish to assist them. With Victoria's consent, we taped the conversation. I then transcribed it and gave it to Victoria for her review. With her permission, I then translated it from Danish to English to share with David, who had kindly offered to mentor me in this practice.

This did lead to a detailed description of Victoria's practice. However, David made me aware of some problems. I tended to try to summarize what Victoria told me during the interview, but in doing so, I ended up making statements rather than asking questions. This risked creating a situation where a takeover by professional knowing was possible, rendering her words in my words, which positioned me as the interpreter. Was I being a bit of a duplicitous parrot here, repeating her words and then subtly turning them into mine? I resolved that my next interview should have no such 'parroting', and I was quite successful with that. However, there now was room for both my excitement and creative curiosity. This then became my next area to work on. I not only worked on these matters in the context of specifically co-research interviews that were being taped. I began to practice asking questions and avoiding 'parroting' and allowing for more excitement in conversations with psychiatric patients in general.

In terms of asking only questions, it seems to be the case that quite often, the people who consult me are very curious to hear what I think, and are not uncommonly interested in interviewing me about my views on ethics, society, psychology, psychiatry and everyday experience. I do not believe I have yet settled on a specific style. My personal style, my ways of speaking, the context of co-researching and my means of documentation are continuously developing at this point.

Following the collaborations with Victoria and Max to document their knowledges and discoveries about living with voices, I have been exploring another aspect of co-research: the circulation of such knowledges. Having accounts from Victoria and Max at hand has changed my practice. When it happens that I suspect someone I am having therapeutic conversations with might be interested in these knowledges, I have contacted Max or Victoria, informing them that an anonymous person that I know might find their knowledges useful and seek their permission to share it. One practice that has developed from this is that I give extracts from our writing or the entire paper to such a person who consults me and ask him or her to read it and





underline anything that catches their attention or curiosity. I have offered to read the material aloud, but I have generally found that most prefer to be able to read it on their own. The developments that happen by taking inspiration from Victoria and Max is the present state of co-researching how to find a way to live with voices.

I am continuing to document such knowledges in collaboration with the people concerned. As well, I offer that we document our discoveries and co-author a paper about it, should they want to share it at some point. I also seek permission to provide feedback to Victoria and Max, something they have both expressed an interest in and which has been a moving experience on some occasions. This work is still in its infancy, however.

Hopefully this will expand into a growing number of co-researchers and a publically available archive of insider knowledges relating to how to live with voices and similar beings.

Many people have contributed to making the road that my practice has taken possible. Thank you Max, Victoria and several unnamed people with insider knowledges, David Epston for invaluable support and mentorship, Brignall Wood and Michael Guilfoyle both for formative explorations of philosophy, ethics and methods. Thank you to Aalborg Psychiatric Hospital for supporting and encouraging this project.

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Have we seen the last chapter in narrative and therapy? Redux

By Marko Turner

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Editor' Note: This an update to a paper previously published in The International Journal of Critical Psychology: Therapy Issue, (2002), pp. 53-72, London: Lawrence & Wishart. After rediscovering this paper, due to its uncanny timeliness related to issues that are currently pressing narrative practice, David asked Marko if we could republish his paper with a few reflections about how some of the ways that narrative practice has addressed or not addressed some of the concerns that he outlined in the 2002 paper.

Commentary: New Chapters or Next Acts?

Narrative, discursive and critical theory approaches to psychology and the talking therapies were often a lifeline throughout my undergraduate bachelor of psychology science degree and - to a somewhat lesser extent - during my postgraduate counselling psychology training (these critical perspectives were also a form of solace during my explorations of drama therapy, when it fell into psychoanalytic navel gazing and particularly acute therapist self-aggrandisements). I agonised over the 'real world' relevance of so many laboratory experiments and their variable-controlling counter-part in psychometric tests; I regularly argued the point about becoming a glorified administrator processing aggregated survey data, using statistical methods often taken from agriculture and outdated physical sciences, raking tea-leaves over infinitely abstracted entities, pointlessly averaging human existence into absurd levels of regression; I constantly questioned contributing toward the academic deforestation of the planet, printing so much meaningless research, obsessed as it was with silencing its individual subjects [sic] by abstracting the statistical significance for inferring meaninglessly de-contextualised psychology constructs; and I wrestled with psychology's applied professions, their deprived theoretical wastelands, all the while trying to resist my own participation in this mass pathologisation of everyday existence.

Indeed, the rich complexities of modern life – especially its distressors and oppressors, the local, economic and national power struggles impacting subjectivities and selfhood – were bizarrely absent; the artistic forms of self-expression, the popular culture that I experienced everywhere outside of academia, so often via mass media, were nearly always de-politicised in psychology, with the aesthetic and lived experiences obliterated through the relentless barrage of infinitely averaged and standardised questionnaires. But even within this austere world, exciting challenges to the reigning hegemony repeatedly reared their desperate heads, from social psychology (eg. Harre & Secord, 1972), cognitive psychology (eg. Bruner, 1986) and the psychological therapies (McNamee & Gergen, 1992; White & Epston, 1990).

Have we seen the last of narrative and therapy? Redux

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At the turn of this twenty-first century, and early into my career as a practitioner, I invested a year researching the landscape and I ambitiously tried to summarise what I saw within just one article, which was eventually published in a lesser known journal (Turner, 2002), and now reprinted below. Had the hard-won forms of resistance against abstracting and pathologising people made any difference? Inversely and perversely, had the various narrative therapy and discursive psychology enclaves around the world turned into yet more incarnations, of the dogmatic schools these mini-Copernican revolutions aimed to undermine? Sixteen years since this intensive period of academic research (outside of any academy), it looks like the psychological therapies have further calcified into entrenched schoolisms; and despite setting up several private training centres around the world, the narrative therapies have, on the face of it, failed to make any major dethronement of the reigning forms of psychological knowledge production and practice.

Don't get me wrong, there have been more cracks apparent in the ruling positivist paradigm of psychology and its production-lined variants in therapy. There is the replication furor, that bubbled into the popular presses (Carey, *The New York Times*, 16/07/18). Even within the world of "statistical significance or bust", there have been meta-analyses declaring the effects of cognitive behavioral therapy (CBT) as an anti-depressive treatment is falling (Johnsen & Friborg, 2015), which also broke into the news media and whose journalism gave us a socio-historical context to therapeutic efficacy, since this data suggested CBT was becoming "roughly half as effective in treating depression as it used to be" (Burkeman, *The Guardian*, 04/07/15).

Certainly, over the last two decades we have witnessed further contributions toward the continuation of narrative-based therapies and a wider, burgeoning transdisciplinary field of narrative psychology. The narrative therapy contributors have continued to show a self-awareness of their relevant uniqueness in approach (and an embracement of the uniqueness of being human and humane). There are still sub-streams of disenfranchised psychology graduates and subsequent therapy trainees, matched only by the line-up of bored if not cognitive-behaviourally beleaguered clients, should they have been treated and processed in such a manner. Then there are the renewed appeals to re-appraise the critical anthropologies, to protect the cultural, indigenous and folk psychologies that celebrate the local, all the while resisting the homogenisation of globalisation. We have seen narrative practices build traditions, such as the role of insider knowledges, prioritising lived-experience over individualising psych-juggernauts, governing so much of our lives (Madigan, 2011).

Viewed alongside ever-pressing critiques of mental health concepts and services, when seen in terms of the escalating tribalist tensions within various contemporary societies, and when pressed for examples of self-reflexive creativities and relational humanities, the therapeutic embracement of narrative – if twinned with deep commitments to collaboration and social resistance – continues to bear new fruits, as well as echo promises, toward a collective





hopefulness that state-mandated and manualised therapies so often fail to grasp.

Despite my original conviction that composing a critical piece summarising narrative's impact on therapy would find a home, it took over a year and numerous rejections, not least of which from various publications that I had previously considered to hold a critical bent. Having taken up the offer to republish my 2002 article in the *Journal of Narrative Family Therapy*, I was then invited to reflect upon where the therapy professions and my own thinking were now.

After reviewing my 2002 assertions and current practice, I still assert that performatively-focused narrative therapies are just as relevant to personal, community and global development 16 years on. I also maintain, that they may have even found their most relevant cultural and socio-political moment. Put more bluntly, we remain in an era featuring impasses about resolving the politics of knowledge (Marsten, Epston & Johnson, 2018) – and the stakes for protecting personal agency, for embracing humane and humanising practices, and for promoting social action and justice, have never been so high.

The epistemic and ontological uses of narrative – how we understand knowledge development and our being in the world – have certainly featured within various academic battles rumbling through the history of the social sciences, philosophy, the humanities, as well as the psychological therapies. But the tension is now writ-large across popular media channels, news outlets and government debates. The storied nature of presenting any empirical study, evidentially-based argument or outcome, no matter how quantitative in its development, is now publicly jarring against the directives of more openly opinionated forms. These tectonic plate ruptures are ever-present and constantly clashing, be they over climate change, immigration policies, social inequalities like housing affordability, public transport, social care services, the determinants of health, and the like.

Take the rise of fact-checking and the extreme exemplar of Donald Trump's first year as U.S. President, where he made at least 2,140 false claims, according to the *Washington Post's* research team (cited in *The New Yorker*, 03/08/2018). If that wasn't ominous enough, half way through his second year in office he had doubled this to 4,229 claims (op.cit). Whether it is the rise or demise of particular professions or theoretical models, the fad-like focus on some medical treatments over others, we live in an era in which key decisions governing individuals, groups or environments are more often than not based upon self-interested groups and individuals– even where legitimated evidential sources or rigorous co-research could, or, in the overwhelming case of climate change, does exist.

The question we collectively face, seemingly more than any previous so-called postmodern flash-point, is how to make sense, how to navigate, not just the distressors faced within everyday life, but the dominating and subjugating voices infusing popular culture, accelerated via globalisation, multi-national corporations, share-holder driven management boards,





neoliberal fawning politicians and those in disproportionately inflated positions of financial or state power. The subjugation of alternative voices White and Epston (1990) identified and worked against is increasingly brazen. The discourses, cultural practices and social structures acting to silence and homogenise individuals and entire social groups continue apace— nearly always in the face of, and despite, an array of competing sources of contradictory information. No matter how clear or substantial the presenting problems are story-mapped by either empirical measurements or lived-experience accounts, subjugating people and their lived-experiences remain as strong as ever.

The roles of performance, audiencing, and bearing-witness (in personal and social healing)

Of the key appeals I made for narrative and therapy's future in 2002, the one I am most pleased to see not only maintain a presence but emerge as a concerted focus in some quarters, is the focus upon of the performative and bearing witness. A recognition of the power of audiencing social actions twinned with 'as-if' enactment of client life-worlds continue to take shape, particularly through Insider Witnessing Practices (IWPs) and Internalised Other Questions (IOQs). These more recent developments have maintained a commitment to exploring the performative elements that were present in narrative therapy's post-structuralist and anthropological outset: the theoretical deconstruction of professional settings illuminate what is said, silenced and unsaid; the meaning-making act of counter-story development celebrate those exception moments that may take root in how someone lives their life; the document creation involved in achievement certificates and therapeutic letter-writing between sessions reinvent client feedback possibilities and extend engagement far beyond the walls of the therapy session (eg. Epston, 2018); the intensely playful 'questioning' activity central to externalisation establishes a new language for undermining oppressive voices that saturate a person's daily functioning; and the Outsider Witnessing rituals kicked-down many frigid and rigid therapy rules, connecting people into their communities by sharing experiences that worked against those all-pervading forces of individualism.

What is promising about the more recent IWPs and IOQs is that they go further in promoting creative and embodied senses of oneself and others, from the past, present and possible futures. Yet they do so without falling prey to the prevailing zeitgeist of cognitive science fallacies and solipsisms— taken for granted assumptions borne out of statistically inferring abstract entities. One of the powers of the postmodern perspective lies in its continual co-construction of multiple realities, which necessarily promote performative possibilities beyond many mechanistic views of the universe. Indeed, the personification of problems, so eloquently conveyed through externalising questions, has continued to grow: the imaginative know-how of young people has continued to be celebrated, in the shape of 'wonderfulness interviews', wherein new identity performances are promoted through intentional audiencing (Marsten, Epston, & Markham, 2016).

But much still needs to be said and demonstrated for the social power of audiences and





intentional audiencing to be more widely legitimated. 'Gold standards' of truth through the likes of randomised control trials infinitely negate all who triangulate conclusions by any other means. Whilst the resultant information processing mind metaphors are still mapped onto neurological systems, they could just as easily be 'professionally performed' into statistically inferred steam valves, microprocessors, demons or alien forces, should the investigators find similarly seductive correlational computations. Narrative practitioners (still) do not assume human activities are caused by microscopic, warring libraries of books, nor manacled mini-authors jangling puppet strings over a person's life-narratives. Yet, much of the professional knowledge produced to this day remains wedded to the belief that all manner of decontextualised and reified psychological entities are causing human behaviour.

Certainly, we seem to have recycled into a new era of competing psychological therapy models, with schoolist enclaves championing the likes of Acceptance-Commitment, rebranded person-centred and psychodynamic schools. All the while we are being continually blasted by the bludgeoning burden of McMindfulness lurking around every cognitive-behavioural and self-help corner. We are still entrenched within the grimaced grip of top-down psychological treatment plans, with efforts to cognitively restructure brains with borderline personalities via dialectics, and so on. But when it comes to resolving the 100+ year-old Therapy Wars, the clinically and statistically significant evidence debates, not least for commissioning services and employing health professionals, the economic playing field steadfastly remains biased toward supporting quantification-friendly cognitive-behavioural therapy models, alongside their rating scale obsessed research paradigms.

The narrative therapies still need to learn how to perform together, to legitimate their alternative offerings to the many distressed peoples and communities seeking collaborative support and self-empowerment. There is the narratively based Dialogical Self Theory (DST) bridging-theory enterprise, which, like narrative therapy, plays with voicing imagined and lived senses of one self, of the many others internalised and often socially oppressive. Certainly, DST is a framework that sometimes risks slipping into another technology of the psychologised self. Likewise, although DST offers rich arrays of ways for understanding subjectivity, it can stop short of entering the post-structuralist and intrinsically political world that narrative therapy was baptised in (Vassilieva, 2016).

To test, challenge and expand narrative therapy, in 2002 I recommended more collaboration with potentially kindred dramatherapy, psychodrama and theatre practitioners, as well as the arts and body-based experiential therapies. Unfortunately, the published examples I've explored since my plea have been isolated and tentative, using narrative therapy with playback theatre (eg. Barak, 2013). More intense integrations have tried to fuse else re-configure into new traditions, such as the Narradrama Therapy mashup (Dunne, 2006; 2009). These sorties have extended narrative therapy practices into the dramatic equivalents, illustrating the family resemblances between the two forms. But they do not seem to have offered new insights or





theoretical developments for either. If anything, they may cause more harm than good to small fields of practice like dramatherapy and narrative therapy. The lesson is not to lionise therapeutic professions around single individuals, as it is counterproductive in the long term, for:

...What purpose do they serve? Like psychodrama and like many specific approaches to psychoanalysis and psychotherapy in general, they offer specific training in an approach usually centered in the thoughts and practices of a founding figure that holds the institute together by virtue of his or her ideas and charismatic presence (Landy, 2006. p. 137).

For sure, there were and continue to be many innovations within narrative therapy's creative-expressive application, with children, families and local communities. We have witnessed soccer-based Teams for Life with refugee and youth populations, community and local interest group initiatives, and a continuation of narrative therapy's tradition for working with feminist and marginalised concerns. Like the ground-swelling interest in Social Justice, which I was reaching for with my use of 'social action' references in 2002, so too have we recently found a new term of reference and a means of describing 'intersectionalities' - the multiple social categories that shape individual identity. But this a place narrative therapy was concerned about from its inception, even if it did not articulate the term in this way at the time.

What struck me into the early '00s was that narrative practices averted any nihilistic or self-serving oblivion, with a total commitment to an ethics of practice. And we can see that this central value continues, with the mapping of a client's 'moral character' as a means of understanding the role of witnessing self and others (Carlson & Epston, 2017b). Indeed, if narrative therapy has one lasting mission, one reason to resist becoming the dominant approach, it is to teach the therapy and mental health professions, that an ethics of daily practice defines the activity, much more than blindly signing off on any generic code of ethics. The recent developments of the performative dimension in narrative practice are being piloted across training cohorts (Carlson & Epston, 2017a) and taken into Verbatim theatre (e.g. Brown, Corturillo, Carlson, Epston, & Pace, 2017). But can narrative therapy's long-term ability to rapidly move and engage participants, be mainly understood in terms of bearing witness and in terms of a moral mutuality? I wonder if we can further develop both a deeper and a broader understanding, of why and how narrative therapy's drama-based rituals feel so emotionally moving, narratively-integrating and communally healing?

One of narrative therapy's ongoing contributions could also be its driving insight, that there is a transformative potential in the telling and retelling of one's lived experience, playing and improvising with it whilst creatively engaging our imaginations. The hundreds of other psychologically inclined therapeutic approaches of past and present revolve around story work in some way; and sharing one's story to another human, more than likely infiltrates the recent





nation-wide onslaughts around the world, of weaponised and industrialised, workbook scripted versions of cognitive behavioural therapy, even if telling one's evolving story is constrained within the servitude of identifying symptoms and the history-taking segments of client assessment sessions.

With the economic imperative ever present, a recognition of the importance this personal story sharing rarely gets driven upward, toward professional bodies and across health networks. In other words, for more people to benefit, to be offered a choice to participate, co-research and collectively develop, we need more health commissioners, more service designers and planning processes, to incorporate these understandings into their structures and systems.

Client-led helping relationships, rigorous ethical practices, and a mutuality of respect

One argument I attempted to thread in 2002 was balancing the critiques of postmodern therapies – that they equate with an ‘anything goes’ and a ‘lack of scientific evidence’ – with the recurring theme of why psychological therapies exist in the first place. We are still situated within a culturally fever-pitched psychologisation and pathologisation of many problems with everyday living (e.g. Gordo & De Vos, 2010). Identity politics is ravaging national politics and social media as feverishly as ever. Long before our current industrial levels of psychological profiling and ‘symptom-treatment’ scheduling, there was a historically patterned need for socially sanctioned and communally supported healing processes in everyday life, dating back at least to the Ancient Greeks.

Some wholesale critiques of therapy have highlighted the circularity of modern societies, that they create ‘problems defined within individuals’ that then need remediation, by socially ordained citizens (and this includes the religious confessionals pre-existing our psychotherapy era). I previously concluded that narrative work has long been central to both historical and contemporary forms of personal and relational healing, wherever interpersonal helping was involved. There may well have been a point in human history when societies did not so significantly contribute toward individualising problems with living. However, until the day our institutions and their professional bodies redirect themselves primarily around user feedback, co-research designs, practical usefulness and public (rather than professional) demand, these abstract and essentialist debates hold limits to their utility. The primary question recurrently remains: how much are we helping and how much are we re-affirming or even accelerating, the distress of a given population? Certainly, the impressive levels of effort exerted within the confines of the quantitative paradigm by Scott Miller and his colleagues in the USA are gaining national and international momentum, playing the wider game of outcome measurement whilst demanding therapy providers constantly consult their clients’ feedback, session by session.

In 2002 I flagged a ‘Grand Canyon’ for the psychological therapy professions as the chasm between performing every day, uniquely tailored clinical and relational practices on the





Southern rim, and the formalised and abstracted world of its published knowledge production (researching and theorising) on the 'evidence based' Northern rim. And telling a client, 'you should try x because it is evidence based' is not making a bridge, or even, as Michael White (2011) posthumously pressed, really 'bringing forth complexity'; it is rather, driving 'single-storied conceptions of life' that not only strip it of its richness, but also risk reinforcing negative cultural norms, for both the individual and the surrounding community.

The gaping gap between therapeutic human interactions and our glittering theories, remains a major conundrum that still needs to be circumnavigated. Ergo, this fundamental challenge for all the therapies and helping professions – including narrative therapy – is just as pressing: how do we develop individual and community-wide inquiries, how do we co-create evidential sources that are both locally generated yet can still speak to broader community groups, and all the while remain committed to practicing them in highly consultative, relationally-based ways? How do we evolve narrative therapies to address the wider social problem, of how to ensure mental health centres, systems and services prioritise people and wider population needs, giving voice to both their individual and collective concerns?

Assuming humans have agency and can usefully use their lived experience for change

One of the mastheads I saw as defining narrative therapy is the primacy and uniqueness of personal experience, and of how people use these lived experiences to find their own way through problems that dominate their lives or for those that they care about. Moreover, as part of this enduring insight, the role of creatively supporting the development of personal agency was and remains a key element, in how this therapy work 'works'. My 2002 effort aimed to not only unpack the narrative therapy critiques but also the tidal waves raging against the psychological therapies coastline, increasingly demanding psychometric abstractions, dehumanising bureaucratic administrations and pathologising diagnostics; the trend, I argued, was primarily functioning to self-aggrandise practitioners and for a public health economic modelling, of entire populations.

It is safe to say that narrative therapy continues to offer optimism, at individual, community and structural levels of engagement. Developments in mental health advocacy and survivorship from around the world converge, if not unintentionally re-affirm, narrative therapy practice and its primacy of hope and agency in personal healing and development. Key similarities and convergences with narrative therapy principles include the continued rise of the 'recovery' movement and its values in mental health service provision. The recovery-focused movement holds central the value of employing peer support professionals with lived experience of mental health distress. Throughout all of these developments, we see the same impetus, the prioritising of uniquely storied, lived experiences.





A new twist on narrative inquiry emerges: Popular Culture, Populist Politics and (re)Programming the Public: But who controls the narrative?

The narrative metaphor, as a performative ontology and political epistemology, has not only taken hold, but has in many ways become a dominant force in popular culture and populist politics. Sadly, the programmatic psychologisation of problems with living still retains a firm grip on the reigning hegemony of top-down public health services, their funding streams, planning, design and evaluation. Given the pre-eminence of the symptoms-based medical model still governing health systems, admittance and referral protocols, this is no surprise. Yet, chiseling away at the randomised control group criteria and its impact on the evidence-based practice monologue, there is also a continued momentum toward narrative studies, collaborative inquiries and mixed method research, not least for health service planning and evaluations. The rise of credibility in narrative research inquiries is steady and constantly taking on new forms, particularly those speaking with the everyday language of peoples' stories and their personal accounts. In just one recent example of the many narrative inquiries at work, from the world of acute mental health distress and rapid functional declines, we can see a widening understanding of how young people with psychosis experiences describe hope, and the identification of what they most seek support with (Bonnett, Berry, Meddings & Holttum, 2018).

The scaling-up of mixed research methods regularly include narrative modes of understanding; the triangulation of evidential sources could work well in addressing the ever-present challenge, of how to directly address public health problems, be they early intervention or problems more down-stream; likewise, the triangulation of evidential sources could cut through the battlegrounds between professionals and the debates on how to go about supporting public health services. Framed bottom-up, why aren't we systematically listening to the voices of those seeking, and those that have used, mental health assistance? What will it take to prioritise what people say was helpful in their recovery, their therapeutic and healing journeys, rather than continuing to play the infinite regression analysis paralysis of abstract variables, constructed by (and for) experts, chasing chimerical nirvanas of end-point clarity?

Despite some exceptions around the world, multi-evidenced and dialogically based approaches invariably play second-fiddle to the egos and posturing of the latest short-term polls, upon which many politicians and bureaucrats pivot. Herein lies a particular irony: whilst mental health sectors continue obeying public risk mitigation and the diagnostic systems continue serving professionals more than distressed persons, there are sections of the corporate world – in finance and software product development – that are embracing human-centred design methods, whereby user perspectives and feedback are considered throughout their design processes.

As this perennial problem plays out, we simultaneously witness Big Corporations and Populist Politics (re)filling the 'swamps' [sic] of local and state politics, more than ever before: the





epitome being channeled through the likes of U.S. President Donald Trump, rejecting all sources of knowledge that contradict his opinions at any given moment. Trump and his ilk dismiss all counter-evidence presented, even when the presenters include the vast majority of the world's climate scientists. We no longer require reasoned arguments and analysis, but simply to eschew it wholesale as 'fake news'. Indeed, Trump dramatically represents the most pressing global concern threatening everything from freedom of speech, environmental sustainability, to public and personal mental health: who controls any crucial narrative? In Trump's case, he can even dismiss a transcribed assault on his own American intelligence agencies – preferring President Putin's sole opinion – simply by reconfiguring his own performance, by merely dismissing it as an unsuccessful attempt to use a double negative (The New York Times, 17/07/2018).

Not a day goes by without increasingly populist politics asserting its control over key contemporary narratives and against any competing streams of information, be they scientists, academics or journalists. More ominously, this trend in the political sphere may be replicating across entire populations: polls show increasing sections of the public prefer caricatured, polarised and histrionic opinions over journalistic sources (e.g. "CBS News said 91% of strong Trump supporters trusted the president to give them accurate information. Only 11% said they trusted the mainstream media" The Guardian, 30/07/2018).

Somewhat more optimistically, popular culture has also seen the recurring rise in profile of the role of ruling social narratives determining individual lives. Indeed, they seem to push further than these mediums have witnessed before, in posing questions about who or what is 'behind' the ruling cultural, environmental and even existential narratives that were previously taken for granted realities. Highly successful movies, television shows and fiction books have made excavating and 'controlling the narrative' their key central challenge and quest: WestWorld's sci-fi theme park of android characters become self-aware of their storied programming loops and the grander life narratives the Park's corporate architects had designed for them (Screen Rant, 27/11/16); from popular young adult fantasy literature to a phenomenally successful movie series, The Hunger Games' characters question then attempt to influence their ruler's strategic uses of mass media messages and storied messaging modes. In these and many other popular culture artefacts we can read the theme of breaking-down grand narratives and then not only re-storying up one's life in its cultural context, but also influencing social change (Mashable, 24/02/18). Such a breathtaking realisation of our current moment in history dismisses even those narrative therapy theorists who resigned against any possibility that individuals could usefully challenge the broader discourses determining their lives (i.e. Guilfoyle, 2014).

In sum, narrative therapies with individuals, families and communities is palpably contemporary. Its practice is still literally and metaphorically playing-out the contemporary moment: where did our oppressing and oppressive patterns come from? How did they come to dominate our lives? What are the exceptional exceptions that may seed hope and action?





Moreover, what happens, what do we do, when we notice, when we not only question and rehearse but perform these new openings - doing so from multiple perspectives and witnessed by various meaningful and identity-redeeming audiences?

We are living in an era in which the grand narratives of self, other and the world around us are not only contested but now increasingly detaching themselves from even paying lip-service to the hallowed (yet storied) worlds of empirical evidence and professional 'expert' opinions. Those in privileged positions of power to pass even parsimonious policies and make medicalising directives are storying self-appointed opinions to rule so much more of our shared realities.

What we have now termed a ruling neoliberal ideology retains a strong-hold grip. There is a barely veiled scientism and/or objectivity that often governs public policy, health sciences and our social systems. And in these times the narrative metaphor faces its greatest challenge yet: how do we temper its most distorted manifestations that are being used to drive these extremes? How do we collaboratively create checks and balances, for the evidential sources available, be they low level quantifications, collating personal accounts, or higher-level discourses? If we can achieve this, case by case, can we apply it to groups, communities and populations?

The environmental context: where the buck and change-stories stop

The plurality of storied realities – embedded within their hierarchies of power and privilege – still hold the promise of simultaneously helping individuals, communities and their social systems. In the rigorous steps we self-consciously apply in collectively making meaning of these often-competing realities, we are ultimately performing acts to promote an acceptance: we are constantly making these transitive change-story conclusions as part of ongoing decision trees. But this recursive narrative practice still needs to stop, with our deleting and depleting natural environments– a situation that has only accelerated during the last 16 years. People need to sustain and make sustainable their environments to live out their stories. To continue to do otherwise, will certainly be an ever-depreciating set of chapters, and the eventual end to all our performance places and spaces.

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Have we seen the last chapter in narrative and therapy?

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Abstract

This paper engages with the positioning of narrative as a pivotal component of psychological therapy. From implicit trope through to process and outcome tool, it not only features within the main therapy canons but may be considered to have become one. Yet narrative therapy, drawing on post-structuralist, postmodern and feminist political agendas, also contests both the canon and canonisation. Its energies exert towards communal practices and social change, as opposed to reaffirming Western individualism. Moreover, if we listen to (if not celebrate) the stories people tell of their everyday troubles, and if we resist psychologising people into abstract entities (inner objects, psychopathologies, etc.), then we cannot avoid the question: how far do we go in our understandings and actions toward clients' physical and social worlds? Yet critics of a narrative approach increasingly contest the pitfall of being both literally and theoretically entrapped by narrative. In addressing these criticisms, the author concludes that we have not seen the last chapter in narrative or therapy. Navigating moral quandaries may be greatly assisted by collaborating with the patently obvious narrative inquiry research enterprise.

Similarly, widening narrative practices could incorporate the creative-expressive approaches of drama and performance. Narrative therapy needs to more fully engage with its siblings, with the so-called 'evidence based' and effective cognitive-behavioural programmes; then there is the explanatory and affective richness of process-focused psychodynamic, person-centred and existential therapies (albeit, tightly woven into their rampant individualistic fabrics). Going further, 'body' oriented creative arts therapies and experiential activities should also be promoted as a means of contributing to the evolution of narratively informed work - not least because they can address its blind spots around our corporeal materiality. In arguing that narrative approaches to therapy require more embodied approaches to everyday life and its problems with living, the examples of 'critical outdoor' and 'adventure' oriented activities are proposed as exciting platforms for new levels of narrative engagement with social 'taken for granted', including our beleaguered natural environments.

Introduction: How therapy began to take narrative more seriously

At first glance, there are many convergences between therapy and literature. Psychoanalysis and Freud have had a monumental effect upon Western society, including film, literature, popular media, everyday language, etc. (Parker: 1997a, 1997b, 1998a). We find many examples





of the use of therapy concepts within literary studies (Skura, 1981; Brooks, 1987). Inversely, we can understand literature to have explicitly influenced therapy, beginning with Freud's usage of the Oedipus myth, amongst others. Indeed, numerous writers have questioned whether psychoanalysis is anything but a scientific story (Borch-Jacobsen, 1999) - a narrative theme also found in discursively oriented critiques of psychological knowledge production more generally (Sarbin, 1986; Shotter & Gergen, 1989; Stainton Rogers & Stainton Rogers, 1992).

However, the fundamental difference is that therapy has also striven to be taken 'seriously', to have access to the social standing, prestige and funding that accrues with professionalisation and 'serious' sciences. The move to professionalise working through peoples' problems with living has involved strong affiliations with the medical establishment, as well as the educational and occupational realms. Hence, in the drive for professional and scientific credibility, the obvious story-telling element in people's accounts of their lives has long been ignored. As McLeod's (1997) impressive analysis observes, without this anti-narrative focus, therapy may well have never taken off in the widespread form it has today (although, therapy's pre-existing, socially sanctioned, ritualised forms of 'confessional' and engagement with individuals' problems with living would almost certainly have evolved into other, possibly less popular forms: pastoral care, cultural rites of passage, postmodern technologies of the self, etc.).

Hence, taking a more 'critical' approach, especially having spent several years training and working as a 'psychological' therapist coerced into the model-based paradigm, I believe it is important to make very serious distinctions when introducing the concept of narrative within therapeutic domains of knowledge production and cultural practice. Consider, for example, the requirement that clients tell their stories within therapy, and/or concerned third parties give narrated accounts of those referred to such services. The significance and importance of these accounts in their own terms is largely treated in a secondary manner, according to the intellectual and professional institutions involved (i.e. psychiatric diagnostics; cognitive-behavioural, humanistic and psychodynamic formulations, including their multifarious derivations and deviations). This is because, despite 'integrative' or (technically) 'eclectic' practices across the schools, there is still a relentless drive to collapse (or even rhetorically obliterate) meta-theoretical parallels, conceptual contradictions and ethical issues, in order to make abstract truth-claims and assert service funding hegemonies. On an individual level, obliterating narrative issues often seems to be about filtering and restricting service access whilst defending professional territories, self-aggrandisement and other insecurities. More generally, the primary means of legitimation is via prioritising quantitative research practices, which by their very nature, ultimately dismiss or ignore narrative issues. (See Turner [1998] for elaboration of this problem with modernist research and UK based psychologist training in particular).

Practitioners may, in principle, accept the idea of clients 'telling their stories', but promptly discard it as they reduce the therapeutic encounter to individualist and mentalistic assumptions





about personhood and problem aetiology (often slipping into a solipsistic psycho-scientism in the process). However, this is not always the case both within the schools and especially in terms of the more encompassing constructionist, existentialist and systemic therapy frameworks. Practitioners at the fringes of traditional therapies have been explicitly experimenting with narrative concepts for over two decades. Furthermore, a backlash against a psychologising modernist individualism has taken narrative more seriously, in its program of critique, of deconstructing social constructions, as well as promoting individual and communal means of reconstruction and, more lately, aspiring to social actions and justice.

A new narrative emerges

There have been notable (but peripheral) sorties into narrative by the various 'traditional' models of therapy (McLeod 1997, 1998a). New ways of looking at old 'taken for granted' (including new methods for tacitly reaffirming them) have been developed. A minority of cognitive behavioural practitioners have used narrative ideas as they lean more towards a generative view of human activity. They have, to varying degrees, taken the narrative metaphor onboard and discovered individuals' problems often involve competing 'cognitive schemas' - differing understandings that can be seen to have a storied element (Russell, 1991; Russell et al., 1993). The constructive nature of human understanding has led to a shift away from dualistic cognitive realms, with phases of client change through narrative forms being identified, developed and then therapeutically directed (Goncalves, 1995).

Other fringe workers from psychoanalytic and psychodynamic approaches have explicitly turned to narrative concepts in identifying conflictual patterns of relating, which of course are regressed back to infancy as well as defensively 'projected' upon the ongoing therapeutic relationship (Luborsky et al., 1992). Dramatherapists, uniquely suited to art-based narrativity, have developed assessment tools for personal story-making (e.g. Lahad, 1992). They have focused upon theatre art, fairy tales, story archetypes and myths, to be enacted and embodied, where practitioners consider them therapeutically expedient (Gersie, 1991; Gersie & King, 1990). Yet, despite various sorties into political theatre, this is a profession (and its ally psychodrama could be included here) that has paid minimal attention to the critiques of therapy (and the narrative metaphor therein), taking a stance predominantly invoking (implicitly or explicitly) psychodynamic assumptions for understanding, for gaining kudos and respectability (for an experimental account of this, see Turner, 1999).

The highly pragmatic solution-focused therapists, who jettisoned the very idea of 'problem talk', have cautiously used the idea of story types in their pursuit of solution talk (de Shazer, 1991). And so the list goes on. Spin-off therapy schools and more idiosyncratic individual positions can be seen to regularly 'stumble' into narrative (or, they suspend the temptation to shut-down clients and their constant predilections to story-telling, as people try to make sense of their realities).





Summarising thus far, as might already be implied, there are issues of 'authorial power' generally at work in the therapeutic relationship. There is a theme running throughout most psychological therapies, not just in these relative 'fringe' approaches. Zoom out from the neutral observer's client focus to the therapeutic endeavour, out further to its institutional context, and you begin to see other, quite profound narrative insights. If you listen to the stories clients tell and live by, there are narratives which their immediate and broader cultures tell through them. And, seen as a dynamic and mutually constructed event, we simultaneously witness professionalised stories which – one way or another – therapists and their meta-theoretical assumptions convey, if not impose. Thus, we begin to see therapy much more as a socio-historical and performative event. Watch for these broader dialogical and ideological textures of 'therapy as narrative' and you may see, on the one hand, the moral dangers of professionalised power abuse, most often through a profound denial of the client's social context. On the other hand, we begin to envisage a thoroughgoing reconstitution of human meaning as infinitely relational and contextualised. Like the effects of quantum physics upon the hard sciences, narrative's effect upon psychology, and therapy in particular, is irreversible.

Narrative as therapeutic critique: toward reflexive sensitivities and their practices

Some of the more daring narrative therapists within the various schools have stretched the concepts of narrative and therapy further, seeing the therapeutic endeavour to be story-ridden and event driven, de-centering the taken for granted assumptions of all grand theories. A good example is Schafer (1980, 1992), who significantly relegated psychoanalytic preoccupations in his understandings of therapeutic story reconstruction. Further, a constructivist position evolved out of (and around) the cognitive-behavioural juggernaut, utilising narrative concepts in its re-attribution of agency and 'constructive' meaning making to the human subject (Neimeyer & Mahoney, 1995). Yet, to see the therapeutic event as essentially socio-historical, to frame it within ethical dilemmas rather than technological, utopian or quasi-religious ones, we can see another strain of narrative and of critique at work. Therapy has been under attack, from within and without, and for some, narrative serves an important function in this reconfiguration and reappraisal. Such critiques of therapy can be generalised into four categories:

1. Affirmation and maintenance of political status quo and its ideological oppressions.
2. Cultural relevance and ethnocentrism.
3. Interpersonal and professionalised practices of power use, abuse and misuse.
4. Profound philosophical, theoretical and empirical problems.

Masson (1990) has received much attention for his critique of how therapy has, from its Freudian roots, been built on patriarchal practices. However, his assault on therapy ignores socio-historical issues that demand individual people and their cultures have some mode of sanctioned problem resolution. Similarly, Szasz's (1994) critique of power and professionals,





important as it is, does not satisfy its own call for reflexivity, instead subscribing to right-wing liberalism in its tacit assumptions about social unease (Clegg, 1998).

Frank (1973) made a notable contribution in systematically comparing socially sanctioned helping relationships, highlighting many parallels and thus allowing us to see a persuasive cross-cultural aspect, as well as challenging the West's naive colonialism and sense of scientific superiority on the matter. In other words, ritualised rites of passage are not the exclusive domains of psychological therapy—just as psychological therapies are doing nothing especially new, in the history of our ritual-based species.

Acknowledging the psychological therapy professions' varying degrees of openness to self-criticism, particularly in its occasional ability to step outside its own world views, numerous examples of theoretical and socio-political problems have been voiced about the project (e.g. Pilgrim, 1992 on therapy's political evasions). Most significant among these have been the sustained feminist critique of psychotherapy, with its consistent attempts to integrate the socio-political into practice (e.g. McLeod, 1998b).

Such critiques have questioned and problematised the imposition of abstract knowledge (as well as its often tacit political ideologies) upon individual clients and their immediate and wider social and cultural contexts. They have foregrounded how 'working with people who are often highly distressed by problems with living' has important moral aspects, as well as attendant issues of power and persuasion. Indeed, professional bodies are beginning to question the state of their science, the quantitative efficacy of this or that, especially when clients are 'heard' to report a sense of felt harm proportionate with the extent to which practitioners entrench themselves within their theoretical models (e.g. Clarkson, 1998).

These service user feedback themes, this rising awareness of the need for a constant and dynamic self-reflexivity and self-checking, says much about previously unsaid moral, socio-political and epistemological factors. How do we move on and how do we engage in these strands of critique? Furthermore, how do we heighten this self-reflexivity in a way that involves the client as author, and to do so to a much higher degree? (Thus engaging in the blind spots identified by the likes of Masson (1990) and Szasz (1994)). How can 'self-checks' become a way of practising therapeutic theories and the helping professions more generally? Certainly, narrative conceptions have not been the central meeting point for all therapy critiques. But it has featured in many, and it has become central for a growing community of professionals, across many different camps and collectives. One common approach across this convergence has been the use of narrative concepts within discursive, critical and deconstructive frameworks. Hence, it can be asserted that narrative has been foregrounded in the territory of all therapeutic spaces, whether a practitioner considers it important or not.





The work of Michael White and David Epston, particularly their seminal book *Narrative Means to Therapeutic Ends* (1990), has been of crucial influence in this shift. They were able to think and practice in a rigorously critical way, conflating the discursive power-knowledge insights of Foucault (1980, 1984) and the narrative conclusions of E. Bruner (1986) and J. Bruner (1986), drawn from their respective ethnographic and educational psychology domains. White and Epston took post-structuralist implications seriously for their daily therapy practices (or 'consultations', when even the therapy baggage was sidelined). Creative and ever-more collaborative results continuously erupted, following these assertions. Indeed, the ramifications of such a world-view continue to ripple, primarily spilling forth from the discourses of family therapy, as well as taking hold within rebellious pockets of psychiatric, educational and community projects.

It seems that narrative concepts, under this framework, necessarily lead to more communal means of understanding and taking action. For example, narrative practices have been central in co-researching accommodation services for young people and their self-abusive ways of coping (Nosworthy & Lane, 1998); it has been pivotal in co-researching and engagement with 'mother-blaming' discourses surrounding sexual abuse (Freer, 1997); narrative oriented group work has prompted local deconstructions of 'stress' in the guise of community stress management treatment programming (Robertson & Schubert, 1997); the communal convergence of 'gatherings' and 'communities of concern' has emerged, spanning workers and peoples from diverse groups in which personal and cultural stories are 'reclaimed', such as those of indigenous Australians (Carey, 1998) and within educational establishments (Winslade & Monk, 1999); teachers have been 'consulting' the expertise of children within schools (Quirk-Tootel, 1998); and renewed attempts have been made at professional dialogue in the face of the silencing, monological psychiatric hegemony (Madigan & Epston, 1995).

Central to these approaches is a common link with academically rooted critical psychology, joining the wider socio-historical turn to discourse. It is a turning of our commonsensical assumptions upon their heads, as it were— seeing language in therapy not as a passive vehicle for interpreting what goes on within the dislocated heads of our clients, reducing their accounts of distress, hope, etc., down to examples of our grand theories and quantitative, population-averaged abstractions. Instead, through these lenses we see language in therapy as a form of social action, a form of life, a performance of personal stories that are embedded within social ways of seeing, being and believing.

From this world view, our subjectivities, senses of self, etc., have become the dance partners within our constantly interacting private and public socio-linguistic systems; these interacting personal and cultural meaning constructions are simultaneously situated, by necessity, within physical contexts (as opposed to being subsumed into reductionistic 'inner' and 'outer' objects, increasingly seen as the artefacts of brain processes, of an isolated modernist monad). Where narrative had previously been selectively used as a means of validating (and often tacitly





reaffirming) a theoretical school of thought, this radicalised and critical position has led to a richer understanding of the 'discursive' that defines most psycho-therapeutic activities (McLeod, 1997).

Since narrative has assisted in a heightened, reflexive questioning of the power issues involved in imposing one's preferred world view and therapy story upon the client, we can simultaneously use it as a means of becoming more transparent about our assumptions and their many 'backgrounds'. Thus, we can be much more sensitive to the unique and local as well as the general and global. Most importantly, in stepping outside the confines of a single, non-threatening and stable model based position, we can more confidently maintain positions of openness toward human ontology, epistemology, personhood, etc, whilst simultaneously being aware of the socio-political dangers and possibilities of our professional and otherwise interactions.

Why is this so important? Because therapy spaces are not only sites where clients recreate and contest who they are, or who people say they are, but are also sites where alternative positions are identified and contested, not least in terms of their effectiveness as explanatory understandings. However, narrative and post-structuralist approaches to therapy, whilst offering alternative conceptual understandings and pragmatic approaches toward and for client problems, are not without their limits.

Although myriad in its post-structuralist and postmodern manifestations, the regular theme of narrative therapy work is hearing and respectfully witnessing clients and their stories. We often ask 'what problem dominates?', presuming clients are troubled, but not that they have insurmountable difficulties creating descriptions and elaborations about their own life-situations. Being skilled in facilitating therapeutic conversations, rather than in expert diagnostics, we ask where this domination comes from and how it 'influences' those affected. Structures are 'offered' for creating new ways of engagement with living, working with the 'oppressive' problems, and eliciting dormant resources; unique exceptions and possible solutions are archeologically identified then 'mapped out', from the lived-experience past and onto the local, social present - breathing hope into possible futures.

The metaphors are textual, dramatic, performative and communal, in contradistinction to intricate but abstract cognitive realms, relatively alien and colonialist constructs, quantitative rating schemes, information processes, self-monitoring technologies, solipsistic 'deeps', obscure 'inners', and so on. The new language used is uniquely co-created out of 'invitations' involving 'collaborators', 'teams', and 'co-researchers'. This narrative approach heads in the opposite direction of assessing behavioural skills, deficits, pathologies, making diagnostics alongside their essentialist explanations— a causal worldview, in which these procedures are primarily established to enforce the corresponding and self-serving interventions that are then prescribed. Thus, solutions are no longer the key preserve of the professional but are seen as





being borne out of social interactions, within and especially outside the clinics' consulting rooms.

Anthropology's development, including its theoretical baggage, is a good analogy for understanding narrative therapy's impetus. Geertz's (1983) 'experience-thick' descriptions of life lived are promoted and celebrated by narrative practitioners, rather than 'experience-thin' generalities and labels of life observed and abstracted into an administrative pseudo-science, as dominates the psy-professions. Another parallel example illustrates this concerted effort: just as sociologists have used narrative to understand illness experiences (Kleinman, 1988), so emergent therapeutic approaches have centred upon facilitating medical patient narratives in places where there is so much personal/professional/political tension and debate, as Griffith & Griffith (1994) describe:

Neuropsychiatric, psychoanalytic, behavioural and biopsychosocial approaches each attribute little validity to the personal story about a somatoform problem as it arises in the life experiences of the patient and family members, except to the extent that these meanings fit the assumptions of their theoretical position ...as a result, descriptions and explanations about the personal problems of patients and their family members are not part of the professional conversation that defines what is real and what is not real about bodily symptoms (pp. 20-21).

After 100 years of therapy, for an increasing number of practitioners the narrative concept has now emerged at the forefront in terms of its utility. It is applied to understand and promote therapeutic and helping professions, it highlights professional, personal, cultural engagement with critical issues in pre-existing as well as new, co-created languages (McNamee & Gergen, 1992; Parker, 1999a). Yet, relative to the dominating practices of therapy (as well as the reigning psychiatry services, public health departments, educational institutions, etc.), it is still a fringe endeavour. There is much more to say and to do. Moreover, there have been critics of this critical position, dangers apparent in its remit and limits, as well as concerns over the institutionalisation of such narrative-based practices.

To boldly go where psychological therapy has rarely gone before

As useful as the psychodynamic, cognitive-behavioural, and constructivist explorations of narrative in therapy have been, other than as exceptional voices they have not engaged with the wider criticisms of therapy as a priority or even voiced as a collective concern. They have not fully engaged in contextual issues of power and knowledge production and have largely disowned any ideological implications. Most interestingly, it is the social constructionist-oriented practitioners who have taken narrative concepts to their next logical potential: "Therapy that fully acknowledges the significance of storytelling must go beyond foundationalist and constructivist modes of thinking and address the social and cultural





dimensions of narrative” (McLeod, 1997, p.83). Of course, as already emphasised, this social constructionist narrative therapy has not been fully enunciated nor engaged with on a widespread basis. So what lies beyond and how far can we go with this endeavour?

Building on his emphasis with deconstruction, critical psychologist Ian Parker (1998b) has highlighted this form of narrative work as being the (one) possible actualisation of feminist and socialist movements in linking personal and social distress and doing so without reducing one to other. As briefly summarised above, such communal understandings have already led to a wide variety of small scale (and often Antipodean) communal actions. A great deal could be achieved and learnt in generalising this development to other cultures and countries. But what are the limits to the narrative metaphor in therapy, as a simultaneous personal, social and cultural change process?

If narrative moves us beyond the individual citizen, what happens to the narrator's body?

Certainly, a minority of commentators have defended the status quo (or revisions thereof). Held (1995) dedicated a book to this effort, accusing narrative therapy of being a 'fashionable fad' based upon an anarchistic relativism. Unfortunately, it is an argument ignorant of its own self-justifying modernist assumptions (for more on this hypocritical mode of critique, see Turner, 1998). Furthermore, the communal 'gatherings', 'concerns' and social actions speak of something far greater than Held's philosophical conundrums. They quash her 'post foundational theories equal anything goes' interpretations and conclusions.

Frosh (1997) has also questioned the extents to which we can take postmodern linguistic extremes, suggesting many client problems 'work' at the fringes or beyond of language. He prioritises the body and irrationality in testing narrative deconstruction. In principle, this move opens up all manner of possibilities. But Frosh uses it for what appears to be a more constructivist, if not psychologising, to 'make meaning known' project as his primary conclusion. His thesis usefully demands the body and the limits of language be prioritised (a question which could be answered and illustrated with drama-therapeutic work, amongst many other 'physically' and performance-oriented domains). Yet Frosh ultimately harks back to quasi-traditional forms of excavating meaning, exaggerated by his lesser interest in the social context for problem engagement and action. Of course, such arguments for bridging body-work to linguistic actions are not new to therapy, whether psychodynamic or otherwise (e.g. Gendlin's (1969) person-centred focus upon the detection and symbolisation of 'inner referents'). But to do so from a post-foundational, socially constituted and constituting manner opens up a different and far more opaque universe.

Moralities are ever present, so which of its narratives should we follow?

Admittedly, by focusing upon the obvious affiliations and associations with discursively oriented psychology, particularly postmodern and critical 'extremists', there are potential dangers in stopping at critique and not establishing any social reconstruction and action (Clegg, 1998;





Parker, 1998c, 1999b). Therefore, at its weakest, narrative therapy can be seen as politically impotent, if not a false and confused utopia for all levels of idealised engagement. Clegg (1998) deals with this end game by concluding that narrative practices must come from a previous and rigorously identified 'moral starting point'. The bottom line to her argument is that narrative therapy is morally insufficient in itself.

Precariously balancing along this Grand Canyon rim of confusion and doubt, we should still bear in mind that moral orders have a narrative form. Explicit moral stories are subject to the same deconstructive turns and continuous self-checks for inherent abuses of power or incoherence. For therapy workers such as myself, these moral quagmires are ever present. Who is at-risk, to be prioritised, and how can we rank 'need' for people within such a public indemnity and safety framework? How do we constantly promote agency and choice to those deemed 'high risk'? If teams talk of service users 'abusing the system' to the detriment of others (or their professional time) – such as requiring too many appointments or non-attendances, or being 'non-compliant' – what is being said, and who are we to write these people off? What is being done through these service level decisions and actions, and to whom? If we shift from pseudo-medical diagnostics to mental distress, how can we prioritise the demands placed upon public mental health services whilst protecting the mental health of its workers? If psychological therapy is a central component for 'treating' offenders, how far can we take our empathy, the impetus to contextualise and promote social change and justice?

And so the burning questions rage on. Narrative concepts and practices offer much needed tools for engagement as much as they do obfuscations. In this nexus there appears to be a major project still left wanting: the bringing together of these local, political and professional chasms. To reiterate, one of narrative's primary messages is to make our ethical and moral dilemmas more explicit and transparent, and then to make it our business to work on the key professional, institutional, social and cultural ramifications that ensue.

How far can Narrative stretch Therapy (and vice versa)?

Following the ramification of the discursive turn across the sciences and humanities equating to an eventual 'social impotence' within personal therapy spaces, others have similarly questioned these narrative therapy concepts for their risk of becoming the next dominating set of 'taken for granted's', reinforcing individualism via the implication that 'problem-saturated' self-narratives still locate grand and overarching core issues with individuals (and doing so despite avoiding mentalistic assumptions 'within' them). To resist narrative therapy becoming yet another canon firing imaginary balls of panacea, a new mechanistic set of 'tools and procedures', and, more tragically, morphing into yet another modernist and neo-liberalist placebo for the masses, narrative educators of this approach stress the explicit philosophical and conversational difference, throughout its teaching and familiarisation (Morgan, 1998; Monk et al., 1997). Unfortunately, McLeod (1997, 1998a) has queried the lack of formal narrative therapy training courses that are readily accessible; he has taken this to mean there is





an economic and intellectual need for initial training to be completed on traditional therapy models, before taking such a critical stance— a move that, by implication, disempowers the legitimacy of the approach and those workers who seek institutional 'permission' to use it.

In another response to the individualist pitfall of blithely applying narrative conceptions, Kaye (1999) prioritises what he sees as a more sustainable 'discursive therapy' over the narrative focus, based upon a 'socially critical position'. Hence, one can legitimate a continuation of individual therapy work but embed it within socio-political change, moving to wider social action where deemed appropriate, feasible and congenial. One could also surmise that Kaye would be happy to include the likes of the narrative group and communal projects cited earlier as largely compatible. Even so, it does not take long to conclude that widening the focus to 'discourse' therapy still fails to avoid the individualist pitfalls of one-to-one therapy that, by its very nature, is individually biased and based work.

Gergen (1999) provides a useful overview of the dimension of 'multiple narratives' for 'multiple audiences and occasions'. Emphasis is laid upon these self-narratives as performance, as forms of social action in themselves. Constructionist informed narrative therapy has certainly acknowledged these dimensions, although they may not have pushed as far as they might. Indeed, one wonders whether Gergen has considered the community inspired uses of narrative concepts, which could be said to prioritise his favoured performative element to notable effect. Gergen (1999) then indicates an enthusiastic interest in 'polyvocality' - the theory of expanding the number of voices bearing upon the problematic situation. Could we be witnessing the next evolutionary step, seeing an eventual disengagement with narrative? Gergen (1998) has intimated other social constructionist and dialogical means of critical action that could flesh out this narrative polyvocality. But 'non-confrontational modes of action', 'separation of persons from discourse' and 'explorations in commonality' once again smack of pre-existing narrative practices. They are complementary rather than anything more revisionist or radical.

There are other dangers in using such 'qualitative discourse tools' as narrative. With their moral mazes and ever-present potentials for a 'polyvocally' overloaded engulfment— there is an ironic possibility of 'camouflaging' or even professionalising the very power abuses we set out to exorcise. Does this necessarily mean the likes of narrative practitioners are harbingers for the end of therapy, for a 'post-therapeutics' (Stancombe & White, 1998; Smail, 1996)? Re-iterating McLeod (1997) and his seminal review of historical antecedents and research 'evidence' on narrative in therapy, calls for a post-therapeutic revolution may be short-sighted, premature and ill-advised: at this 'uncertainty' position we can certainly look for other forms of life, both within therapy and 'outside'. People in many cultures seem to desire an opportunity to tell, to emotionally and symbolically work-up and work through their stories, and to do so with audiences and witnesses. Surely this says something about both the surrounding social context— inhibiting any opportunities to engage in problems with living and self-expression more generally, as well as the need to promote sensitive, expressive and concerned





communities? A real test therefore lies in empowering individuals with a choice over their felt sense of benefit from therapy in comparison to any alternatives. And if there are none, surely this (again) says something about the surrounding socio-historical moment?

Equally important, professionals need to ask why they implode at the limits and remits of narrative? Maybe it is saying something about over-theorising, a grand canyon between theory and practice? Surely this is saying more than is found in the debates over model integration or eclecticism, more than prioritising the idiosyncratic development of individual practitioners? I suggest we go back to what is happening in our day-to-day lives, return to the personal, professional and local nexus point of seeking assistance. We need to revisit the conflicts and satisfactions of the therapy setting. Where do the models of practice usefully come in and where do they get jettisoned? How might narrative shed insight and promote distance sufficient to reflect, to look at the moral assumptions of self, peers, locality, socio-economic systems, public services and their governments?

These possible narrative end-points have been theoretically abstracted via the final critique still to be acknowledged in this review. Newman and Holzman (1999) take the risk of a libertarian 'narrative reductionism' in another, complementary but exciting direction, as well engaging in the concerns of Gergen (1999), Clegg (1998) and Kaye (1999). They identify how the deconstructive narrative therapy turn has been useful but has led to another meta-narrative, another epistemological truth in its attempts to usurp the modernist machine of truth: "[narrative therapy is] ... vulnerable to over-identifying life with stories and imposing 'in the beginning-ness' onto their clients' life activity" (Newman & Holzman, 1999, p.98). Newman and Holzman argue for an alternative approach to knowledge production, of warding-off another epistemological colonialism, by focusing upon what they believe is a different and more open direction – one of 'performed conversation'.

Newman and Holzman (1999) use the performative dimension, attempting to connect the political with the 'developmental', together with theatrical and community-focused activities, as utilised in their social therapy centre initiative. Thus, a vital link is illustrated in this project, often only seen at the fringes of drama-therapeutic and community theatre work (e.g. Boal, 1979, 1995), simultaneously engaging with personal, local and socio-political levels.

However, since much of the narrative therapy work Newman and Holzman question is implicitly and explicitly embedded in the performative, their critique is argued here as another powerful complement, a shift in emphasis and a further level of epistemological 'self-check', rather than any devolution of narrative practices. If anything, they prompt narrative practices to develop greater links with their drama-oriented bedfellows. Admittedly, Newman's (2000) extensions of this argument highlight how narrative therapy has an ever-present danger of being a quasi-science, of paradoxically closing down 'human meaning'. But then I'm sure many practitioners would not exclusively subscribe to Winslade and Drewery's (1997) wide-sweeping rendition of





narrative, as Newman's critique implicitly professes.

We need to openly and explicitly engage with the implications of these critiques and debates about narrative and therapy. What can we do to bridge the self-delusional gulf between the pristine world of professional therapies (professionalised theories that necessarily including the published world of narrative therapy)? Such a bridging initiative should also include the reigning, positivistic, quasi-'hard' science regime of a very skewed definition of evidence-building, which only supports certain strands of psychological therapies. How do we bridge these abstract realities with the distant land-masses of our situated, idiosyncratic local practices (e.g. Turner, 1998)? How can we feel safer in admitting therapy knowledge production is an economic enterprise as well as aiming to help and empower, to treat and socialise? (See this point tactfully avoided in at least one reading of an interview from *New Therapist*, 2001 with Michael White).

Concluding comments

I have attempted to trace the emergence of narrative as a resource for, as a dimension of, and as a position within therapy. Whilst some workers have incorporated narrative in extending and re-affirming their preferred psychological models, others have joined in a radical re-think of their positions, as practitioners and professionals. The critical impetus is toward new forms of conceptualising and doing therapy, not bunkering down for a renewed model-based Cold War, nor closing the clinics and pulling down the shutters on all talking therapies and their helping professions.

Despite the critics of this 'critical' therapy, despite narrative's demand for a fundamental questioning of the entire psycho-theraping enterprise, this paper concludes that both narrative and therapy have much more to say and do. More generally, this conclusion recognises the socio-political demands placed upon therapy by service providers and on service users, and the need for cultures to have socially sanctioned ways of responding to problems with living (and for addressing fundamental problems with living societies). Of the critiques identified, most of the contentions with narrative practice offer extensions and extra 'self-checks', rather than any replacement or 'last chapter'. Some argue we can become too obsessed with the narrative metaphor, that taken to extremes it obliterates the person. But isn't this saying more about the dangers of over-emphasising and over-identifying with ANY theory? How do we know, as many critics insist, that therapists implode with their narrative abstractions and relativism whilst their clients look on? Certainly, narrative signals the end of therapy if it is to be abstracted to the n th degree. Thus, out of narrative's potential hazards a crucial point arises: we cannot expect any theoretical system to provide the answers to our moral dilemmas, social injustices and critical day-to-day decisions, to bridge the gulf between professionally idealised pontifications and the folk psychologies and lived-experiences of everyday life.





There is much we can still do in exploring the limits, pitfalls and unknowns of narrative and of therapy— particularly before we condemn out of hand this socially valued enterprise; or, before we pretend nothing has happened to our confidence in therapy, after we stretch and squeeze it for all its toxins and traps. Certainly, the vast array of narrative inquiry research endeavours undertaken separate to narrative's therapy application, dispersed throughout educational and human science inquiry, could be used to illuminate such matters as competing moralities. A pertinent example is Josselson's (1996) volume on the ethics and processes of narrative modes of inquiry. It is important to state I am not advocating a return to the socio-political and pragmatic impotency of mainstream experimental psychology and (more lately) its rival, discursive research, done for its own sake. Academic narrative inquiry projects, rarely utilised in narrative therapy, offer a readymade library for reflection, as well as compatible tools for more formally studying our present challenges and future actions.

Of possible future developments, drama and performance were also identified as offering vital mediums for narrative practices to link the individual, the group, with their surrounding community. Indeed, narrative offers psychological therapists a diverse means of collaborating with other health professionals and a host of people within the arts, especially those focused upon community engagement and social change. For example, there are startling parallels between dramatherapy and narrative ideas, such as how both use physical, creative and aesthetic distance ('dramatic projection' and 'externalisation') as a means of problem engagement. Boal's (1979, 1995) work was cited as a political theatre simultaneously engaging with the personal and the political. Playback theatre, which involves a loosely assembled 'global' network of community-based actors focused upon the sensitive, unscripted improvisation of audience stories, explicitly invokes both individual and communal narratives, engaging with them in a creative and embodied manner. Although already applied to a diverse range of settings, playback could be used by narratively aware therapists, and be coupled with socially and politically aware activities. What is more, this would address those critiques of narrative that demand the limits of languaging and the importance of embodiment be more fully explored. In this regard, body-oriented and performance based therapies are diverse and ripe for mutual pollination. Furthermore, the footholds for cross-fertilisation are often already established: American occupational therapy journals regularly cite cases where narrative is used, though seldom within a critical and discursive framework. Thus, narrative therapy has a multitude of options in conceptualising and broadening its application, for engaging in its own blind spots (including its apparent silence in the face of psychodynamic and person-centered therapy's rich developmental framework for body and emotion talk, therapist-client relational processes, etc.).

Of course, many therapists may balk at the idea of adding anything more to their 'caseloads'. There are probably too many economic and disciplinarian forces at work to allow practitioners to experiment, to be more 'socially conscious'. They may feel too many practical restrictions for filling-in the narrative gaps by exploring such areas. Certainly, we may stop at the point of using





narrative ideas to inform our practices, thereby adding a critical and socially re-vitalising edge. (Indeed, for most of my career I have felt compelled to define my practice, to those seeking signs of competency through model-based training, as 'informed' by narrative and systemic ideas, amongst others— the economic need to pay the rent is a precarious tightrope leading to conformist tropes).

Following this language-game vein, we have McLeod's (1997) reconceptualisation of cognitive-behavioural therapy, using narrative ideas to deal with contextually demanding issues, such as a socially 'spoiled' identity. Following this, we are reminded of the dominant position held by cognitive-behavioural programmes controlling most funding streams. A 'critical' edge may therefore be offered, adding a social revitalisation as well as opening-up (for good and ill) the moral issues often obfuscated. Following McLeod's lead, rather than being seen as oppositional, narrative could allow (and show to those concerned) greater understanding of clients' socio-economic contexts. At the farthest reaches of psychological therapy, where it becomes an enforced treatment for those at the edge of social norms, those at risk of harming self and others, narrative ideas may therefore offer much needed relief and creative re-engagement.

A rich area for critical, narrative work is that of 'non-conforming' children and adolescents—a nexus involving many of the problems and potentials outlined thus far. Certainly, there are narratively informed workers already engaging with families and young persons' difficulties within this arena (indeed, this is where much of narrative therapy was created). But we are talking of a relatively small contribution toward breaking this glass ceiling frontier. Furthermore, even if I have failed in my attempts to prevent us from theoretically writing-off narrative and/or therapy, ever-increasing numbers of young persons are still being 'treated' with 'interventions' designed to deal with their 'disruptive behaviours', sexual and juvenile offending, etc. (Erinn et al., 2001; Lambie et al., 2000; Susan et al., 2002).

These constellations of people (professionals, policy makers, young people and their families) are precariously chipping-away at the edges of many social institutions. They challenge, as well as communicate, tensions within family, socialisation and education systems. They convey many issues of the individual versus society. What is more, some treatment programmes show varying degrees of self-awareness for these precarious balancing acts, particularly through their usage of psychological drama and outdoors wilderness activities (Lambie et al., 2000): psychodramas are seen as creative, visceral and emotive ways of engaging with 'victim empathy', whilst wilderness programmes point in other, fresh directions, not least for critical practitioners. Adventure and outdoor oriented activities are used for generating emotional 'highs' and personal insights and aim to take people 'out' of their daily, urban situations— augmented by new physical and environmental challenges (Miles & Priest, 1999). Hence, in line with the aesthetic distancing and 'breathing spaces' of narrative therapy and drama/theatre activities, such engagement with the 'outdoors' allow people to see their daily lives, their social taken for granted, in a different and creative light. A variation of this approach, Critical





Outdoor Education, explicitly aims to facilitate a re-examination of cultural assumptions through temporarily detaching participants from the social contexts in which they are immersed. Thus, not only do we expand narrative and therapy's practical and theoretical horizons, incorporating embodiment, performativity and social [justice] actions, but also those of our increasingly exploited natural environment. And if narrative and therapy can continue to facilitate more constructive and sustainable relationships and societies, maybe this will promote a critically needed shift in the relationships between our societies and their suffocating home planet ecosystems?

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