Journal of Contemporary Narrative Therapy

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Editors: Tom Stone Carlson, Sanni Paljakka, marcela polanco, and David Epston

Associate Editors: Kimberly S. Rodríguez Jiménez and Sydney Yang

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Content

P. 1 Editors' Note

P. 3 Narrative Therapy News and Training Opportunities

P. 9 What Is a Good Question—and What Does It Do? A Forty-Year Reflection on Inquiry in Narrative Therapy by David Epston

P. 46 Co-Evolving Meaning with Narrative Therapy: Practices That Preserve Hope and Dignity at the End of Life by Sasha McAllum Pilkington

P. 94 Kay Ingamells on the Wonderfulness Interview in Narrative Practice by Lawrence Rubin

P. 111 I Could See Myself in Her … Practising Insider Witnessing in Supervision by Catherine Mengelle, Sophie Bouhier, and Sandrine

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Editors' Note

We are pleased to announce the August 2026 release of the Journal of Contemporary Narrative Therapy. The four papers in this issue examine how questions shape therapeutic conversations, how narrative practice can preserve hope and dignity at the end of life, how wonderfulness inquiries bring forward people's moral character and preferred identities, and how insider witnessing practices can help people feel acknowledged and come to see themselves in new ways.

In **"What Is a Good Question—and What Does It Do? A Forty-Year Reflection on Inquiry in Narrative Therapy,"** *David Epston* shares his keynote address from the 2025 Contemporary Narrative Therapy Conference. Reflecting on more than four decades of narrative practice, he examines how every question influences what can be said and how carefully crafted inquiry can lead people toward the "not yet known."

In **"Co-Evolving Meaning with Narrative Therapy: Practices That Preserve Hope and Dignity at the End of Life,"** *Sasha McAllum Pilkington* shares her conversations with Tom, a man living with terminal cancer who described himself as being on a "journey to wellness." Her story shows how hope and dignity can be preserved as a person approaches death.

In **"Kay Ingamells on the Wonderfulness Interview in Narrative Practice,"** *Lawrence Rubin* speaks with Kay Ingamells about how wonderfulness inquiries bring forward people's moral character, commitments, virtues, and hard-won ways of being. Their conversation considers how wonderfulness inquiries can offer an alternative to understanding people primarily through a lens of pathology, stigma, or diagnosis.

Finally, in **"I Could See Myself in Her … Practising Insider Witnessing in Supervision,"** *Catherine Mengelle, Sophie Bouhier, and Sandrine* share a story on how, through the use of Insider Witnessing Practice, Catherine and Sophie were able to bring forward new understandings and acknowledgement for not only themselves, as therapist, but also their client, their relationships, and their preferred ways of being.

We hope you enjoy reading these papers as much as we enjoyed bringing this issue together!

Sincerely,

Tom Carlson, Ph.D.
Editor, Journal of Contemporary Narrative Therapy

Trainings and Workshops

3rd Annual Contemporary Narrative Therapy Conference, November 5th – 7th, 2026, San Diego, CA

What is a good question – and what does it do?

Narrative therapy has always taken questions seriously—not as techniques, but as acts with consequences. CNTC 2026 opens once again with a keynote by **David Epston** (presenting from New Zealand over Zoom), an honor that reflects a continuing conversation at the heart of narrative practice. Together with **Michael White**, David has long argued that narrative therapy relies more than any other therapy on the art of asking questions—questions of literary and ethical merit that invite people into what they do not yet know but may come to know. This year's theme draws on Michel Foucault's enduring provocation: "*We know what we do, but do we know what our doing does*?" and brings into focus the shaping effects of our questions—how they organize meaning, invite moral positioning, and participate in the making of lives.

We are excited to announce that **Cheryl Mattingly** will be one of our keynote speakers at the conference. Cheryl Mattingly is a renowned medical anthropologist whose groundbreaking work on narrative, morality, and lived experience has profoundly shaped how story is understood far beyond psychotherapy. Her book *Healing Dramas and Clinical Plots* has been deeply influential in **David Epston's** thinking—and in his call to return good storywork to the heart of narrative therapy—making her presence as a keynote speaker a rare and significant honor.

Across three days, conference presenters will labor this question in practice. Through transcripts, therapeutic documents, and close reflections on their own work, speakers will share the actual questions they ask—and trace what those questions *do* in the lives of the people who respond to them. Opening the conference, David Epston's keynote will return us to the ethical heart of

narrative therapy: a careful attentiveness to how our questions act in the world. CNTC 2026 is an invitation to slow down, study our words, and refine our responsibility as practitioners whose asking shapes what becomes possible for others.

Confirmed Speakers for this event include: David Epston, Cheryl Mattingly, Travis Heath, Iman Dadras, Sanni Paljakka, and Tom Carlson.

For more information, please visit: https://www.socalnarrativetherapy.com/event-details-registration/contemporary-narrative-therapy-conference-2026

Apprenticeship in the Artistry of Narrative Practice with David Epston, Kay Ingamells, and Tom Carlson

Immerse yourself in this unique year-long apprenticeship with David Epston's narrative therapy practice. This is the only place in the world where you can learn directly from the co-originator of narrative practice together with his closest colleagues. We use a unique pedagogy developed over decades for teaching advanced narrative therapy practice. Nowhere else can you experience such intensive training that takes place within a very detailed story of your own therapy sessions and that of others.

This is a boutique learning experience, with between 6-10 apprentices in each cadre. The next group will begin in September 2026 for our Level II cohort. The course will take place in an online learning community made up of like-minded, skilled narrative practitioners from all over the world. For more information see the ad in this release or go to: https://narrativeapprentice.com/.

Join Our Introduction

July 8th
12 -1:15 pm PDT

To register, email
narrativetherapytraining@gmail.com
For more information visit:
www.narrativeapprentice.com

Program begins November 2026

- Learn through a unique immersive pedagogy
- Bring the artistry of David's practice into your own
- Be part of an international narrative therapy community

Foundations in Contemporary Narrative Therapy: Advanced Clinical Application

Calgary Narrative Collective | Sunalta Community Centre, November 26 – 28, 2026

Due to high demand and a sold-out Part One in February, capacity for this training has been expanded. Early registration is encouraged.

While described as an advanced applications training, this is not a move into technique, nor a departure from foundations. Rather, it is an extension of them.

This two-and-a-half–day training opens with a keynote address by David Epston (joining from New Zealand via Zoom) and serves as Part Two of the Certificate Program in Contemporary Narrative Therapy.

While it follows *Foundations in Contemporary Narrative Therapy: Theoretical Foundations*, it has been intentionally designed to stand on its own as a meaningful and rigorous experience.

Those continuing from Part One will deepen the conceptual and ethical ground established there. Those joining for the first time will be welcomed through structured teaching that situates clinical practice within contemporary narrative therapy.

Participants may complete the certificate by attending both trainings in any order.

This training is intended for therapists at all levels who are seeking a more thoughtful, ethically grounded, and practice-oriented engagement with narrative therapy.

Contemporary narrative therapy does not begin with technique—it begins with a particular understanding of the person, relationship, and ethical responsibility.

In Part One, we asked: **Who is the person in narrative therapy?**

In Part Two, we ask: **What becomes possible in practice when we take this question seriously?**

This training is devoted to the clinical life of narrative therapy.

Rather than focusing on methods, it examines how therapeutic conversations are shaped by the therapist's orientation to the person, to story, and to the effects of their actions.

Clinical work will be engaged through transcripts, live interviews, and therapeutic documents, including letters and poems that extend conversations beyond the session.

A Map of Client Authorship

This training does not offer a map of what the therapist should do.

Many approaches organize practice around therapist action or technique. These contributions are significant. At times, however, they leave less clearly articulated how authorship becomes available to the person themselves.

Here, we begin elsewhere.

We offer a map of client authorship—one that integrates practice and moral inquiry while focusing on how people participate in shaping their lives.

This map traces a movement:

- from global descriptions where authorship is suspended
- to experience-near accounts of what a person is up against
- to the emergence of their own actions and responses
- to an explicit engagement with values and moral positioning
- to deliberate, ethical authorship taken up on purpose

The task of therapy, then, is not to move through steps, but to participate in conversations that make authorship visible, ethically grounded, and available to be taken up on purpose.

In this training, participants will be invited to:

- Examine how their understanding of the person shapes clinical decisions
- Engage deeply with clinical material, including transcripts and live demonstrations

- Develop practices of listening that attend to complexity and unfolding storylines
- Work with therapeutic documents (letters and poems) to extend conversations
- Engage moral inquiry as it emerges within lived responses to life
- Reflect on their participation in shaping the stories people come to live by

Whether continuing from Part One or joining for the first time, this training offers a rigorous engagement with contemporary narrative practice—grounded in its ethical foundations while opening new clinical possibilities.

Presenters

Sanni Paljakka & Tom Carlson

Fees

Professional – $600

Provisional – $450

Student – $300

Event Times

Thursday, November 26 – 4:00–7:00pm

Friday & Saturday, November 27–28 – 10:00am–5:00pm

Certificate Pathway

Participants may complete the Certificate Program by attending Part One and Part Two in any order.

Register here: https://www.showpass.com/foundations-of-contemporary-narrative-therapy-part-two/

What Is a Good Question—and What Does It Do? A Forty-Year Reflection on Inquiry in Narrative Therapy

David Epston

This paper is based on David Epston's keynote address delivered at the 2025 Contemporary Narrative Therapy Conference in San Diego, California.

Part I: Inquiry, or the asking of questions

Inquiry, or the asking of questions, to my way of thinking, is the primary instrument for our work. If a scalpel might be said to be essential to the work of a surgeon, should considerable care be given to whether such an instrument is sharp or blunt? A dull scalpel would have serious consequences … it would tear flesh, wounding and scarring. Compare a scalpel with a keen edge, which would do less harm and lead to a far quicker recovery. In the same way, we must assume responsibility for our questions in that any response to them is mediated by the question itself. I believe it is predictable that a dull question will likely invite a dull answer; a heartless question will likely invite a disheartened answer; a poetic or metaphorical question will likely lead to a poetic or metaphorical response; and what I intend to speak at greater length today is that an imaginative question will be responded to in an imaginative way. It just might find a way that hasn't been taken before to what Michael referred to as 'the not yet known'.

As well, I believe our questions disclose—whether we like it or not—how we are endeavouring to 'understand' the other. Some questions, as you know, are asked for their own administrative or diagnostic purposes. Such questions are often prescribed and even manualized. They are fixed and require very little of us other than to utter them audibly. In fact, such questions have nowhere to go other than where they have gone before. Unsurprisingly, asking such questions is devoid of the excitement of what might lie ahead and is a pale imitation of a lively encounter. In fact, in such pre-scripted and prescriptive inquiries, it would be an

infidelity to consider anything other than that which has been considered by the manual designers or the algorithm.

One of the matters that Michael and I saw eye to eye from almost the very first day we met was our dissatisfaction with the professionalisation of the interview. We both began our careers in child psychiatry, Michael in Adelaide, Australia, and myself in Auckland, New Zealand. We were frustrated by how such 'interviews' allowed us to both know and regard those who sought our assistance and, as well, how they came to know us through such interview questions. In fact, Michael soon renamed the inquiries we were adopting and inventing by substituting 'therapeutic conversation' for the commonplace term 'interview'. Why did he do this? It was to characterise something very different … conversation, yes, but a very particular form of conversation for a very particular purpose: therapeutic. By contrast, the interview positioned the professional as an elevated outsider, in a manner of speaking, looking down upon the other. We sought a means to share in the making of the conversation, a kind of 'train of thought' on which both of us travelled alongside one another.

Many of our inquiries may have been regarded as heretical at the time according to the taken-for-granted assumptions of psychotherapeutic inquiry, and that still may be so. Although then, I very much doubt we would have been able to articulate what we were embarking on in the way I propose to do so now, for I have the benefit of the wisdom of hindsight to assist me. This address has had me reminisce, which is appropriate to those of my age, looking back on our efforts to realise our intentions some 40 years later.

What did we seek our questions to do? That is the question I posed to myself in my reminiscences. In the 1980s, whenever I taught a workshop in Australia, often in Adelaide, Michael would invite me to stay another week so we could work together. He would seek consent from his clients—as he put it, "my best friend and colleague is with me today, and I wonder if he might join us." No one I can recall refused. Michael would start the interview off by bringing us all up to date.

After 10 minutes or so, he would indicate that it was my turn, and I would do the same. And we would continue to alternate until near the end; Michael would summarise and arrange the next appointment time. When Michael was in conversation, I would write down any question of his that took my interest, and there were indeed many. From my perspective, he was indeed prolific. I would then take my notes home with me, transcribe his questions word for word, and practice or rehearse them first in my imagination. It did not take long for them to start showing up in my conversations. And as well, I took a keen interest in the effects of such questions. This encouraged me to start inventing questions of my own which I could take back to Adelaide on my next trip and trade Michael for more of his originals. One of Michael's greatest achievements in the 1980s was studying and cataloguing the wide range of his inventions with the help of a student researcher. They compiled, in my opinion, his most important paper of the 1980s on what became known as narrative therapy by the end of that decade. It was titled *The Process of Questioning: A Therapy of Literary Merit?* with a question mark after this proposal, suggesting that these questions might lead to something that had literary merit. I will propose 'aesthetic or poetic merit' for 'literary merit'. I believe narrative therapy has had, from its very beginnings, a commitment to imbuing such therapeutic conversations with a poetics or an aesthetics alongside its ethics. And I fear that is being lost, and my address seeks to have us all explicitly consider this.

Michael would often characterise narrative therapy as 'a therapy of inquiry' in the late 1980s and the early 1990s. And I would like to do so as well in 2025.

Specific memories started flooding back to me of those times and events in my reminiscences. However, there was one encounter that continually returned, day after day. It concerned four meetings in the early 1980s with Dustin, then sixteen years old, and his parents under the most dire of circumstances. Fortunately, I had retained videotapes of those meetings, as well as transcripts, in my archives and was able to revisit them some forty years later.

In many respects, this encounter became the genesis of my lifelong intrigue and study of two closely associated matters: *What is a good question? And what does a good question do?* I remain engaged with these matters to this day.

What follows is Dustin's story.

Part II: Dustin's story

I had been collaborating with Dr. James, a pediatric respiratory physician, with a well-earned reputation both as an international researcher and locally as a medical healer, to consult to young people and their families from around the North Island of New Zealand whose medical advisors, despite their best efforts, feared for their lives. These young people and their families would be accommodated here in Auckland over the period of a week while every effort was made to offer the best our public health services had to offer. Dr. James would seek my assistance when she thought any remedy might have to be found beyond even the best of conventional medicine. I took leave for the week from my workplace so I could devote all my available time and thought to Dustin, aged 16, who was expected to soon perish as a consequence of a rare form of asthma.

Moreover, prior to introducing me to Dustin and his parents, she informed me that, from her daylong consultation with Dustin the previous day, that in her opinion he had given up any hope for his survival. Regretfully, she expected him to perish in the very near future.

Dr. James then introduced me to them with the utmost respect, informing them that she was turning over his care to me for the rest of their weeklong stay. Still, I had to wonder what in the world they might be thinking of being transferred after day one from a high-status professional and esteemed pediatric respiratory physician to a relatively low-status professional as a social worker? Could they possibly have regarded this as some kind of demotion, some indication of the hopelessness of their son's predicament? Might I be there to speak of palliative care and what they might have to anticipate? After all, they must have banked on something life-saving coming from such medical investigations at the largest

hospital and under the care of the most learned and prestigious physicians in New Zealand? They justifiably seemed baffled by this turn of events.

We were provided with an office right across from the nursing station; the nurses had been alerted that we would be meeting there. We made ourselves as comfortable as we might by going through the customary social introductions: "How was your flight up?" "Is your accommodation suitable?" "When are you expecting to fly home to New Plymouth?" The same cannot be said for Dustin, who sat downcast, his eyes directed at the floor beneath his feet.

Session 1

This is about a half-hour into the interview … I start by having us interrogate what Dustin had going for him and what might be possible as a consequence of that. First, his parents told me he had a good mind … how might he use it, I wondered?

David: Can I tell you about a girl your age whom I met not so long ago?

This piqued his parents' curiosity, judging by their watchfulness of me.

David: She had very similar problems to the ones that Dr. James told me are bothering you. She started using her mind, sort of like mental karate, and started to get the better of her problems with asthma. And when she learned how to do that, you might be interested to know that her school marks improved by 1/3.

Both parents nodded with interest.

David: I don't know about you, but I found a lot of the kids with serious problems like the ones that have been bothering you, it also held their thinking back. They can do better thinking than what they were doing. Too much worry! Do you follow me?

Dustin: Yah …

I wouldn't say his response was overly enthusiastic, but at least he responded.

David: Do you feel that has happened to you in any way? Do you think your thinking could be better if you didn't have so many problems?

Dustin: Yah.

Once again stated with an ample measure of uncertainty.

David: You end up thinking about your problems a lot, but you don't get a school certificate for asthma … do you?

His parents are amused and try to muffle their laughter.

David: Do you follow me, Dustin?

Dustin: Yah.

David: And what I noticed was that their thinking grew and sometimes their parents were quite shocked by that. They seemed more intelligent. Does that excite you in any way, Dustin?

Dustin: Yah.

Once again, his reply is somewhat lukewarm.

David: Is what we are talking about too much for you? Are you still keeping up?

I check with him to see if he has wholeheartedly joined the conversation yet or if he is just along for the ride.

Dustin: Yep.

David: OK. Do you want me to slow down or am I going right for you?

Dustin: No, that's alright.

David: You're sure. You'd tell me if I was, wouldn't you? *(Our eyes meet and I seek to reach some sort of agreement.)* Promise? You're being truthful with me, aren't you?

Dustin: Yah!

He laughs to accompany his nodding in agreement to reassure me.

David: OK … Dr. James told me this asthma has got worse this last little while and has given you (*referring this comment to his parents*) some real frights and given you some frights as well, Dustin?

His parents state unequivocally that this is so.

We speak briefly about the most recent dangerous episode, but in doing so, I learn that he has a lung function appropriate for his age and, in fact, similar to my own. One might have expected that his recurrent illnesses would have compromised his lung function. This is a contradiction that my inquiry takes up …

David: Really, you get over 400? *(I am indeed surprised.)* You've got pretty good lungs, don't you?

Dustin: I suppose so.

He seems somewhat reluctant to accept my conclusion.

David: Did you know that you've got good lungs?

Dustin: Yep. *(He now states this with a measure of conviction.)*

David: Well, in a lot of people with chronic asthma, it starts doing things to their lungs. Your lungs must be strong because they are equal to a person without asthma … right? And your parents earlier told me you had a strong mind as well. By the way, did you think you were a weakling? Did you think you had a weak mind and weak lungs?

Dustin: Not much … but they could be stronger.

David: I didn't know this about you, but it's pleasing for me anyway to hear that your lungs are not weakened.

Then Dustin's mother tells me, somewhat uncomfortably, if her tone of voice was anything to go by, of her response to his endangerment.

Mother: I've got into the habit of hovering over him, listening to his breathing.

David: Do you think he listens to himself much or do you think he mainly gets you to do the listening for him?

Mother: I do most of the listening.

David: Do you agree with that, Dustin?

Dustin: Yah.

David: Well, what percent do you think your mum and dad listen to your asthma, and what percent do you think you listen to it?

Dustin: I've never thought about it.

David: Can you think about it? I am curious what you think. Maybe they would like to change the balance a bit?

Dustin: About 30/70, I suppose. *(He took considerable time and thought to reach his conclusion.)*

David: So, Dustin, 30; parents, 70. *(Dutifully writing this down on my pad.)* What would you say it is, Marie?

Mother: I think he relies on his father and me to look out for him.

David: Has he become parent-reliant?

Mother: I would say so. *(His father thoughtfully nods in agreement.)*

David: Dustin gets parents to look out for him. *(Once again dutifully writing this down on my pad.)* Oh dear, this is dangerous … unless he can always have either or both of you around?

Mother: That's what we tell him. We won't always be there. In fact, I don't think he really looks out for himself.

David: Can I tell you something, Dustin? If you get your mum and dad to do all the detective work on your asthma, asthma will very likely trick you. Do you follow me? It will out-trick you. It will play tricks on you, and some of those tricks could be deadly tricks. Do you know what I mean?

Dustin: Yah. *(Uttered with what seemed to me to be a measure of agreement.)*

David: Did you think it was better to rely on your mum and dad instead of relying on yourself? Or you've just never thought of it?

Dustin: Yah, I've never thought about it. *(Spoken somewhat ruefully)*

David: Say you were playing football right now *(I had learned he played football.)* and you've got asthma on one side and Dustin on the other side. It's the end of the first half, what would the score be?

Dustin: 5-2 for asthma. *(Spoken softly and humbly)*

David: Say you were playing and someone from the other team came towards you dribbling the ball and you said: "Look … I've just got to ask my mother what to do. I'll just get my mother to come on to the field here." What would happen, do you think, in this game? Do you think you'd win much? Or lose?

Dustin: Lose. *(Forlorn)*

David: Would it out-trick you? Slow you down … asthma is a very cunning thing. Do you think asthma respects you? Do you think it wants you to have a good life?

Dustin: No. *(Shaking head sadly)*

David: Do you think it's a friend of yours?

Dustin: No. *(Shaking his head again)*

David: If you said it was a good friend, I would wonder what you want for an enemy. Do you figure if you are playing football, it is not such a great idea to call out for your mum or dad to come on to the field and defend against them for you?

Dustin: (*Shakes his head 'no' …)*

David: Marie, do you think Dustin asthma-watches and looks out for himself 30%, and he gets you to look out for him 70%? Would that be about right?

Mother: I would probably say about 10/90.

David: What would you say, Tim *(father)*?

Father: Yah, about 10/90. *(Nodding thoughtfully)*

David: *(to parents)* Now do you think you would like a different kind of balance between him relying on himself more and relying on you less?

Mother & Father: *(Nodding and grinning … with Mother stating unequivocally: "Very much so.")*

David: Would you consider this, or would you rather play on asthma's side? Who do you want to play for—asthma or your family? Do you follow me?

Dustin: Myself. *(Stated with some assurance)*

David: Great! Great! Say you started playing for yourself and against asthma, what would you do differently than you are doing now? What skills would you use and how would you rely on yourself more?

Dustin: Try to build up my lungs. *(Now speaking with a measure of sincere interest and playful engagement.)*

David: What if asthma told you to listen to it? Would you still listen to your own advice?

Dustin: Yah.

David: So your advice is to strengthen your lungs and strengthen yourself?

Dustin: Yah.

David: What about strengthening your mind? Do you think that would help?

Dustin: Yah.

David: *(writing)* Strengthen my mind! That could be mental karate, eh? Do you like these ideas or do they seem a bit silly to you?

Dustin: No, I like them … I want to do more for myself and not rely on my mum and dad so much.

David: This could be very hard, you know. You have very capable parents. Good parents, right? Don't you think you've got great parents?

Dustin: Yah! *(Very enthusiastically)*

David: Say you started to rely on yourself more, you might have to rely on some good ideas, and maybe you have been depending on your parents' good ideas?

Dustin: Yah.

David: Would you like some good ideas?

Dustin: Yep. *(Stated enthusiastically)*

David: You sure? Say we came up with some good ideas, would that be OK?

Dustin: Yep. I would do that.

I now turn to his parents and ask them one of Michael White's classic inquiries—a unique outcome question and am stunned almost to disbelief by their answer.

David: Has there been a time, Marie or Tim, when Dustin played around with being more self-reliant? Was there a time he had a try at it and it didn't work out … he had a go … but he didn't stick at it long enough?

Mother: *(After some reflection, she replied thoughtfully, trying to find the words to express herself.)* How will I put it? He wasn't playing around with being more self-reliant, but if he had in his mind that he wanted to do something, even if he was a bit wheezy, he could make his asthma go away.

David: *(I am shocked to hear this …)* Pardon, am I hearing things? Hold on! Did you hear what your mother said? She said you could make your wheeziness go away when you really wanted it to.

Dustin: Yeh. *(In no way contested his mother's comments)*

Mother: And likewise, if he really doesn't want to do anything, he can make himself have an attack too.

David: *(Uttered with unrestrained excitement)* Oh … great! He can give himself asthma; he can stop asthma. This is great news.

Mother: Mind you, he hasn't done that lately. That was when he was younger.

David: *(Once again amazed by what I am hearing)* Why did you give up on that? That must have been good to have. Did you know you could do this?

Dustin: *(Somewhat surprised to learn of this, shaking his head)* No.

David: Well, it's a shame, isn't it? Here it is. You've been made miserable by asthma, haven't you? Your life isn't as happy or free as it should be! And then I find out from your mum and dad that you can make your asthma come to you and you can make it go away. It's news to you what I am saying? Is it sinking in a bit?

Mother: *(Very amused, considering this)* I think he had an inkling.

David: Does that excite you, Dustin?

Dustin: Yah. *(Stated with very limited excitement)*

David: How much? You don't seem overjoyed! Look, give me your right hand … don't do it until I say so. This is a bit of a test here. Now I am going to say, "one, two, three, go!" When I say "go", I want you to squeeze my hand to show me how good you think it is that you can make asthma come and make it go. And I will tell by the strength of your handshake whether you mean it or not. But this will be true, like a lie detector test. Ready? Let me just say what I need to say to you. Well, a minute or two ago, you and I—your mum and dad have known it for a fair while—found out something: that you can make asthma come. Or you used to be able to make it come, and if you really want something, you can make it go. OK, that's quite good news, isn't it? It is a lot better finding out that asthma just attacks you all the time and beats you. Are you ready?

Dustin: *(Seems engaged in my proposed test)* Yah.

David: One, two, three, go! Ow! Ow! So you mean business; this is serious? *(I admit to somewhat exaggerating the pain he had submitted me to, squeezing my hand, but nevertheless it was a forceful squeeze.)*

Dustin: Yep. *(Grinning in response to my ow … ow …)*

David: So, tell me all about this. I am all ears. *(I could not hide my enthusiasm, anticipating him providing me with his account of these times in the past.)*

Dustin: I didn't have asthma for a while … for about a year or so … when I was 12 and 13.

Mother: It was the result of a bet.

David: Pardon. *(I think I have misheard Marie)*

Mother: *(Repeats herself)* The result of a bet.

David: Bet! *(I still think I am mishearing)*

Mother: The next-door neighbour … the lady next door … she used to get asthma, didn't she? And she said: "Right, Dustin, I'll bet you whoever of us goes into the hospital first pays the other." It was a hundred dollars or something, wasn't it? So they had this bet. And that was a year and a half he didn't go to the hospital.

David: How much do you think it costs the public health system for a day in hospital … $300 or $400?

Mother: Yah, around about that.

David: Dustin, if the people at your hospital said: "We will give you money equivalent to 2 days in hospital …"

Mother: *(Interrupting in good humour)* He wouldn't have any more asthma.

We are all laughing now …

David: You'd do it, wouldn't you? You'll do it for money. (W*riting once again carefully recording what I have just heard)* One and a half years free of asthma.

Mother: *(Interrupting)* Never hospitalised; he controlled it himself. *(Then smiling to herself, nodding in a kind of disbelief at what she is recalling.)* She lost because she had a baby and had to go to the hospital. He let her off the hook and didn't demand any money … the baby was unexpected.

David: Look, if I said to you right now, "I'll give you a hundred dollars if in one year's time you continue or bring back this skill … this control you had, would you do it?"

Dustin: I'd try to, yah! *(Very enthusiastic response)*

By chance, on the way to this meeting, I had just been to the bank at the hospital and had withdrawn $50.

David: Well, look, what about if I gave you $50 right now? I'm serious, OK? Do you believe me?

Dustin: Yah. *(But judging from the incredulity on his face, he wasn't yet convinced I was serious.)*

I reach into my wallet, take out a $50 bill, and offer it to him. He looks at me with disbelief in what his eyes are seeing. He hesitantly takes it from me.

David: To keep it, you've got to do something for it. OK? You've got to figure out how you did what you did over that year and a half when you were 12 and 13 and didn't go to the hospital even once. Would you be willing to do that?

Dustin: Yah. *(He has retained his enthusiasm seemingly with the prospect of retaining my $50 offer.)*

David: Then we would make a video with you talking about it so I could show it to other kids and their parents. Did you know I am going to America early next week?

Mother: Yes, we do.

David: Do you think you can do it by then, Dustin?

Dustin: Yah. *(Spoken with eagerness)*

David: Are you sure?

Dustin: Yah.

David: You'll do it for money? Well, money is a very good motivator. It motivates a lot of people.

Mother: It sure does.

David: So, how you could earn this is to teach me and through me, and this *(pointing to video recorder)*, you can teach many other people around the world, because I will take it with me. I will show it, with your and your parents' permission, to people I will be teaching in Texas and California about children's problems. And one of the worst and most costly problems for children is asthma, as you all know only too well. Is that OK?

Dustin: *(Grinning in anticipation)* Yep.

I also seek his parents' consent for such a project, and they are only too happy to give it. As we have now been meeting for almost two hours, we resolve to take this matter up first thing the next day. I suspect that each and every one of us found it somewhat hard to sleep at night. That was certainly the case for me. I could not wait to find out how he could have possibly gone for such a period of time without any hospitalisations, as well as controlling any symptoms of asthma such as wheezing.

Session 2

This is about 20 minutes into the second interview. Despite everyone's best efforts to develop some sort of descriptions of Dustin's breathing and how he had experienced a remarkable period of a year and a half of 'asthma free-ness', all of us found ourselves straining to find any specific forms of expression. We just didn't have the vocabulary to serve such purposes. I attempt something entirely different, as you will learn.

David: What about this? My questions will take you back a few years in time. You will still have your 16-year-old intelligence. But it will be a 12-year-old memory. Is that OK with you?

Dustin: Yep.

David: Is that OK with you folks? *(Addresses parents)*

Parents: Yep.

David: Well, probably best if you close your eyes. Then you can cut off from here, and you can go back into your memories. Is that OK?

Dustin: Yeah.

David: OK. OK. OK. I just wondered if you could imagine that you have a TV set inside your mind, alright? Is it a colour or a black-and-white? … Just tell me which it is.

Dustin: Mmm, colour.

David: So on your colour TV screen, I'd like you to see a boy there, alright. Ahhh, it's a 12-year-old boy, going on a 13-year-old boy. Can you see that boy on the screen? He looks a lot like you do now but about 4 years younger. I also know something about that boy that you probably know too that … he's got some real problems with his asthma. This is very, very bothersome to him and can make his life pretty miserable, but he's the kind of boy who decided to not let it

rule his life, right! Looks a lot like you; he's got black hair, and he's a little bit shorter than his age. But he's got good lungs. And he's got a friend, Robert, who lives next door, and Robert's mum is called Jan. And Jan has an idea to help him. She sees that he's ready to grow up. She thinks that he may be ready to take control of his asthma out of his mum and dad's hands and into his.

Right!? She really believes in him, and she believes in him so much that she does something seemingly ridiculous. She says this to him, "Dusty, I'm going to make a bet with you that the first one who goes into hospital with an asthma attack pays the other person $100." Now, I know, because she's a nice person, that she must have really believed in the 12-year-old Dustin. Otherwise that would have been stealing a young person's money if she thought that you couldn't do it. She must have known you could do it!

Now . . . can you see that boy? He's a very determined young person, and he's decided, thanks to Jan's incentive, to fight against his asthma. Something quite remarkable happens. He doesn't quite know how he did it. But what happens is when he starts wheezing, he … stops his wheezing. And for all this period of time, 12-year-old Dustin and 13-year-old Dustin stop his wheezing.

Now, the 16-year-old Dustin thinks about this and says to the 12-year-old Dustin whose picture is coming up on the screen there … he says to him: "Look, look, I'm in trouble. I'm in trouble, my earlier person, and I know that when you were 12 and 13 that you solved my problem. I really need to solve that problem right now because I'm in some danger. I just thought that it would keep going, but here I am in trouble again. So could you tell me how it was that you were able to stop your wheezing?"

And the 12-year-old Dustin thinks about it and says: "Well, I don't

know. I just sort of learned, and I guess the $100 helped, but I don't know. I just did it."

The 16-year-old Dustin says: "Yeah, yeah, I can see you on the screen! But I'm in some trouble, and I'd like to know how to do that. Could you just tell me what skills you used, or what sort of breathing you did, or what thoughts you had in your mind, or what?"

And the 12-year-old Dustin says back: "Well I don't really know." So, the 16-year-old Dustin says: "Look, I'm a little bit desperate, I really need this. My family and me have flown up to Auckland because they are worried about me! Could you just remind me?"

And the 12-year-old says: "I'd like to do it. I can see you're in trouble. I want to help the you that is still part of me. But I seem to have forgotten, and I don't know what I can do about that." The 16-year-old says: "Look! I'm even more desperate now! I really, really need you to kind of tell me. Please!"

And 12-year-old Dustin says: "Well, I can't remember, but what about if I get a bit wheezy … imagine getting wheezy and then, you can see what I do."

And the 16-year-old agreed that that would be fair, so the 12-year-old Dustin started thinking really, really hard about wheeziness, right? And maybe even started thinking about some of the things that make him wheezy. What sort of things made him wheezy?

Mother: There's a little plant that the neighbours have got. When he walks past it, he always sneezes.

David: OK, can you see the 12-year-old Dustin and tell him to go by the plant next door, to get wheezy and sneezy … I know that you wouldn't

really do this in real life, but go right up close to it, really, really close and inhale. Can you do that in your imagination?

Dustin: *(Inhales deeply)*

David: OK, does that make the 12-year-old Dustin sneezy or wheezy? I can't see him there. If you can just tell me if he's getting any wheezier? Can you see him?

Dustin: Mmm, yeah.

David: A bit wheezy, right? Is he making that noise—that sort of rusty gate noise? Can you hear him on the screen?

Dustin: Sort of …

David: OK, well look, now he is getting a little bit wheezy, can you just say to him: "Look, could you breathe a little bit deeper into that flower? Just do it for me, just in your imagination?" When the 16-year-old Dustin thinks that the 12-year-old Dustin is wheezy enough, can you tell him in your mind, just tell him to stop it. Stop the wheeziness.

Some time goes by …

David: Did you tell him to start doing his anti-wheeze control programme on it?

Dustin: Yeah …

David: OK, now watch, OK, you gotta watch, very, very carefully! What is he doing? What is he doing? Get right into his mind. Get right into his body because he is also part of you. It's the 12-year-old you; get right into him. You don't have to put words to it. You could just do the same sort of breathing, or whatever, just so that you can show us what it is that he is doing. When you think he's got back to normal, let us know. Is he back to normal yet?

Dustin: Yeah.

We all had witnessed Dustin arrest an asthma attack by stopping the wheezing before our very eyes. We had in some way witnessed a miracle. He had perhaps saved his life right then and there and made it possible to do so in the future.

David: Maybe it would be better to show us because it's hard to describe your breathing, right? What did the 12-year-old Dustin do? How did he breathe? Keep watching so you can still see. Show us by your breathing.

Dustin: There's a sort of rustling in the throat. Yeah … my mouth is clenched. Um … all tightening up and my chest feels sort of all like you'd squeezed it really hard and I was sort of listening to my chest or something … *(He struggles for the vocabulary to express these physical sensations.)*

David: Really, this is worth $50, I'll tell you! What did the 12-year-old Dustin do to get back to breathing clearly and calmly in a relaxed way? What did he do?

Dustin: Well, he … just went off and tried to relax. He tried to slow down his breathing as long as he could …

David: Slow down his breathing … Mmmm … Do you know I could actually see you doing that? *(Dustin smiles with pride.)* When he found it hard, how did he keep going to make sure he did it?

Dustin: He did it over and over again.

David: Over and over again, persistence. Didn't stop. How long did he take before he got the breathing slowed down to the right way, to the relaxed way?

Dustin: 10 minutes.

David: 10 minutes! Is that all, 10 minutes! Gosh, that is pretty good, don't you think?

Dustin: Yeah.

David: You know when the 16-year-old was looking at the 12-year-old doing that, did you find you were kind of proud of him for doing it?

Dustin: Mmm. Yeah.

David: Because that's a fair bit of self-reliance, isn't it? And did you know that the 12-year-old could relax himself? Or did you just find that out just now?

Dustin: *(With a measure of excitement)* I just found it out.

David: Right. So, the 16-year-old now knows that there is a history, right? There's a history there of standing up to asthma and learning ways to overcome it, and manage it, and direct his own life. That's pretty good, isn't it? Do you think that's pretty heroic?

Dustin: Yeah. *(Some excitement)*

David: Could you show your mum and dad, and me how the 12-year-old breathes? Could you show when he's asthma-fighting how he breathes?

Dustin re-enacts this again, but this time, with his consent, I place his father's hand on his chest to feel his son controlling the onset of wheezing. This had the profundity of a secular ritual. It was a joy for me to see the expression of curiosity mixed with relief on Tim's face … and then on Marie's face as she took her turn. Those are unforgettable memories of mine.

David: Good. OK. Well, you have been watching a pretty interesting character on that TV. Right? That character on that TV is 12-year-old Dustin going on 13-year-old Dustin. That boy had a lot of strength, right, a lot of power and a lot of skill and a lot of knowledge. The only

> trouble was he didn't know that he knew. So, what is so good about this is that now he knows what he knew. Because we really don't ever forget anything that is worth remembering. It just gets stored away like in a library. Dustin's breathing approach. It's there, and you are able to recall that, and practice it, and enjoy it, and appreciate it, and also be proud of the abilities that you did have and that you could have again, but that you just sort of forgot. You can always bring it out whenever you want. But it might be worthwhile in the next few days to practice this. All you have to do is recall the 12- or 13-year-old boy who used to be you, and still is a bit of you, pretty much the same person. When you open your eyes, right, you are going to have a great big smile on your face, OK? So whenever you like, you can just open your eyes.

In fact, we all shared the joy of this experience, which each of us had deeply experienced with smiles on all of our faces.

Session 3

In the third session, Tim and Marie realised that Dustin's revered grandfather, her adored father and his highly respected father-in-law had died not long after the so-called "bet" had been called off because Jan, their neighbour, had given birth. They impressed on me how unexpected his death was and how it had left all of them at a loss as to how to proceed.

We reminisced about this esteemed man, an agricultural mechanic, who spent most of his day in his workshop behind his house where he also brewed beer and where Dustin spent every day after school in his company. Marie described them as "the best of friends."

At the end of this session, Tim and Marie insisted on speaking with me privately. I really wondered what they were going to disclose to me on this occasion. They requested a page out of my notepad and wrote down the following:

"A cripple taught me how to dance, a blind man taught me how to see, a fallen angel taught me how to fly, and a prisoner taught me to be free."[1]

They told me that Dustin's grandfather played this pop song incessantly. It seems he was never tired of it. And they had an intuition that it was important for me to know, but wished to inform me in private as they were concerned it might be too upsetting for Dustin to be reminded of it.

That night, Dustin stopped an episode of wheezing and did not require an intensive care admission as had been expected. Quite a remarkable success. We all knew this would be the last time we would be meeting together as I was flying overseas, and they were returning home the very next day.

David: What do you think? Do you think your granddad supported your growing up?

Dustin: Yeah. *(Fairly enthusiastic and we are now somewhat at ease with his being imperilled. We are all breathing easier and more relaxed …)*

David: How do you think he did that?

Dustin: Oh, he probably showed me a lot of different things and …

David: Did he do things for you, or did he get you to do things for yourself?

Dustin: No, he would probably get me to do it!

David: Right. And what if you invited him to do something for you? What if you said: "Oh, this is too hard for me, I'm just a 13-year-old, I can't do it, what would he say?"

Dustin: Probably, um, leave it, or … have another try later or something.

[1] The Simple Image released "Spinning, Spinning, Spinning" in 1968.

David: What do you think he would have said if he knew that you had got into trouble with your asthma again even after you'd been an asthma winner? What do you think he'd say to you right now?

Dustin: I don't know.

David: Say that in your imagination you went right back there, and you could see him there in his shorts, smell a little bit of oil and grease and some of his home brew and his mentholated cigarettes, and machine bits and tools were all over the place. What if you said: "Granddad, granddad, I'm in trouble with my asthma! I'm really in trouble with it! For a couple of years, you knew I was hospital-free and was in wheeze control and all that. I realise now that it slipped away. But it was just gradual, and I just didn't notice it happening, but now I am in serious trouble. What do you think I should do?" What do you think he'd say to you?

Dustin: Probably say, beat it next time.

David: Beat it next time. OK. Let me just be you, and you be your granddad, OK? *(He seemed somewhat surprised by the prospect of such a conversation but nevertheless engaged in it without any hesitation.)*

David: *(enacting Dustin) "*Well, I'd like to beat it next time, but how can I do it? I really am a beaten person right now. I feel really beaten, beaten down, beaten up by asthma. How do I get out of trouble, granddad?" What would he say?

No reply. He seems transfixed by his remembering. I gently persist.

David: Would he look at you with his piercing eyes?

I speak softly and slowly … pausing before my next comment. Dustin seems in a hypnotic daze.

David: Would he have a puff on his cigarette or what?

Dustin: Yeah, probably, puff on his smoke and lean his head to one side—or … *(He is speaking as if he is seeing him with his own eyes, mimicking the gesture of leaning his head to one side)*

David: So, what if I said to you, who are being your granddad: "Granddad, I know you have been thinking about the trouble I have got myself into with asthma. What would you do if you were me to get out of it? What would you do, granddad?"

Dustin: He would just say, "Make sure you don't get it again! Say, practicing, or, you know, like a game, practicing."

David: Yeah. And what if I said to you, being your grandfather, "I find practicing hard, granddad, I would rather just play …" What would he say?

Dustin: "You don't do it that way." *(Stated firmly but kindly.)*

David: Yeah. What if I said: "Well look, what if I get my mum and dad to practice for me? They are much OLDER than me, bigger and stronger."

Dustin: "Be a waste of time." Something along those lines.

Once again stated firmly but kindly.

David: Right. And would he give you a talking to in order to encourage you in any way?

Dustin: Oh yeah, but then he'd probably just leave it there, I think.

Mother: *(Pipes up)* Sometimes he would tell stories.

David: *(Addressed to mother)* Marie, do you remember a story from his stock of stories you think he might have told Dusty about a situation like this? Does a particular story come to your mind?

Mother: He would tell a story from World War Two when he was an aircraft mechanic in Guadalcanal in the Solomon Islands. You'd get the idea that they were pretty self-sufficient because there was no outside help. They had to make up their own solutions.

David: Dustin, can I ask you some questions? What do you think he meant because he used to have a song that he listened to? I wonder if you remember the words: *"A cripple taught me how to dance, a blind man taught me how to see, a fallen angel taught me how to fly, and a prisoner taught me to be free."*

Dustin: Yeah, I remember the words, yeah. *(Seems to be a very pleasurable memory, but he nods and tears trickle down the corner of his eyes …)*

David: Have you thought about those words?

Dustin: Mmm, no! Well, I haven't!

David: You probably knew the tune and the song. You were probably too young to know what the words meant. I just wonder if you would like to think about them. Because I wonder if he was planning to give them to you as your inheritance. Can I just read it over again to you to see what you now think about it? *"A cripple taught me how to dance, a blind man taught me how to see, a fallen angel taught me how to fly, and a prisoner taught me to be free."* Lots of teaching in there, isn't there—teaching and being taught. I just wonder if your 12- or 13-year-old self has taught you how to be an asthma-fighter? Do you remember how you learned that from yourself?

Dustin: Mmm … *(He assures me of his recollections)*

David: Did that surprise you, that you could learn from yourself? *(We are speaking in soft, confidential tones from hereon)*

Dustin: Yeah.

David: Yeah, I thought it did. What surprised you the most about the fact that you could learn from yourself?

Dustin: Um, being able to. Yeah, because I've usually learnt stuff from someone else.

David: Yeah. Yeah. Did you like being your own teacher? Do you remember we talked about if we showed this videotape to people in Dallas and San Francisco, you could also teach them a thing or two?

Dustin: Mmm. *(He smiles, seemingly thinking about the prospect of that.)*

David: Do you like the idea of becoming a teacher to yourself and others rather than just a student?

Dustin: Yeah.

David: You know when you learnt what you'd already known the other day, what do you remember about that?

Dustin: Um, you can actually beat something by not actually thinking about it.

David: Yeah. Yeah, just doing it?

Dustin: *(Nods)* Yah.

David: And do you think you had learnt something, but you didn't know that you knew it?

Dustin: Yah.

David: So that when you needed it again you couldn't call it up? It wasn't written down or anything, was it?

Dustin: No.

David: I guess when you teach yourself something, usually you don't write it down, or sometimes you don't even tell other people. I wonder if you even realised what you had done? I know that you had a bit of pride that you were sort of winning a bet, but did you ever realise then that you were becoming something of an asthma expert—an asthma-fighter at the same time?

Dustin: Humph … *(Smiles)* No, no … *(Breaks into a low rumble of laughter)*

David: So, you know when you found out, what was it like to find out? How differently did you feel on the inside when you found out that you had some anti-asthma ability?

Dustin: Quite good.

David: What percentage better did you feel about yourself as a person than you did before when you were in trouble with asthma?

Dustin: 50% better.

David: 50%. Well, that's pretty good, isn't it? And do you think that if you developed and practiced that ability and used it when you needed it, do you think it might go up to 100%?

Dustin: Yeah. *(Seems excited by such a possibility …)*

David: OK, well that would be pleasant to be 100% better. Do you think it might lead to growing up in any way?

Dustin: Yeah.

Dustin was very short for his age. I had asked Dr. James if this was an irreversible consequence of his steroid use. She had reassured me that this was a consequence of constant illnesses due to his asthma, and with any luck, he could reach a normal height for his age.

David: And do you think if you were growing up on the inside, right, that it could lead to you growing up on the outside? *(Turning to his parents.)* I am referring to his physical size because sometimes when young people have chronic illnesses, they grow up on the inside first, believe it or not. Have you known of others without illnesses growing up and at first their physical size is bigger than their psychological size?

Both his parents confirm this by nodding.

David: It's probably the reverse here. Your growing up might be on the inside first—your mind growing up, your emotions growing up, then your body will follow on. Do you know what I mean by maturity?

Dustin: Yeah.

David: *(to parents)* Do you wonder if Dusty's maturity is just around the next corner?

Parents: We sure hope so.

David: So do I. Well, our paths have crossed in wonderful ways over these four days, and you will soon return home, and I will soon leave my home for overseas. But I want you to know, Dusty, I will be taking you with me in these videos so that others may learn from you and follow in your footsteps and the footsteps of your granddad. Tim, Marie, and Dusty, it has been an honour to know each of you …

We ritually embraced and saluted one another as we took our leave. Little did I know at that moment that meeting this young man in peril and his parents would begin a concerted effort to learn what a good question is and what such questions do, and here I am, 40 years later, telling you our story.

Afterwards: What makes a good question?

The first generation of narrative therapy—by which I refer roughly to the period between 1985 and 2005—largely apprenticed itself to the practice of narrative therapy by a very particular means, a means that is now virtually impossible to recreate. This pedagogical tradition was known as *an intensive*. Most often these intensives took place over the course of a week in Adelaide, Auckland, or elsewhere around the world. What characterised them were live interviews and the careful review of videotaped therapeutic conversations.

Michael found ways, especially through what later became known as outsider witnessing practices, to engage and immerse participants in these conversations as an antidote to the traditional tendency of professionals to sit in judgement of those who sought consultation. We wanted people to enter the conversation rather than stand outside of it. We wanted them, in a manner of speaking, to travel alongside those whose lives had brought them to us.

What strikes me now, looking back, is that while we immersed ourselves in these inquiries, relatively little explicit attention was given to the questions themselves. We learned inquiry by participation, imitation, rehearsal, and apprenticeship. We listened closely to one another's questions, borrowed them, altered them, rehearsed them in our imaginations, and gradually invented our own. Yet, I do not recall much sustained consideration being given to the questions themselves. Or, to put it differently in the terms of this paper: *What makes a question good?* And perhaps equally importantly: *What does a good question do?*

The matter became personal for me following a reproach from a workshop attendee many years ago. They expressed disappointment in my failure to explain the intentions of my questions. I confess that, up until that very moment, I had naively assumed that all one had to do was hear a question and, somehow, one would simply take possession of it as one's own. I took this critique seriously and found myself reconsidering how one might learn and teach what I came to think of as the craft and artistry of narrative inquiry.

And so began what might best be described as an informal co-research over a period of more than five years.

Every so often—and increasingly as time went by—after asking a question, my respondent (I prefer this term to *client* for reasons that may already be obvious), before answering, would pause, blink, perhaps smile quietly to themselves, shake their head ever so slightly, and spontaneously utter: *"That's a good question."*

I noticed something else as well. Such questions often seemed to slow time. People took longer to answer them. They appeared engaged in thought, perhaps even surprise. Their responses often struck me as more reflective, more layered, and more substantial than I might otherwise have anticipated. Rather than simply receiving these remarks as compliments, I found myself increasingly intrigued by them.

What, precisely, made a question *good*?

To learn more, I began pursuing such moments rather zealously. I would immediately write the so-called "good question" in my notebook. At the end of the session—having intentionally left a half-hour between appointments—I would often ask:

"I am trying to learn how to ask 'good questions,' and today you identified one (or perhaps two). Would you have a few moments to tell me why you thought that particular question was a good question?"

Unless people had to leave urgently, almost everyone welcomed such conversations and seemed as intrigued as I was by the inquiry itself. I did not formally tally these discussions, though I would estimate somewhere between five hundred and one thousand over this period of time. In spare moments, I studied these questions, rehearsed them imaginatively, and experimented with variations of them in future conversations.

Over time, I began to recognise several recurring ways respondents described what made a question "good." I have chosen to represent these largely in their own vivid language.

Urgent curiosity

Firstly, a good question arose out of what one respondent described as an "urgent curiosity."

This, of course, stood in sharp contrast to what might be called *idle curiosity*—questions asked merely because protocol, diagnosis, or professional custom demanded them. Such questions, many suggested, lacked vitality. They were often experienced as "flat," "monotone," or spoken as though they had already been asked a thousand times before.

Urgent curiosity was something else entirely.

It conveyed that something meaningful was genuinely at stake in the asking, that the questioner was deeply engaged in what this conversation might make imaginable, possible, or newly knowable. Many reassured me that such curiosity *cannot be faked*. It belongs, if I might put it this way, to the very soul of the question.

Looking back now, I suspect many of the questions asked of Dustin emerged from such urgent curiosity. Faced with circumstances considered perilous, I found myself less interested in gathering information than in wondering what capacities, knowledges, or histories might still exist beyond the certainty of his predicament.

Beyond current thinking, but within reach

Secondly, as another respondent once put it:

"A good question is beyond what I have been thinking, but still within my reach."

I have always appreciated this description.

Michael often referred to therapeutic conversation as entering *the subjunctive mode*: *What might be possible? What could be imaginable? What may yet become known?*

Good questions seem to invite people just beyond the boundaries of their current thinking without abandoning them to bewilderment. They move beyond what has already been thought while remaining within reach of what can still be imagined.

This, I believe, is especially important in conversations with children and young people. Questions may eventually take us beyond familiar horizons, but first they must remain close enough to permit participation.

Looking back, I suspect Dustin's conversation with his twelve-year-old self emerged in precisely this way. It was certainly beyond his current understanding of asthma, yet not beyond what he could imaginatively reach.

Questions that stay with us

Thirdly, one respondent memorably remarked:

"A good question is like giving a dog a bone—you just keep chewing over it."

I have never forgotten this description.

Good questions are not ephemeral. They do not disappear once the session ends. Instead, they remain companionable. They linger in one's mind and heart. One turns them over, revisits them, entertains them, perhaps even argues with them. In time, they may quicken the imagination.

Perhaps such questions remain alive precisely because they have not been fully answered.

Questions that promise surprise

And lastly, another respondent observed:

"A good question makes me suspect that if I pursue it, something surprising may be waiting just around the next corner."

I have always treasured this observation.

There is, in good inquiry, a sense of anticipation—of something not yet fully imaginable but somehow imminent. A promise, perhaps, that if one follows the thread of the question carefully enough, life may disclose something previously unknown.

This quality of surprise was always central to my experience of therapeutic conversation with Michael. And I have sought it ever since.

Seeking particularity: Strangeness, distinction, and thick description

Another quality of good questions is that they seek what I might call a person's *particularity*—their strangeness, extraordinariness, distinctions, and singularity.

By distinction, I refer to how someone differs from anyone else I have ever met. Good questions, to my mind, depend far more upon what I might call *local and fine distinctions* than universal or grand explanations.

Here I have often been influenced by Michael's early engagement with the anthropologist Clifford Geertz and his distinction between *thin* and *thick* description.

Thin descriptions are often those arrived at by distant observation, by outsiders studying the lives of others. Thick description, by contrast, brings us closer to interpretation, meaning, and the textures of lived life itself.

I would like to think that good questions take us toward such thickness. They seek not merely information but interpretation. They take us toward the heart of where a conversation has come from—and perhaps where it might yet be going.

The poetics of questions: Duende

One final matter.

Over many years of training interviews, I often invited workshop participants to formulate what they imagined might be *the next question*. After several minutes of consideration, three volunteers would offer their questions aloud. We would type them up, project them onto a screen, and ask the interviewed person a deceptively simple question:

"Which of these three questions would you most like to be asked?"

When someone selected one over the others, I would invariably ask:

"Do you mind telling us why you chose that question?"

More often than not, the response had something to do with *those words*, *that phrase*, or *the way it was put*.

In short: the poetics of the question. Its beauty. Its phrasing. Something difficult to reduce to technique alone.

I borrow here Lorca's notion of *duende*—something alive, soulful, and deeply human that exceeds formula or method. At times, certain questions seem to possess such qualities—not because they are especially clever, but because they arise from the particularities of the encounter itself. They carry something of the life of the conversation within them.

In a two-day workshop in Salamanca, Spain, in 2017, more than two hundred participants broke into small groups to study a transcript for the express purpose of interrogating my questions. I invited them to consider whether particular questions possessed what Lorca referred to as *duende*.

This was once again informal research, but attendees judged approximately 20 percent of the questions to possess it.

What I took from this was rather simple: good questions emerge from one's humanity, not from a manual. They belong to the uniqueness of the conversation itself.

And perhaps that is where I find myself now, some 40 years after meeting Dustin and his family. Looking back, I suspect the questions that shaped our conversations emerged less from expertise than from an urgent curiosity concerning what remained possible in circumstances that appeared increasingly perilous. Rather than confirming vulnerability, they sought histories of competence, forgotten knowledges, and possibilities not yet fully realised.

Perhaps, after all, this is something of what good questions do: they invite us into relationships with capacities that suffering has rendered difficult to know.

Let me finish with Lorca's account of what a guitar makes possible:

The Six Strings

The guitar
makes dreams weep.

The sobs of lost souls
escape from its round mouth.

And like a tarantula
it weaves a large star
to ensnare the sighs
that float in its black
wooden cistern.

—from *Cante Jondo*

Co-Evolving Meaning with Narrative Therapy: Practices That Preserve Hope and Dignity at the End of Life

Sasha McAllum Pilkington[1]

Abstract

The following narrative therapy teaching story focuses on therapeutic conversations I had with a man who was living with cancer and in the last weeks of his life. Although he had only a short time to live, he told me he was on "a journey to wellness" and insisted he didn't want to speak of anything else.

This paper illustrates, and reflects on, how we formed a therapeutic relationship and how meaning was co-evolved so that he could engage with dying in a way that dignified him. Accompanying the illustration of therapy are detailed footnotes that provide a commentary on the narrative therapy practices that informed me and my thoughts about them. These footnotes can be read either alongside the story of our conversations or separately.

A beginning

Tom[2] stood in the reception area of the hospice. He was dressed in a full-length oilskin coat and cowboy hat. His slim frame and angular features reminded me of an athlete rather than a man living with end-stage cancer. As I came into view, Tom strode towards me without hesitation, and we simultaneously reached out to shake hands.

"Hello, I'm Sasha, one of the counsellors here at the hospice."

"Tom," he replied, gripping my hand.

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[2] All names and identifying information have been changed. For information on stories as pedagogy for learning Narrative Therapy, see Carlson et al. (2017) and Heath et al. (2022) and as a therapeutic legacy written with people living with a life ending illness see Chochinov (2012). Baines' (2002) book on ethical wills may also be of interest.

I ushered Tom down the long hallway towards the counselling room, avoiding the usual, “How are you?” that often is used as a greeting in Aotearoa New Zealand. Sometimes to try and put a person at ease, I ask a small concrete question.[3] Not today. Tom kept his eyes focused ahead and walked purposefully in the direction I had indicated. I remained silent.

At the doorway to the counselling room, Tom paused and turned to face me. Speaking with intensity, he declared, “I’m on a journey to wellness. If you can’t join me on it, I don’t want anything to do with you.”

He stated his position with the conviction of someone fighting their way out of a corner.[4]

Looking him in the eye, I solemnly acknowledged his statement. “Okay.”

My reply seemed inadequate to me but was enough for him to walk through the door. We both sat down.

I didn’t know what Tom’s statement meant to him, but with death fast approaching, Tom may have felt he was fighting for his life. I put aside my curiosity and resisted asking Tom to explain more. Instead, I decided to begin by getting to know him. I hoped we might have a more useful conversation about his journey to wellness once we had built a relationship.

[3] For example, an inquiry as to whether they found a car park easily. By a small question I am referring to questions that inquire about short blocks of time, are often concrete, and are easily answered. A big open-ended question such as, “How are you?” is often overwhelming for people with a life ending illness and requires care.

[4] When a person has endured previous imposition or has had to defend their stance, they may respond in various ways. For example, they may be silenced and no longer speak of their preferences or they may pathologise themselves and believe they are ‘doing it wrong.’ Another response might be to turn up the volume of what they want and fight for their beliefs. As a narrative therapist, I start from an understanding that people have good reasons that make sense to them for what they do (see Simmonds, 2018; White, 1986). Such an understanding enables me to be curious about their world without prejudgment. I inquire into what they are taking account of in their decisions, and also what might be restraining them from taking alternative paths. This is in contrast to ideas that state a person should be going about treatment or living with the illness in particular ways and it is up to the health professional to educate and persuade them to take the ‘right’ path. Open inquiries from a position of non-judgmental curiosity invite people to speak their thoughts out loud, sometimes for the first time. Speaking thoughts out loud allows a person to form a narrative from the fragments they hold in their mind. They can then examine the narrative and see if it fits with their values (see Pilkington, 2014, 2017).

On the telephone I had spoken to Tom about my role and the length of time he might expect us to meet. Therefore, once we were comfortably settled, I stepped into the conversation with, “People are so much more than the illness they are living with and their current situation. Would it be OK if we began with me asking you a little bit about your life and what matters to you?”[5]

Tom’s face relaxed and he eased himself into the back of the chair. “Yeah, sure.”

“Would you like me to take a few notes of our conversation? These would be for you rather than the hospice file. Many …” Tom interrupted me. “No. There’s no need.”

I had been going to explain that many people find it helpful to have a written record of the conversation and I could send this to him in the form of a letter.[6] Instead, I asked, “Would you be willing to share a little of your life before all this happened to you?” I didn’t name the cancer because I didn’t know how he wished to speak of it or what language he liked to use.

Instead of answering my question, Tom explained his rebuttal with what could have been pride in his voice. “I don’t need notes. I have an excellent memory for detail. I was identified as a child genius when I was young.”

[5] I step into conversations with great care. I don’t assume I have an automatic right to talk about areas in a person’s life that they may find painful. This question allows me to acknowledge that Tom is more than his illness. It leads me into learning about those areas of his life he values and creates a stepping stone towards building a relationship in which I hoped Tom could feel respected and valued (see Chochinov et al., 2015; Epston, 2018, 2025). When someone is backed into a corner and forced to defend their position, attending to the relationship first can create a context in which their story can be told. It can allow them to come out from having their back to the wall and examine, re-evaluate, and add detail to their own preferred narrative of how they wish to die.

[6] Narrative therapists use letters for therapeutic purposes (see Newman, 2023). “Narrative letters can be used as potent records of therapeutic conversation to underline and consolidate what has been discovered in therapy” (Pilkington, 2018).

I responded to his tone as this information seemed important to him. Dignity can be hard to come by when a person is living with a serious illness.[7] "A child genius. Wow. Would you mind sharing a little more about that?"

"I'm lucky. I've got a really fine mind. I mean I was the brightest kid in my primary school for ten years. I've got an IQ of 145," he explained.

"Would you mind sharing a little of how this brightness shows up in your life?" Before I had completed my sentence, Tom responded, "Basically, in school stuff. I was talking way beyond other kids. I mean I was worrying about the universe as an eight-year-old. Interestingly, my intelligence is much more around creativity and language than maths and science, though I ended up teaching maths and doing a science degree. I mean I used to do shit in my head with maths that other people couldn't do on paper. But when I look back, I realise my creativity and language went way beyond."

Tom went on to share with me that he had done very well at university, had a number of degrees, and had been head of a large complementary therapy institution, a lecturer, and an esteemed practitioner of reiki. "People have recognised my abilities as extraordinary. They came from far and wide to have healing sessions with me," he explained. Tom had also been a schoolteacher and cared deeply for the children he came into contact with. Tom then talked about his current partner and their young daughter, his adult children from his first relationship, and how much they all meant to him. He told me his family was very important to him.

"I am one of 2% of people who are still alive of all those who received the same cancer diagnosis as me two years ago. My oncologist says I'll be dead by the end of October, but we shall see. Very few people have my abilities," he told me, in a tone that suggested he was in no doubt he would be alive for a long time to

[7] Our identity descriptions don't just speak to our past and to whom we think of ourselves as being; they influence our future decision making and what we think is possible for us (See White, 2016). One reason I asked Tom about his intelligence was to underline and potentially expand any ideas he held about himself that might be helpful as he approached death. When Tom described the valued ways he viewed himself, he was also renewing his connection to these ideas about himself.

come. I quickly calculated in my head. The end of October was less than eight weeks away. Tom continued, "I walked up Mt Taranaki.[8] Right to the top. I had to crawl the last bit but I got there!"

"Are you a determined kind of pers—?" Before I had finished my sentence Tom quickly corrected me. "Not determined, I'm focused, and I don't give up. My journey to wellness is a good example of that."

Tentatively and with as much respect as I could offer, I responded, "Would it be OK to ask … how are you going about your journey to wellness?"[9]

Tom talked enthusiastically about his diet and the care his partner was taking to help him. He spoke of his exercise achievements, meditation, and reiki regimes. Tom explained he was having intravenous vitamin C, that he was also taking chemotherapy, and having radiotherapy as prescribed.

"Then there's Crockie. He's reptilian hindbrain. Fight and feed, OK? Crockie is the ultimate survival fighter for me. He's the one who's attacking the cancer cells. At the primal level."

[8] Mt Taranaki has an altitude of 2,518 m (8,262 ft).

[9] This is a deconstructive question (See White, 1991). Deconstructive questions pull apart the threads of an idea in order to make them visible. The person can then examine the ideas that are influencing them and weigh up whether they are going about their life in accordance with their values.
Ideas that have guided a person and have previously fitted with their values may no longer do so following a diagnosis of a life ending illness. For example, if quality of life is an important value and hugging family members is part of quality of life for a particular person, then the idea 'taking pills is a bad thing' that served the person when they were in good health, may not serve them when they are in pain, if that pain prevents them from enjoying touch and hugging (See also Pomfret & Simmonds, 2018). It can be as if the details of *how* a person is required to live according to their values are turned upside down and yet the change is not easily recognisable. In such situations, these kinds of questions can be very helpful.
In my conversations with Tom, you may notice a sequence of deconstructive questions that I ask about his 'journey'. I intentionally spaced these questions out in order to respect his wishes for the conversation. This was the first. I chose to ask Tom this one first as it was the most easily answered. The second key deconstructive question I asked him was when I inquired what wellness was to him. Many more follow as we explore how he can both die and continue on his journey to wellness. The timing of these questions was important and I resisted asking them until Tom indicated he was willing and interested in going in such directions.

I was familiar with people giving their disease a name, but Tom was doing something different. He seemed to be naming a part of himself. Tentatively, I inquired, “How does he go about that? What’s your understanding?”

“If cancer cells are getting bad, he gets in there. He fights. Think of a reptile.”

“Okay,” I reflected, trying to understand. My thought was cut off though by my desire to listen.

“At the moment he’s very, very busy. I went down the track of wondering if I could work with the cancer cells but then I realised, ‘They don’t give a shit.’ When it’s been my survival at stake Crockie is there for me. Sometimes when I’ve been semi-conscious, it’s Crockie who’s been there for me fighting.”

I use language such as ‘living with’ and avoid fighting language when I am meeting with people with incurable illnesses until I’ve learnt what language they prefer. War-like metaphors can create a binary of winning and losing that is usually unhelpful, although this isn’t always the case. Crockie had fought for Tom, but what of the rest of him? As Tom talked, I was listening for vocabulary that fitted with his experience.

Tom conveyed confidence that his abilities would be enough to overcome cancer. I wondered how I could support Tom, as he got sicker, to keep those identity descriptions of himself that he prized. Serious illnesses rob people of so much.

We continued to talk, with me focusing on building a relationship with Tom.[10] He told me he didn't want to discuss the effects of the cancer or loss. "I don't want that analytical stuff. I've done years of counselling already. I'm on a journey to wellness and I'm not interested in talking about anything else." I wasn't going to analyse or pathologise as Tom expected but he had no way of knowing that.[11] I also respected Tom's clarity on how he wished to spend his time with me.

Our relationship took a positive leap when I invited Tom to write this story. He was delighted, and enthused warmly about his previous teaching and writing. This

[10] A good respectful relationship is essential and creates a context in which many difficult or unfamiliar conversations can take place with a therapeutic outcome. A good therapeutic relationship is not only helpful in itself but has been shown to enhance the value of medical interventions and even the placebo effect (Wampold, 2021). It can create a context in which a person may examine how they might want to go about living with their disease and approach death. When someone is positioned as being 'in denial' attending to the relationship is critical. If we wish to discuss and honour stories of suffering and mortality, we first need to generate the kind of relationship in which such stories can be told (see Pilkington, 2017).

Illness and suffering can make building a therapeutic relationship challenging at times. Loss, stress, illness and suffering aren't always communicated in polite and comfortable ways. None of us are likely to be at our best when we are suffering, or our customary way of life is being threatened. People have different knowledge and skills. They have different histories and bring different styles to conversations with health professionals. Not only that, but when people are under great stress, unwell, exhausted, perhaps with their back against the wall as they contemplate their mortality, building a relationship in which stories of their experience can be told may be very challenging indeed. It may also be even more important.

There is huge value in knowing how we can go about building a warm therapeutic relationship when there are challenges that are likely to derail doing so. When we know how we can go about building a relationship and what we can do to be helpful, we can then be intentional especially if the other person's way of responding gets in the way or could take us into conflict. Skilfully practised ways of building relationships offer up pathways when "getting along" or "finding things in common" won't work.

When I met Tom, I intentionally prioritised getting to know him and building a relationship in which we might talk about approaching death. It wasn't easy. Tom had been forced to defend his "journey to wellness" many times and he first needed to be sure he could trust me to accompany him in ways that fitted with his values. He also disliked many counselling approaches and had some particular ideas concerning what he wanted to speak about and how. I chose to try and get to know Tom aside from the cancer he was living with (see Epston, 2004, 2016; Epston & Marsten, 2010; Marsten, Epston & Markham, 2016). If he had preferred another way to begin the conversation, I would have been guided by that. I wanted to find ways of connecting with him that honoured and brought forward those parts of him he wanted to make known. I asked him questions about how he went about what mattered to him and listened for expressions of goodness in his actions. By goodness, I am referring to Aristotelian virtues such as kindness, courage, determination, persistence, and love. Such inquiries bring forward preferred identities and can create an entranceway into previously unspeakable areas of a person's life. Not only that, they can give a person a sense of living meaningfully (May, 2015) which is especially important at the end of life (Pilkington, 2022).

[11] Counselling/therapy conversations are informed by different philosophical ideas and counsellors/ therapists engage with different practices. However, such knowledge is not widely known. In addition, not all counselling experiences are helpful. Tom had previously experienced multiple relationships with counsellors and psychologists that he had found unhelpful. I therefore prioritised our therapeutic relationship and Tom's knowledge of what he wanted and believed would be useful for him during our time together.

led me to ask a question that I hadn't felt able to venture earlier in the conversation.

"Could you help me understand a little of what you mean when you speak of wellness?" (see Namisango et al., 2023).

"Integration," stated Tom. He offered no further explanation and the severity with which he expressed himself made it clear to me he didn't wish to. It was early in our relationship and I didn't want to impose on Tom or take him in directions he didn't want to go. So even though I didn't know what he meant by integration, I remained silent. I would wait until he wanted to talk about it. Instead, I checked with him, "How are we going with this conversation? Are we talking about what you hoped we might, or have I taken us off track?"

Tom assured me we were on a useful path.

"Would you like to meet up again?" I inquired. At Tom's suggestion, we made time to meet again in a fortnight at the hospice. He had a series of appointments at the hospital the following week. A fortnight is a long time when someone is very unwell and so I invited him to call me should he wish to change any part of our arrangement. I then asked about his partner, "How is Cherie doing? Would you like her to join us in the future?"

"She's busy working at the moment and she also has a lot to do for our daughter. Maybe some time in the future we can all meet."

"It would be lovely to meet her," I responded, aware that cancer impacts many people, not just the person who is unwell. It was usual for me to meet couples

together[12], at least for some conversations, and so I had tried to create a space for such a meeting.

Working in a multi-disciplinary team has many advantages. The community nurses who visited Tom at home were also seeing Cherie and would alert me if they were concerned for her or any other members of Tom's family. I was also aware that one of the nurses might be Cherie's preferred support person and, in an organisation like hospice, the family would also have the option of seeing another counsellor.

The following week I received a phone call from Tom.

"I'd like to have a family meeting with you. Would that be possible?"

"Of course. I'd be very happy to do that. Who would you like to bring along?" I inquired.

There was a pause.

"Not that sort of family meeting. I'd like to check in with everyone and see how we're going," Tom explained. I was puzzled.

Tom clarified, "You've met Crockie. I'd like to have a meeting with the whole family." I began to realise that Tom was referring to his internal family.

"Where would you like to have it?" I asked.

"At the hospice like last time," he said. "I'll see you as we arranged."

[12] I may meet with many different constellations of families. When I meet with couples, we may sometimes arrange individual conversations as well. Such a decision is done with great care and respect for even handedness, transparency and attention to what might become problematic. When someone becomes unwell with a life ending illness all those who care about that person will be impacted in some way. I frequently will involve counselling colleagues in supporting family members however, even if a colleague is seeing another family member, I will look to make myself known to the person's partner. It was unusual for me to meet with Tom without ever seeing him with Cherie or other family members.

Entering Tom's world

A fortnight later Tom arrived early. When I walked into the reception area, he was leaning back in the folds of a chair with his cowboy hat tilted forward across his eyes. He could have been sleeping.

"Sasha," he acknowledged me from under his hat.

"Hi Tom," I responded, intentionally infusing warmth into my tone.

I led Tom into a larger room than the one we had used previously. He surveyed the space as we stepped into the room. "Thanks for organizing this. The extra chairs are great," he said, affirming my decision to move to the bigger room. We both sat down.

"How would you like to go about this?" I inquired.

Tom spoke firmly as he instructed, "We will start with me introducing you to the family."

"Thank you for having me," I replied.

Tom looked around the chairs again. "One for each of them," he stated. Tentatively I offered, "Would you like me to help in any way? If you wanted, I could make a name label for each member of the family..."

"Yes, a name label would be good. Put it on each chair as I introduce them. I've told you about Crockie, my primal fighter. He's reptilian hindbrain." I wrote 'Crockie' on a piece of paper and placed it on a chair near Tom. "Next is Wombie, short for Wombat. He's my mammalian mid-brain. I picked up these concepts from Arthur Koestler. Wombie is the emotional, mammalian, love and connection part of me. Crockie got no encouragement when I was a child. Wombie looks after me. He looked after me in the past when the basic message was 'you're not good enough.'"

"May I ask, how does Wombie help you live with the cancer?" I realised as soon as I'd spoken that I'd got ahead of what Tom wanted to do but he hurriedly

continued, “I’ll come back to that after I’ve given you the next bit.” I sat back with a sense of reprieve and listened attentively.

“Next is Rattie. Rattie is my driven side; he came from a character in a science fiction novel. Rattie is driven by anxiety and will constantly ask, ‘what about, what about, what about?’ If you put Rattie down the bottom of a 10-foot-deep silo, he would never stop looking for a way out even if it meant gnawing a foot off. Rattie would sort it out. That’s what Rattie does and he’s very, very good.”

“Is Rattie persistent?” I asked, caught up in Tom’s world.

Tom replied with gusto, “Unbelievable! Beyond persistent.”

“Doesn’t give up?”

“Never. Rattie would argue that I got a bit complacent. Because I got to a comfortable place in my totality, I soothed Rattie down. I had him in his comfortable little house and said, ‘Don’t worry. We’re OK’. That complacency cost me. The cancer got away on us. But we’ll see. The next one is Alby. Alby is my frontal lobes, my intelligence. I’m lucky. I’ve got a really fine mind and when I was young Rattie and Alby between them were protective and they protected Wombie in particular. My childhood was pretty challenging to say the least. The basic message I received was, ‘You’re not good enough.’ Rattie would constantly work at figuring out ways of looking after Wombie, because Wombie as a young child was small and weak whereas now Wombie is very strong.”

“How did Wombie get strong …?”

“By me realising … um let me just think about that for a second … me realising that as I entered adulthood and new relationships and having kids, that my ways of dealing with emotional issues were not working very well.” Tom elaborated further, finishing with, “I grew up basically defending myself against the world.”

Each time Tom introduced a member of the family I wrote their name down and placed it on a chair. I said very little as Tom described his life, pouring out his

experiences and views. I was focused on building a relationship with him and listened with all my attention for what Tom might want me to know about him.

"… When I got to adulthood, I realised I was where I needed to be in terms of relationships. For instance, now my kids have shown me extraordinary love and support. I've been in tears … so many times. Being a parent, you don't expect anything back but when I got my diagnosis the support started coming back."

Tom began telling me stories about his family. As he spoke, I listened for what mattered to him and gave meaning to his life. I noticed how he cherished his relationships with his children and partner. 'It is generous,' I thought, 'to share such precious stories with me, a stranger.' There were times when I was concerned that I wasn't being helpful. I was saying little in the conversation, but I decided to respect Tom's desire to talk and see what unfolded.[13]

"My daughter organized for the family to get together. I was a bit down to it 'cos my energy wasn't that great so I said 'you guys just go and enjoy yourselves' and next thing you know I'm sitting on the bed with my kids and they start treating me … well it was one of the best evenings of my life. Just talking about how life had been for them as kids with me as Dad. Some crazy shit we used to get up to … which was really neat!"

"May I ask, what made that mean so much to you?"

"The clear expression of love. And appreciation for me as a dad and the childhood they'd had. My parenting has been, 'I want to help you all to be the best you can be.' My kids are very different. They're all neat. The stories range from crazy driving shit to chasing possums, to going for walks for hours … We lived in the country surrounded by bush. No one around for miles. It wasn't specifically saying, 'Dad you're great.' It was more, here's the warmth and love and vitality."

"Was it a living breathing love in the relationships as they were there in the room?"

[13] The context of Tom's life expectancy and also his previous counselling experiences is important in this decision.

“Oh, shit yeah! And then I said, ‘Well guys, one of the things I want to address is the nuts and bolts. I’ve already laid out the broad outline of my will. I want to get down to specifics.’”

Tom went into detail, trusting me with the specifics and what the conversation had meant to him. I noted that he was both on a journey to wellness and able to discuss the possibility of his death.

“So, we had this impromptu warm fuzzies and at no point was there any dissension. It was just ‘we’re doing this together.’ And that was extraordinary. I’ve been around helping people work stuff out and never has there been a situation where it was worked out so well.”

“What does it mean to you that as a family you can …”

Tom anticipated my next words, “Pretty much everything … I’m a dad, that’s who I am … but it’s also the kids I taught at Conway about 5 years ago, they’re emailing and they’re wanting to catch up with me.”

“How do you think they remember you?”

“I’m a guy who cared. It’s that simple. It’s just how I am. I volunteered to work in the university creche as an 18-year-old. That was in the day when men did not do that.”

“How come you did that!?”

“I don’t know. I can’t take credit for it. It’s here,” Tom explained, placing both hands over his heart.

Without thinking, I copied him, raising my hands over my heart. “Here,” I echoed.

“If you want to get analytical about it, and I hate doing that. It goes back to the analysis bullshit that I told you about because I suffered for a long time from a lack of care. Life’s not easy. If we can do anything to make it better …”

Tom shared with me some examples of his teaching according to this ethic and how much difference he had made to his students' learning.[14]

"What did the suffering you experienced as a child teach you about the importance of …" I had been going to say 'love and care' but Tom stopped me, "Again, I don't want to get analytical about that. I spent decades exploring and analysing and I've just had enough."

I reflected that I didn't know what Tom meant by 'analytical'. I wanted to clarify its meaning for Tom so I didn't accidentally go there again but first I needed to apologize, "I'm so sorry. I didn't intend to take us in an analytical direction. When you say you don't want to be analytical, so I don't ask you questions that take you to places you don't want to go, would you mind …"

Tom interrupted me, "I see it as unproductive and I know I'm being forceful but I really don't see it as useful. I know that I didn't reach my full potential as a person because of that. Let's try and make the world a better place. It's real simple … and that comes down to looking after one another."

Tom went on to discuss his beliefs. I inquired about his voluntary work at the creche which seemed to please him. However, I still didn't fully understand what Tom meant by 'analytical' and I didn't know how to avoid asking him questions that he was reluctant to answer. I was aware that in many counselling contexts there might have been a focus on topics as they arise and maybe a different way of going about a therapeutic conversation. However, in palliative care it can be different. Time was running out for Tom, and we needed to prioritize what we discussed. I respected Tom's clarity about what he wished to talk about and how. I wanted to ensure the conversation addressed what was most important to him and we needed to build a trusting relationship before I could be useful to him.

[14] I asked Tom if he would mind sharing more stories from his life that illustrated his care. Gathering more stories of Tom's care of others strengthened the identity description of Tom being a caring person. It is helpful to strengthen preferred descriptions a person holds about themselves as the strengthened or new description can offer the person expanded or new possibilities for responding in their life and/or new ways of appreciating themselves (see White, 2007).

I tried again, “Would you mind clarifying what you mean by analytical because I …”

Speaking quickly, Tom replied, “These things happen because I did this. I did that because of that.” He returned to talking about his teaching without elaborating further.

I wondered if some scaffolding, and questions that were less direct might be more helpful as Tom’s understanding of what I was asking seemed to be different to mine. Resolving to listen even harder to what Tom was saying, I finally said, “Sadly, some people are deprived of love and compassion … it sounds like you turned such an experience around and, would you say learnt the value of it …?”

“All I know is it works better.”

I reflected, “It works better.”

Tom sat back in his chair and explained more of his experience as a teacher.

When a pause occurred in the conversation I checked, “How are we going with this conversation? I notice we’ve stopped the introductions to the family. What would you like to do at this point?” I wanted to ensure we were headed in a direction he considered useful.[15]

Tom was clear. “I’d like to finish getting the labels done now,” he said. I readied my pen.

Tom introduced me to JC, who he said was his spiritual side, and to Auntie Lee, Queenie, and Errol, whom he called ‘the triumvirate’.

“These are the three who are involved in my healing side. I trained as a naturopath and osteopath and became head of the Atlantic College. I also had a practice teaching about the body. I developed my skill to the point of holding my hands far above people’s bodies and they ended up having amazing healing

[15] I ask questions that check on how the conversation is going for a person/family as a regular part of my practice. This practice keeps us on track with what the person seeks from our conversation.

experiences.” Tom stretched his hands above his head to show me the extent of his ability. I listened as he shared stories of how the triumvirate came into his life and supported his knowledge of healing.

“So that’s my family and what I’d like to do now is run the family meeting,” Tom concluded.

“Would it be OK to ask what the goals are of the family meeting?”

“Right now, I just want to ask them how they think things are going.”

The chairs were positioned in a semi-circle, and each had a family member’s name on their seat. Tom began to outline some ground rules. “You’re here as an observer. You do not have speaking rights,” he stated, looking me in the eye.

I nodded. “OK.”

“The family meeting is the family. We’re a unit. If one of them wants to talk to you directly, they’ll run it through me. If I say ‘yes’, I’ll then discuss with you what we’re going to do, and then you can have the conversation.”

“OK.”

“If it’s ‘no’, that’s it.” Tom waited for my agreement once again looking intently into my eyes.

“Of course. I want to do all I can to respect how you prefer to go about this. I’m an observer unless you tell me … even if one of them wants to talk to me, it still goes through you.”

“Yes. It still goes through me. I’m the unifying principle,” he explained.

“Thank you very much for having me as an observer.”

“Thank you for saying that” replied Tom, all business, his eyes now surveying the room.

Family meeting

Tom looked at the empty chairs, “OK, guys, so we’re having a family meeting to sort out where we’re up to in the journey we’re on to wellness. And we’re really lucky in that we’ve got Sasha here as an observer and to record this. Just like when Death was here, she doesn’t have speaking rights unless we agree. We’re going to talk about where we are up to and what we do next as we continue on our journey to wellness. What I want from each of you is a score out of ten as to how much you believe we are going to make that magical five-year survival mark which is the benchmark in terms of how well people survive cancer. It’s nearly three years away. I want you to then talk about how and why you came to that score and what we do next, whether we try and improve it or carry on. OK, Crockie, I’ll start with you. What do you think the score is?”

Tom’s tone of voice changed and Crockie spoke, “Ten out of ten. I am not stopping until I have killed every single one of the cancer cells. And I’m going to do it. I’m going in hard. I’m ten out of ten confident we will make the five-year survival mark.”

Tom’s distinctive voice rang out as he replied, “Thank you Crockie. You’re a tough bugger and I love you to bits. Fantastic. OK, next. Wombie.”

In a soft voice Wombie responded, “I’m seven out of ten. That’s because I kind of get worried we get a false sense of confidence. I can feel from the kids that they absolutely love …” Tom interrupted Wombie, “Excuse me … hanky break …” He pulled out a handkerchief from his pocket and mopped tears that were falling unhindered from his eyes. After a brief pause Wombie continued, “the kids love and want me to be around for them and the grandkids … so we can continue to be a family. I don’t want anyone around me who is not committed to us - me - getting well. And I understand that they’re worried. One of the kids wasn’t 100% sure that we were going to make it, so that’s what pulled it down from ten to seven for me. As to what we do about it. We just keep on keeping on.”

Tom directed his comments to me, “Wombie would love to be around for the sake of being with my kids, my grandies, my family … Cherie and Frankie, dear Frankie. Wombie is very clear about wanting to continue and …”

Wombie interrupted, “I want us to continue to keep on going so the faith we all had in making it, is not just repaid by going on living, but we’re here living life well.”

Tom turned to me. “Wombie was really struck when Death visited a family meeting. We asked Death for a bit of advice and Death said, ‘Live well.’”

Awe filled me. “How wise,” I thought.

Tom returned to Wombie, “That for me Wombie, is our answer. Thank you, Wombie.”

Tom spoke aside to me to explain further, “Out of a hundred people who had my diagnosis two and a half years ago, right now ninety-six of them are dead. All that tells me is that the climb is pretty steep. The oncologist says he doesn’t expect me to last past the end of next month.”

Rattie spoke quickly, pushing out the words as if playing a staccato beat on a drum, “I just love being Rattie because I will find a way. I will not stop, and I will, I will get us through. I’m a ten.”

“Thank you, Rattie. You’ve been there all my life, and I’d like to have a lot more life for you to be there for. And I hope next time I have you sitting in a tidy little house that it works … for longer. Cool, OK. Alby.”

Alby’s voice was refined and certain, “Well, I’m not going to give you ten because there are probabilities here. I’m going nine and a half out of ten confident. And … what that’s about is sometimes things happen that we don’t expect. I’d lean to ten except my intelligence has taught me that we need to be aware … It’s nine and a half because I’m a little bit cautious … but I’m looking to how I can shift it up to ten.”

Tom released his brow which had been screwed up as soon as Alby mentioned he was looking for a way to move his score up. “Thank you, Alby. I love the voice of reason. Just a nice complement to the other guys so yes, very cool. Ok … JC.”

Tom asked each of his family how they rated their chances of living for another three years. All were confident. No other family members expressed the hesitation that Wombie had mentioned.

“OK. Thank you, guys. That was fantastic. Is there anything any of you would like to ask Sasha or talk to her about?”

Tom looked at me, “I’ve just had a collective message from all of them just saying thank you for being here and for allowing this process to happen. And from me the same. I’m getting quite blunt now. I’d rather have a family meeting than a counselling session. It was that important for me to have this and to have it in this setting with you is synergistic. With one of my mates or three or five I don’t care. Absolutely precious and magic. You’ve said you’ll do a transcript of the recording. I’d love to talk with you about it next session.”

Tom concluded, “OK guys. Meeting’s over. And thank you. That’s just fantastic.”

Tom addressed me. “I have not had a bad family meeting. Not once. Death has been present twice. I specifically asked Death, ‘Have you any advice for us?’ … and in return I got this love, so much that it almost felt impersonal, it was so huge, overwhelming almost.”

Awestruck, I reflected, “Did you have an experience of Death loving you?”

“Yeah. Death … is not what a lot of people think it is. Death is not to be feared. I could feel a twinkle in the eye. The sense of humour was so far up there. And this voice came down and said, ‘Live well’ and I just thought, ‘Do I need to know anything else?’ And after that I said to Death, ‘Thank you. Do you feel like you should be here?’ and he said, ‘No. That’s all I need to say to you. We’re done. Live well!’ It’s impossible for me to convey the power that that has within me. Okay, I’ll live well,” Tom gesticulated, expansively moving his arms.

I was fascinated. “Wow! What does living well mean to you?”

“It means every one of us[16] must operate as well as we can, so all of us benefit. We all live well, we all integrate, we’re all happy, … and so on … so yeah … In some ways I have been waiting for this for a couple of years … To have you record the treasure that kind of gets created on the spot. It’s preserved, so thank you. You are the first to attend outside the family apart from Death.” Tom paused, and I realised what an honour had been bestowed on me. Tom then concluded, “I can’t think of anything else I want to say right now.”[17]

Tom asked to meet again in a fortnight. Time was passing and I wondered with concern what Tom would make of himself if he got sicker and realised he was dying.

Just before we were due to meet again, Tom telephoned me. “You said you visited people at home. … Could you come to where I’m living tomorrow? I’m not going to make it out of the house.”

Generating a new narrative for dying

Tom sat in the corner of the living room. He was resting in a comfortable reclining chair with his feet up. Large windows surrounded him, giving me a glimpse of the sea off in the distance. As I walked into the room Tom swung his feet to the floor as if he was considering standing up. The movement drew my attention to his legs. Even from across the room I could see they were swollen, his skin unable to contain escaping rivulets of fluid that glistened in the light. After we had greeted each other, he rasped, “I’m not going to be sparkling this morning. I’m in your hands.”[18] He paused, perhaps waiting for me to express shock at his physical

[16] Tom is referring to his internal family.
[17] Tom was described as “in denial” by some whom he met. This story illustrates an alternative to applying such a construct (see Pilkington, 2017; Zimmermann, 2004, 2007). As I enter Tom’s world, his wonderful creativity and resourcefulness become visible and we begin to build a relationship in which dying can be discussed.
[18] Our first two meetings focused on ways in which Tom wished to be known. Tom then indicates to me he is possibly ready for a new direction when he tells me, “… I’m in your hands”. Alert for this change, I begin to draw on further questioning practices and we enter new territory. As Tom becomes fascinated by his responses and the movement in his narrative, our relationship and his engagement with our conversations continues to develop (see Steindl et al., 2023).

deterioration but not wanting to hear it. When I remained calm, Tom seemed to relax back in his chair and lifted his feet, so they were once again on the elevated footrest.

Tom's eyes fell on the paper in my hand, and I saw them focus. I handed him the written transcript of the family meeting and sat down. "That was a fantastic session last time. High energy," he exclaimed hoarsely, as he examined the transcript. After some exchanges about our last conversation, we began to talk more of Tom's journey to wellness.

"Would it be OK to ask you a little more about the journey?" I asked.

Tom responded without hesitation. "All I know is I'm committed to getting well. There's a narrow rocky steep path, but it is there. I have a massive journey ahead in terms of re-integrating myself."

"When I asked what wellness was to you, last time we met, you said it was 'integration.' Could you help me understand[19] what you mean by integration and you re-integrating yourself?" I responded, curious about the meaning of such concepts in Tom's world (Namisango et al., 2023).[20]

Tom readily clarified. "To me, cancer is disintegration. If it keeps going … Well, that's not fucking smart. So, I'm reintegrating to become whole again. And that means spiritually, mentally, emotionally, physically." Tom went on to explain that integration for him meant harnessing his skills of healing, meditation, his high IQ and other abilities along with diet and exercise to achieve unity in one direction. He concluded with, "Biologically, I've got maybe a few billion cancer cells that are

[19] Note the entry into this question; "Could you help me understand …" Polite entryways into questions show respect and emphasise that I don't believe I have an automatic right to inquire into another person's world. Such inquiries seek permission to enter what can be tender or intimate territories of a person's life. The practice of using polite entry ways into questions was developed by David Epston (Ingamells, 2015) who co-founded Narrative Therapy with Michael White (White & Epston, 1990). I noticed that such tentative entryways into questions were helpful in my conversations with Tom and I used them time and time again.

[20] I felt I could ask this question as our relationship had developed considerably since we had first met.

making a nuisance of themselves. I'm trying to focus all of us[21] to work together to get rid of this cancer so we can be integrated and heal."

"Would you mind explaining a bit more of this process of working together towards integration?" I requested, trying to understand more of Tom's world.

Instantly, Tom stated, "I'm not working towards it." His mouth became small, and his eyebrows knitted together.

"Okay. How would you describe it?" I responded, as I internally told myself to 'listen harder'.

Tom replied with increasing energy as he explained. "Allowing the things within me that will enable wellness to happen. Receiving. Like I'm receiving energy from the sea out there. Some people have beaten cancer, but that's not my terminology anymore. Yes, I am talking about destroying the cancer cells - that's Crockie's job as part of us reintegrating. But now I'm into receiving … I feel there is a wonderful shift going on." He eased himself back in the chair smiling.

Intrigued, I asked, "Could you help me understand a bit more about what you mean by receiving and perhaps the shift you referred to?"

As I listened to Tom's reply, I noticed he had referenced a change in his approach. "You've used the words 'receiving' and 'allowing.' I was wondering—"

Tom's tone was short initially. "Well, you've actually drawn it out of me." He looked out the window. "It's … umm … wait a minute … Instead of trying to make the world a better place, which I do want to do anyway, it's just allowing that to happen."[22]

"You described this allowing and receiving as a shift from extending yourself and fighting. Could you speak a little more about that?" The notions of allowing and

[21] Tom's internal family.

[22] When Tom hesitated and considered his answers, it cued me to the possibility he may have been expressing a previously unformed or untold narrative. In other words, he was working out what he thought within our conversation. Whenever such a hesitation happened, I was encouraged that we might be venturing into new territory and therefore sought to explore further.

receiving seemed a new possible way for Tom to be in relationship to his illness. I thought I would pursue this in case it proved helpful.

Tom jumped in smiling. “The world’s a beautiful place. It’s just these little joys, you know. Sitting here looking at the thrush that’s just landed in that tree out there … the swallows yesterday.”

I marvelled at Tom’s ability to appreciate the world even as he was confronted with his mortality. “Is this—”

Tom spoke joyfully, “Spring is sprung.”

“Is there, and this is my word, and I’d like to hear your word, is there a savouring of life and …”

“Oh God, yeah,” Tom enthused.

I continued warmly, “… and gratitude or thankfulness, I don’t know how you would put it[23], in this state of mind of allowing and receiving?”

“Yes … gratitude is not a word I would ordinarily use but I do feel lucky or blessed or words like that.”

I repeated Tom’s words to acknowledge his experience. “Ah … lucky or blessed. In this state of mind of receiving and allowing. … Is there a different experience of life? Does it come into focus differently?”

“Yes. I’ve always been good at enjoying life. It’s harder now because my physical energy is so low and sometimes my emotional energy is low too … such as when I was in pain solidly for two weeks. That started to run me down!”

[23] It is important to check with a person what language fits with their experience. We can do this by asking, or by offering suggestions for the person to consider. This was particularly important to Tom and on occasion, as you may have noticed, I didn’t get my language right. I have shown my errors in order to illustrate how I then responded. We are seeking a new narrative of Tom’s dying. The new story he tells himself is more likely to include language he is comfortable with in describing his experience.

I kept my response brief, aware we were in territory Tom had said he didn't want to enter. "Sure."[24]

Tom laughed without heart as he elaborated, "Headbutting the wall because of pain … I thought, 'Well, this needs to change.'"

I remained solemn. "Headbutting because of pain is up there, isn't it?"

Tom nodded. "Anyway, the pain is sorted. Your hospice people visited. I don't want to talk about that. What were we talking about?"

I responded, wanting to convey my respect for his wishes, "I was just noticing your savouring, your smiling, your focus on life, and asking about any change in focus, and you said you'd always been able to enjoy life."

Tom sounded delighted as he exclaimed, "Shit yes!"

I smiled, enjoying his enthusiasm. "Could you tell me a story of you enjoying life?"

With considerable energy and vitality for a man so sick, Tom answered readily. "Biggest one: birth of my kids! I have been present every single time. I've delivered a couple of them and had tears of joy running down my face. Just … joy and wonder. A transcendental moment. I got this feeling of the power of generation after generation going back. It felt like hundreds of women giving birth. 'Till we get … my daughter. Extraordinary."

"Wow," I gasped.

"What could be more than that! When Frankie was born, she was born with a massive cleft. Did I tell you?" he confided.

"No, no," I murmured.

[24] I am prioritising finding a way that Tom's dying can have meaning that fits with his world and thus allows him to retain his ideas about himself that he values. Most of the people I meet with want to share their experiences of suffering with me. This is not surprising as such stories are often silenced and it is usually harder to suffer alone. Tom did not wish to share such stories and so I respected what he wanted. It is important to note that Tom stopped seeing health professionals whom he felt imposed on by or whom he felt didn't respect his wishes.

“A cleft palate. I delivered her. She came up and onto Cherie’s breast and here was this little kid who had no hope of sucking ‘cos she couldn’t form a seal.”

Suddenly, fluid started leaking freely from Tom’s legs and onto the floor. It pooled on the wooden floor as if to illustrate the disintegration of his body that he had been talking about earlier.

In a matter-of-fact tone, he asked, “Would you mind getting some tissues? They’re in the kitchen.”

Willingly, I went to get the tissues and with Tom guiding me, mopped the floor. I knew that the fluid on the floor signalled that Tom’s death was close. I refocused on collecting a story for Frankie but also on continuing to search for a way Tom might make meaning of his dying in ways that fitted with his world and preserved his preferred understandings of himself.

I sat down again. “You were telling me Frankie was trying to suck …”[25]

Tom took up his story again. “Yeah … trying to suck and she finally managed a few drops of colostrum …” He paused and began to weep as he relived the precious moment. “… And Frankie’s courage and drive … it was … beautiful.” Tears flowed down Tom’s face. I was entranced, moved by his ability to appreciate his newborn daughter’s efforts.

After a moment, Tom roused himself. “Life, life, life! Blimey I love it! There is a rumour going around lately that I’m not immortal. I’m not sure how much credence I put in that rumour … likely to be here!” Tom almost sang as he expressed confidence in continuing his life although the fluid that should have been within his cells continued to leak onto the floor beneath him.

A sense of urgency was growing inside of me. “You’ve spoken of your mind’s abilities and the help it is to you. You’ve also spoken about some quite different attributes as well …”

[25] I briefly diverted from pursuing a way Tom could die with dignity to gather this story for Frankie.

“Shit yeah!” Tom relaxed back in his reclining chair with a smile on his face and began to talk about ‘different ways of being’ he had access to.

Time was passing and the end of Tom’s life wasn’t far away. I decided to take the initiative and see if we could find a way of talking about dying that resonated with him and how he thought about his life.

Tentatively I asked, “I have seen some remarkable things with people who are living with serious illnesses. Can I ask you something, drawing on your knowledge of ways of being?”[26]

Tom nodded contentedly from his chair.

“I have seen some remarkable people dying with extraordinary grace. … Do you think it’s possible to reach a state of integration and have incurable cancer?”[27] I spoke as respectfully as I could, aware I now leant on the warm relationship we had been developing. I used the words “extraordinary” and “remarkable” as Tom had used them in relation to his own abilities many times and I wondered if such a description might be one that he could relate to. I was searching for a way that dying could fit into his world.[28]

Tom replied thoughtfully, with a small smile on his face. “That’s a really interesting question. Really interesting. Um, my instinct is to say ‘probably.’ I live in a probabilistic universe. No, probably not! But! And the ‘but’ is a very big ‘but’ and often for me … that may be where I end up. I think I’m working on that in the back of my mind. Thank you for that. That’s kind of brought it up to my consciousness.”

[26] My intention is to show respect and build readiness by asking this permission seeking question first.
[27] I wanted to move away from the idea that Tom could only achieve integration through getting physically well. Moving away from ‘either/or’ understandings that are binaries and towards ‘both/and’ understandings like this one can often be helpful (Bird, 2004). Another common example of a both/and is “I want her suffering to end *and* I don’t want her to die” instead of, “I want this to end” which is often given the meaning, ‘I want her to die’ and then leaves people feeling guilty.
[28] The timing of this question was especially important. I also asked it within the context of his world.

I was struck by Tom's generosity and openness in allowing me to ask such a very confronting question. I decided to extend the idea as Tom had indicated he was receptive.

"If I said I've seen some extraordinary … it's almost as if when someone's dying … what do you call it when someone rises above?" I asked, wanting to include his words in the description.

Tom was quick to reply. "Transcendental will do."

Taking a risk, I changed Tom's word a little. "Thanks, yeah, when someone transcends almost, what's going on in their body …"[29] I wanted our language to reflect something a person did and a process with movement in it (Bird, 2004). Such movement would then make it possible for Tom to consider if he was in the process of transcending should this pathway prove useful.

I checked, "Does that fit? You have far more knowledge than I have," as I acknowledged his experience. I wanted to take the utmost care.

Tom's tone was firm as he said, "Yeah. The simple answer is 'yes' because it has happened. My fundamental belief is …" He paused. "Um … I'm just going to have to mull on that. … I quite like the notion of having views that are going to shift over time as part of a process," he added, picking up on the idea of movement.

I continued, "'Cos if we're all going to die …"

Tom contributed, "Yes, yes, something's gone wrong somewhere in terms of the body."

"… If death is part of life. You're the biologist. And yet …" We were speaking in tandem as we moved away from the idea that death was a failure of sorts that Tom had alluded to in previous conversations.

[29] I again raise the possibility of a 'both/and' by speaking of both transcending and not being constrained by the body.

Tom laughed heartily. “Yes. I love it. The world is a contradictory place. We die with grace from cancer, and we have this beautiful experience. And then you’re dead. What? How does this make sense?”

Tentatively I continued, “because death is usually just talked about as …, well people often use warlike language, and I know you’re not, but people are often referred to as losing a battle …”

Tom was all attention, “Yes.”

“It can suggest people as somehow having failed …”

“Yes.” Tom stared at me without blinking.

I kept going, hoping to offer him a possible way of thinking about dying, “and yet, I would suggest that that doesn’t fit …”

Immediately he responded, “No. No. You’re right.” He looked at me waiting for me to continue and so I ventured further.

“There are many ways to die and some of them are extraordinary. Some people show such graciousness and humanity in the way they manage the last part of their life. Do you think that ‘he lost his battle’ is a complete or good description of such a death?” I reflected that perhaps ‘extraordinary’ wasn’t my preferred choice of words, but Tom had described his life and the ways he had battled the cancer as ‘extraordinary’ to me many times. The extraordinary was an important part of his world. I now used his language to see if such a death might be something he could contemplate for himself.

“No, it’s not. And I think that’s pretty magic they can die like that. I often laugh ‘cause I’ve got a mind that tries to figure life out and I know I’ll get the answer the day I draw my last breath. I’ll go, ‘Oh fuck. I’ve got it sussed and now I’m gone’. I find it fascinating.”

I noticed we were talking about dying again which had been forbidden when we first met. I felt honoured to have Tom’s trust for such a conversation.

Tom now continued the topic. “Going back to your thing of dying. Transcendentally and beautifully with cancer …” He paused, looking as if he was thinking.

“Or any way …” I added, thinking of all the people whom I had met and cared for who had died. To me, each of them was special and there was beauty in the ordinary.

“Right. Or that particular version you shared right now of the extraordinary. I’m glad you’ve had that experience or experiences plural. That’s fantastic. I would like …” Tom hesitated. We sat in silence as he reflected before he continued, “… I mean it would be neat if I was able to exit gracefully. I’m not putting that out there because who knows what’s going to happen. Death, we just don’t know. I’ve been a lucky boy all my life and if I’m lucky enough to die gracefully … sometime in the next three or four hundred years.” Tom burst out laughing.

“Three or four hundred years, aye?” I laughed back, matching his tone and allowing him to pace himself when talking of death.

“I love playing with this sort of stuff. If I manage to die gracefully in the next three or four hundred years, I’ll think, ‘You were lucky to have lasted you bugger’. But my journey to wellness is about … I feel that that[30] would be a really good outcome for all sorts of reasons, not just my own journey. My own journey includes those around me.[31] I’ve been having some wonderful conversations with my children and have finally been able to give to them.”

I noted that Tom had returned to talking about his journey to wellness and it now included the possibility of a graceful death sometime in the future.[32] He was also thinking of the impact of the way he died on those he loved. I chose to follow up on this possibly new idea.

[30] Tom is referring to dying gracefully.
[31] Cherie was an important part of his journey with the support she offered around all sorts of aspects of it.
[32] The meaning of what Tom’s journey to wellness entails has changed.

“You used the word ‘finally’ when you spoke of your pleasure in being able to give to your children and I wondered, ‘Have you been able to give more richly to them?’”

“Absolutely! And what’s that about is …” There was a long pause as Tom contemplated. “I’ve looked beyond myself. I’m becoming more attuned.”

We discussed in depth what the giving and developing attunement meant to Tom, which led him to conclude he was indeed moving towards integration. “Maybe this is a possible way to reintegrate. It’s funny, when I was in the depths of the pain and just, ‘I’m doing it hard here’, I connected with JC and he said, ‘You’ll be amazed with how well you come out of this.’”

Tom paused. I waited as he gathered his thoughts.

“… And I am. I don’t know whether JC meant in the short term or whether he meant in the long term. ‘Cause there’s no doubt there is disease progression.”

I thought a chink of possibility seemed to be emerging. Coming out of it well as JC had said was no longer only contingent on physical healing.

“What do you make of there being disease progression and that you are moving closer towards integration?” I asked, seeking to separate getting sicker from any suggestion that it was associated with a lack of ability of Tom’s to integrate himself.

Tom sighed deeply. “I don’t know the extent of the disease progression: whether I have more disease in my spine but not elsewhere or whether the disease is more widespread but somehow with that incredible strength that’s down in me somewhere, I’m just managing to live around it.”

“Could it be that it’s not an ‘either/or’ but a ‘both/and’? That you have disease progression and that you are using the incredible strength within you to live around it?”

Tom was emphatic. “Absolutely.”

My voice was soft as I tried to convey respect in my question. “Could you actually be moving towards integration and some kind of graciousness at the same time as the disease progresses?”

Tom spoke very slowly. “Good question. My preference is that it’s gone … um … but saying that I can be extremely pragmatic. Yeah, paradox is the stuff of the universe. I’m made of steel. I wasn’t always.” I nodded when he said his preference was that the cancer was gone. I also noted Tom’s ability to be in two places at once: on a journey to wellness and pragmatic about being so sick.

Tom and I continued to talk. We spoke of some of the hard times in his life and his current strength. He concluded, “This is not the session I expected but it’s been really nice, thank you!”

We made a time for the following week as he requested. “Please don’t hesitate to reschedule if something else comes up or you don’t feel up to it in any way,” I offered, the unpredictability of what he was living with at the forefront of my mind.

I left reflecting that we had opened the possibility of both dying and integrating at the same time. We had travelled a long way on Tom’s journey to wellness and his ideas of what wellness meant had become significantly broader. I hoped the conversations would contribute to him dying in a way that was settled and meaningful for him and his family.[33]

In a few weeks I was going to fly to Vermont in the USA. I was facilitating a workshop and would be away for two weeks. Tom and I had discussed it.[34] I started to worry about the timing and the possible impact on him.

[33] Tom began preparing for death after this conversation. He organised his own funeral not long after.

[34] It is very important to give good notice about leave or changes in availability to the people we meet with therapeutically, if at all possible. Good relationships thrive on respectful processes. If I have upcoming leave, I will make a plan in a collaborative way with families that ensures they are well supported. This might mean involving one of my counselling colleagues or other members of the multi-disciplinary team.

Co-evolving new meaning

Tom chuckled. “It’s fascinating. I feel like the patchwork man. Bits and pieces of me keep misbehaving and are falling out. I’ve got a mediastinal hernia; I’ve got an inguinal hernia … look at these feet!” Tom showed me his enormously swollen ankles, his skin stretched beyond its capacity. “BUT … I started my exercise program. You know how I used to love having my achievements,” he confided.[35]

It was a week later, and Tom was much sicker.[36]

“I started on the cross trainer, and I did exactly as much as I could without going too far. Sixty seconds!” Tom started laughing. “Sixty seconds! I sent a text to my kids and laughed about it.” Tom started laughing again. He didn’t sound joyful. I remained solemn.[37] “It’s shit. It’s so funny when I compare from back then to now.” Instantly Tom became serious. “I love this whole recalibration thing that’s going on. I told you. I’m just going to be this humble little old guy who just …” He didn’t finish.

“Is the recalibrating giving you anything that perhaps wasn’t so in focus before?”

“There’s my boat. I had notions of rowing it to Great Barrier Island. Nah! The boat is only going to puddle out on the Waitemata harbour. Maybe just offshore, and I’ll lie there and listen to the lapping. I think you could say I’m not particularly driven anymore,” he remarked quietly, sadly perhaps.

We talked for a time about the change in him.

[35] Note Tom’s use of the past tense as he suggests he is changing.
[36] Early in each conversation and then in subsequent appropriate moments, I checked in with Tom as to how the unwellness might impact on the therapeutic conversation and if there were any adjustments we needed to make to respect his energy levels and other symptoms he was managing. I have chosen not to illustrate these parts of the conversation as I have given examples in other stories I have written. Tom remained committed to meeting and wanted to spend the full possible time talking with me in spite of being so unwell. I don’t ever take this for granted.
[37] I only laugh with people when they laugh congruently and are genuinely joyful. I didn’t laugh with Tom as he is laughing at his own expense. It is important to be alert for this. He says he is happy but I note he is referring to his ability to recalibrate, not the loss he is experiencing over aspects of his life that were once a source of pride for him.

Tom then handed me a biography of his internal family. “For your interest or maybe background for the story if you want,” he offered. I handed him a draft of this story. Tom chuckled as he pored over what I had written.

“It was fascinating writing the biographies out. All those bits and pieces that I talked about. Strange to relate. But it’s fascinating. I’ll be really interested to hear what you make of it.” Tom grinned, still with his head in the story.

“I can’t wait to read it. What did you find fascinating in particular?” I responded.

Tom and I talked about the history of his internal family.

“… I’m writing an evolutionary epistemology for you. When are you going to Vermont? Will we be able to meet before you go?”

I was touched by Tom’s enthusiasm. However, his dignity, and how he might die, were foremost in my mind. I therefore moved the conversation soon after to some of the meanings we had been co-evolving.

“Last time … you shared some of your thoughts … would it be OK if we summarised where we got to so we don’t lose any of it?”[38]

Tom nodded.

I was tentative as I gathered up some of the threads of our last conversation. “This is my language, so please tell me what you would say; you spoke of savouring life …”

“Mmm.” Tom nodded.

[38] Summarising can be helpful especially if I haven’t sent a therapeutic letter (White & Epston, 1990; Pilkington, 2018) to ensure key parts of earlier conversations aren’t lost. They also allow me to check we have shared mutually agreed on understandings of what has been said. In this case, the summary also allows me to direct the conversation to an area I hope will be most helpful.

"… and the way that you were doing that and then you talked about integration as wellness … And I put to you a question, 'Do you think that you can get sicker and … at the same time become more integrated?'"

"That's a hell of a good question … and I'm still ruminating on it."

Tom paused. I remained silent.

"It's a really good question. And again, my instinctive answers are the same. I prefer to think 'no'." I nodded in acknowledgement. Tom continued, "Having said that … I have no problem with the notion that in a perfect world you could get sick and be becoming more attuned … it's like there are times when we're in perfect rhythm but there is a certain amount of pain involved … the pain is an integral part of the place where I'm at. Yes, I can see it's possible that getting sicker, whatever that means, may enable the other to be more complete."

"We discussed the idea of transcending …"

"Yeah … and I've had times where … everything is in tune physically, emotionally, mentally and spiritually. And it kind of creates almost a new entity of its own … Ah, a meta entity if you like," Tom reflected, new thoughts seeming to come to him as he spoke.

"Is generating that meta entity reliant on a well body or could there be a well something else?"

"That's where I come back to your question. We tend to think of pain as black and white. Just bad. You've got pain, it's bad, you don't have pain, it's good. I don't quite see it like that. It's information that the body has. What my body's telling me."

"Would you mind explaining a bit more about that? Perhaps sharing an example?"

"I've had moments of, in the dentist chair of all places, of transcendental … where I've gone to another place altogether … which … this is answering your question!

Finally, finally, finally! I could not have gone to another place while in the dentist's chair without that pain there!"

"Ah!" I acknowledged, catching Tom's excitement.

"It kicked me up another level!" Tom's eyes sparkled and his voice rose with enthusiasm.

"Ah," I gasped, smiling back at him.

"Because I wanted to get to a place without pain. It wasn't bad. Plenty of information saying something was going on and, 'Oh my god, it's hurting', but I went somewhere else! There it is!" Tom clicked his fingers as he exclaimed.

"Do you think the sickness can …?"

Tom's words burst out exuding confidence and excitement. "Yes, it can … catalyse it! Finally, finally, finally! It took a long time to get there but the answer is, yes, you can get sicker and still transcend."[39]

In that moment, Tom's journey to wellness evolved into a path with new meaning and possibility. He could transcend and die. He could die with dignity rather than a sense of failure.

His excitement was catching, and I grinned back. "Can you enlarge on that just a bit?" I asked as I sought to add detail to strengthen Tom's realisation.

"Well, I'll just go straight back to me. Without my sickness an awful lot of insights, and opening up of my life, and my kids being near me couldn't have happened! It catalysed this whole bunch of things! So, yeah, the answer's really very simple

[39] The conversations that occurred to reach this point were important. If I had told Tom that he could transcend when we first met, it would not have held the meaning or resonance for him as it did by us traveling together over time to reach this point. The process of me inquiring and Tom reflecting allowed him to develop his own narrative of the meaning of his illness and dying. The steps that occurred and the links of meaning we made over time were a vital part of Tom reaching this understanding. 'Telling' isn't helpful even though it may be tempting at times especially when we as therapists/health professionals think we "know".

when I think about it. It took a long time to get there but the answer is yes … a person can get sicker and still …" Tom paused.

"Become more integrated?"

"Yeah. I'm not sure integrated is quite the word now but certainly … It's getting to a more consciously aware state."

"What could such an understanding offer you?"

"All sorts of things. I'm going to think more about that. Can we meet again?"

Our time together had come to an end and much as I wanted to explore the new understanding that had emerged, I could see Tom was tired and I had another person to see. We arranged to meet again the following week.[40]

Transcending

Tom was sitting in his chair with plastic nappies wrapped around his legs. Sunlight streamed through the windows that surrounded him. His face looked thinner but there was lightness in Tom's demeanor. A smile played at the corner of his lips and his eyes had a sparkle in spite of the heaviness his body conveyed.

We greeted each other warmly and as I sat down, Tom remarked, "A lot's been going on."

I wondered what might have been made possible by the new understanding that Tom could be transcending even as he approached death. Eager to hear what had

[40] When I make another time to meet, I first ask the person, "Would you like to meet up again?" I then ask them how long they would like to leave between appointments. We might have a discussion about the length of time between appointments if one of us is curious or surprised by what is being suggested. I then try and accommodate what the person wants as much as possible for me. Once we have made a time, I invite them to contact me and reschedule should something they would rather do come up or if they don't feel up to a conversation that day. Time is very precious at the end of life and I explain to people I want to support them to spend their time as they most wish to. I also offer people the option of a shorter meeting time if that suits their energy levels better. Even though Tom was very unwell, he expressed his valuing of our conversations through wanting regular meetings and using his scant energy to talk for a full hour with me. It was humbling. Whenever I checked in with him, he was always very keen to continue our conversation.

been going on in Tom's life I asked, "Would you like to begin maybe, with catching me up on some of what has been happening since we last met?"

My curiosity grew as I observed Tom's demeanor. There was a lightness and joy present that I had never witnessed in him. "Cherie and I visited the cemetery. I've picked where I want to be buried," Tom began. "And I've had my birthday. My party was on Saturday." Tom's voice was quiet[41], but his twinkling eyes and upturned mouth conveyed excitement.

"Did you? How did that go?" I asked, smiling.

Tom's words burst out in a rush of joy. "It's part of the story. I had a CT scan on the morning of my birthday. And I said to myself, 'I'm not going to leave this unremarked'. I put a smiley face on the CT[42] scan appointment card!" Chuckling, Tom mimicked an imaginary friend asking, "What did you do on your birthday?" before answering as himself, "Had a CT scan. I've had a million bucks[43] worth of shiny machine looking after me. Beat that! Beat that!" Tom's eyes crinkled upwards.

"What do you call this … making the most of your birthday when you're in a machine?" I stumbled, as I smiled back at him.

Tom was enjoying himself. "Straightforward, mate![44] It's reality … you know" he teased. His eyes swept down to the nappies around his legs as if to underline his awareness of how close he was to death.

"Reality …" I murmured. I thought about him choosing the place where he wished to be buried.

[41] Tom's quiet voice was caused by the difficulties he was experiencing in breathing.
[42] CT is an abbreviation for a CAT scan.
[43] Slang for dollars.
[44] Colloquial language meaning friend.

Tom was jubilant. “Lucky! Lucky, lucky, lucky!” he sang, his gratitude bouncing around the room. Catching some of his mood I responded, “Have you always had this ability to see your luck? Even when many would say it might be hard to find?”

Tom’s eyes traveled out the window to the sea in the distance. “Um … To some extent but not like now … I’ve always had a pretty black sense of humour. It’s the Irish in me. It doesn’t take much looking to see incongruities. Most people just don’t look. I happen to like looking. Curiosity, I don’t know.”

“Curiosity,” I repeated with interest.

Tom nodded, smiling as he sat back in his chair.

“And what do you see as you look around?” I asked, wondering what was Tom’s view of his world.

“Well, incongruities. Death and growth. I remember saying, ‘Paradox is the stuff of the universe.’ Look at all the things going on, oxymorons unite!” he replied, laughing as he referenced our last conversation where we had discussed the possibility of transcending even as he approached death.

“Would you mind sharing with me an example of that, maybe a recent one, so I can understand a little more of what you’re meaning?”

“Yeah. I had a CT scan on my birthday, and I enjoyed it. Even like this,” he said, laughing as he pointed to his deteriorating body. “That’s not bad!” Tom exclaimed, grinning at me. He elaborated further, directing me to think of his response as transcending.

“The ability to enjoy a CT scan … aye? In spite of everything,” I acknowledged.

Full of energy in spite of the lack of power in his voice, Tom rejoined, “Well yeah! We live in days of miracles and wonder. One hundred years ago I would be dead. Twenty years ago, I’d be dead. In fact, on the balance of probabilities, right now I’d be dead!” Tom laughed. “I really don’t see what I’m doing as that

extraordinary. And look, in the last 24 hours I've ended up counselling people!" Tom smiled, leaning back in his chair.

"Who have you been counselling?" I asked, with the intention of collecting more stories of Tom transcending (Ingamells, 2016).[45]

"A friend for a start. One of my ex-students and somebody who I met at the CT scan. It's quite neat actually," Tom replied.

"What part of it do you find neat? Are you giving to people even as you —"

"Well, if I can help people, and make the world a better place, well … who misses out here? Nobody! It's just neat," Tom effused.

Smiling with appreciation, I responded, "Do you even now see an opportunity to make the world a better place?"

Tom lay back in his chair. As if contented he said, "Ah look, I'm pretty lazy. If it happens to occur to me and there's an easy way to do it, I'll do it. Everybody in the CT waiting room had a little chuckle as I walked out wiping the floor … I'd been leaking.[46] The nurses were a bit blown away when I turned up with a plastic bag full of paper towels and plastic bags." Tom sat back with a satisfied glow on his face. He looked happy.

"What do you think it's like for people to see you being so considerate of others? What do you think it touches in them when they witness you so unwell and cleaning up like that?"

Tom was momentarily lost for words. "I … I don't know. I think they appreciate it, well, particularly the staff. I think people take the public health system for granted. I think it is absolutely magnificent. There's a panicky reaction that could occur 'What are you doing, we have cleaners' or 'that's a bit odd.' It could be

[45] I am collecting more stories to strengthen the new narrative of meaning or counter-story (Ingamells, 2016; Paljakka & Stone Carlson, 2025) we have co-evolved. A single thread may easily break whereas a narrative that has been thickened with multiple stories is likely to endure.

[46] Fluid from his cells was leaking out of his swollen legs onto the floor. Tom is representing his efforts modestly. To be so unwell and clean the floor would not have been easy.

anything. I thought, 'I want to do this,' so I did. I don't go down the footpath wiping after myself. Like I said I'm pretty lazy so that honestly wasn't hard. Five seconds to put in and put the paper towels in the bag and away we go." Tom glowed.

"What ideas or values were behind your desire to clean up, would you say?"

Tom beamed. "Well, walking out of there leaving a mess didn't feel right. And to go right back to our conversation about my healing work and transcending. No two ways about it, I could feel a life force, a light going through me, I don't know what you call it. But to feel this extraordinary clean energy passing through me! They're going 'Oh wow,' and I'm going, 'What a privilege for me to be here experiencing this.'"

"Gosh! What are your understandings of such an experience?"

"Well, I got a smiley face out of it!" he responded laughing, as he reminded me of the picture he'd drawn on his appointment card. "It's a bit like tipping the guy down at the bakery. I put five bucks in, and he was blown away. Five bucks is a cup of coffee! Who cares? Meant a lot to him. I knew it did, but it was just that thing of saying, 'Thanks. You make a damn fine mince pie!'"

Tom and I continued to discuss new ways he was responding to the people and events in his life. It had been a week that he had enjoyed. Tom told me stories where he had acted with graciousness and care, and I pursued them. He understood himself to be transcending and I gathered stories of his experience.

"I've started keeping a biomedical type record … the headings you'll love. Exercise, blood pressure, blood sugar, sleep, bowel movements, resting pulse. Very interesting – NOT. But …" Tom paused, as if unsure.

"Are you keeping an eye on your body?" I offered.

“Yeah. On Friday night before my birthday, I was in the shit. Lots of pain and I was having my birthday party the next day. So, I checked in with the family[47] and did a quick score in answer to the question, ‘Am I going to make it?’ Now, implicit in that has always been the five-year survival thing. Crockie’s instant answer was ‘three! Out of ten!’ Tom’s shock reverberated through the room, and Crockie spoke, ‘I’m feeling overwhelmed 'cos liver’s expanding, and this belly is swollen up 'cos of blockage in my guts.’ Tom continued, ‘Wombie, and this hit me like a freight train. One! One out of ten!’ Wombie was not feeling confident at all and how Wombie is, tells me about how I’m feeling. Very shortly after I said to Cherie, ‘Shit! I didn’t realise how tough I’m doing it at the moment.’ Frankie came up and joined us and we had a three-way cuddle. The score went from one to three just like that. I mean literally within ten seconds. Fascinating!”

“What was fascinating in particular to you?”

“It wasn’t what I expected! So quick too. Amazing! Rattie said nine … love him. Alby gave a seven, cos Alby and Rattie work closely together. JC, ten! I checked … Yep. You probably won’t recall but several weeks ago JC said, ‘there’s going to be some quite amazing stuff that comes out in a few weeks.’”

“JC, ten! What do you make of it?” I exclaimed.

“I’m coming to that. The week tells it all.” He paused and lay back in his chair. I wondered if he needed a small moment of respite from talking.

“Would it be OK if we go back to what you said first and just check I’ve understood?” I requested, talking to give Tom a break. Tom nodded. “You spoke of the family’s scores and Crockie felt overwhelmed by some of the physical symptoms of the cancer. And then you described how a cuddle with Frankie and Cherie had made Wombie’s score go from one to three in ten seconds. What was it about the cuddle that created such a change?”

Tom hesitated. “Umm … Wombie … felt loved.”

[47] Tom’s internal family.

“Would you mind saying a bit more about that?”

“Wombie has different priorities from some of the others. Remember he was the one who was taken with Death’s advice to ‘Live well.’ I mean Wombie, one, JC, ten! Doesn’t take much to think that needs looking at.” Tom recounted all the family’s scores. He then shared with me how his birthday party had impacted on the family’s scores as he reflected on what was influencing his wellbeing.

“The party was with my family. They’re still raving about it. People just turned up and had a really, really good time. And towards the end there were calls for me to give a speech. I was to the point. All I said was, ‘You’ve been coming up to me and asking me how I am. You’re asking how my energy levels are. I’m up because you’re here! Thank you.’ That was my speech, and they all got it. … And that just kind of summed it up. And everyone had a really, really good time. Absolutely good loving positive energy. Fantastic. And then there was even a postscript after the party. Robert[48] lit a fire outside and there was just the four of us sitting around it. Cherie, Frankie, me and Rob. So, I had a big family gathering and then my little family gathering. And it was … I don’t like giving 10/10 but it’s hard not to. It was neat because when the whole family is here, they’re very full of life, but the four of us had a little family time and that was really good as well. Wombie went from one to three with the cuddle from Frankie and Cherie, and then to nine with the family gatherings. I’ve never known anything like it.”

“Will those experiences of connection with your family offer you any guidance about how you …”

“Shit yeah.”

“… want to spend your time as you go forward?”

I noticed that Tom’s internal family scores had increased with the love and connection even though he was near death. I asked Tom what he made of it.

[48] Robert is Tom’s father-in-law with whom he and Cherie lived.

"Yeah. It speaks for itself. It's just something I haven't thought of before but now it's there … I felt the love and care. It was extraordinary."

We arranged an appointment for early in the following week. "It'll be our last I think," said Tom. "I doubt I'll be here when you come back." Tom maintained his aura of lightness although his words had gravity. I acknowledged his comment steadily. I would be away for a fortnight, a huge stretch of time for Tom whose symptoms were worsening day by day.

The day before we were due to see each other again Tom rang me. "I'm not going to make our meeting, I'm sorry. There's a small chance there might be something the oncologist can do for me, and I can't pass up the opportunity of seeing her tomorrow. You and I probably won't see each other again so this will be goodbye. Thank you for everything. It's been absolutely fantastic! We've been on quite the journey, haven't we! Good luck for the workshop in Vermont."

I responded with a farewell and my thanks for all Tom had shared with me. I described what I had learnt from him and how it would add to future conversations I had with people at the end of life.[49] Tom responded warmly. "I love passing on my knowledge to make a difference. That's what life is about."

A few days later I sat on the aeroplane waiting for the engines to start. Already feeling cramped and anticipating the many hours of travel, I thought about Tom and the upcoming workshop. To me, it seemed as if I would be taking him with me. The engines roared into life, and we were soon aloft.

[49] When people say goodbye or acknowledge their approaching death it is important to enter into the exchange with sincerity and not to offer false hope or try and cheer them up with optimism. By meeting someone where they are, a space can be created where some important things are often said. The content of my responses is guided by outsider witness ideas (White, 2007, pp. 90-91). Tom's and my exchange was longer than the one represented in this story.

Unknown to me, Tom had died the night before.[50]

> When we focus our energy on entering another person's world with curiosity, bending our attention persistently and compassionately towards trying to understand their experience, we cast aside the veil of denial, and enter a realm of many possibilities. We may find there loss and suffering, but also more love and virtue than we dreamed was possible. We may find creativity, and the extraordinary in the everyday, or we may be called on to witness distress, and paradoxes that challenge us. However, when we meet people in this realm of their creation, we can join with them; to find chinks of light in dark places, give voice to silenced stories and maybe, find solace in love. (Pilkington, 2017, p. 73)

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[50] The conversations I had with Tom were informed by Narrative Therapy (White & Epston, 1990) ideas. They illustrate externalizing conversations (Bird, 2000; White, 1984) that seek out an alternative story/ counter-story to an *idea* that is the problem. For Tom, the problem idea was that "death is a failure". Not all challenges are problems to be solved (for example inevitable death or grief) however the ideas that influence our experience of a difficulty can be highly problematic. This story was written for therapeutic purposes. (For more on the therapeutic value of storytelling and Narrative Therapy at the end of life see Breeze Hospice, 2025).

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Kay Ingamells on the Wonderfulness Interview in Narrative Practice

An Interview with Kay Ingamells by Lawrence Rubin

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Editor's Introduction

The following interview with Kay Ingamells offers readers an accessible and richly storied introduction to one of the foundational yet often underdeveloped territories of narrative practice: the *Wonderfulness Inquiry*. While Narrative Therapy is frequently associated with externalizing conversations, Kay makes a compelling case that inquiries into what is "wonderful" about a person—their moral character, commitments, virtues, and hard-won ways of living—are equally foundational to contemporary narrative work.

For readers new to this practice, it may be helpful to listen for several threads woven throughout the interview. First, Kay invites us to think of "wonderfulness" not as praise, positivity, or strength language in a conventional sense, but as a careful inquiry into how people have enacted preferred ways of being in the midst of hardship. Second, she demonstrates how these inquiries become resources for standing against problems—not by ignoring suffering, but by approaching difficulty through what people already know, value, and have carried forward in their lives. Finally, readers may notice how these conversations widen beyond the individual, drawing in histories of family, ancestry, resistance, culture, and communities of belonging.

The interview also highlights an important distinction that may orient readers unfamiliar with narrative practice: Kay prefers the term *inquiry* over *interview*, emphasizing a collaborative and improvisational process of meaning-making rather than a structured extraction of information. Readers will see this stance reflected in her stories of practice with children, families, and young people facing anxiety, fear, oppression, and suicidality.

We are deeply grateful to Psychotherapy.net and interviewer Lawrence Rubin for generously granting permission to republish this interview in the Journal of Contemporary Narrative Therapy. We appreciate their support in helping make these important conversations more widely available to practitioners, students, and communities of care.

The Wonderfulness Inquiry

Lawrence Rubin (LR): I'm here today with Kay Ingamells, a therapist, educator, and author who lives in New Zealand. We'll be chatting today about the Wonderfulness Inquiry, a fascinating and foundational intervention embedded in narrative practice. Hi, Kay!

KAY: Hi, Lawrence! Thanks for having me today. So, I'd like to begin by saying where it comes from. As most people reading this may realize, David Epston, one of the founders of Narrative Therapy, originated the Wonderfulness Interview. It came about through necessity as he found himself in live interviews with children and families where he knew that what he had to bring was not going to be sufficient, and he needed to invent something pretty much on the spot. That evolved over time into a very clearly formulated, distinct practice, which, to my mind, is as important as a Narrative Therapy practice as externalizing is.

It's absolutely foundational to my practice, and I say inquiry, not interview, because it is an inquiry into what is remarkable about somebody. It's an inquiry into what David Epston would call their moral character, or what Sasha Pilkington would call their virtues. So traditionally, for the last however many decades, the way that people have come to know people through therapy has been through a particular lens, which David has called the crisis of representation. Here, people are represented, to you, by you, to themselves in therapy interviews through a lens of pathology, stigma, or a diagnosis.

A wonderfulness inquiry turns that tradition of focusing on the crisis or symptoms on its head. And so, what I'm doing at the beginning of an interview, whether it's with a child or young person or a family or an adult, starts from the other direction. I might begin with a question like, "Before we talk about the problem

today, and I know that the problem is something that you've come here to talk about, would it be okay if I was to get to know you in another way altogether? (I'll relate this to working with a child with a family present) Could I ask you what's wonderful about Billy? What is it that I would come to know that is wonderful about him if I was to get to know him as well as you do? The reason I'm asking this is because people don't come to therapy without having had life experience. As parents, you will have worked through all sorts of things in your lives, individually and as a family, and you will have wisdom and qualities and abilities to bring to what we're dealing with today. And if I know what those are, we can put our heads together and think about how we might use Billy's wonderful abilities and your family's wonderful abilities together to deal with this problem." That's one of the ways I might begin it. And hopefully that gives you a sense of what it is.

LR: It does indeed. A little bit earlier on, you drew a distinction between an inquiry and an interview, and while some may use those terms interchangeably, my sense is that they are very different processes for you.

KAY: In several ways. The first is that this is something I'm doing with somebody. I'm not interviewing somebody. I'm inquiring with people. We're inquiring together. I'm not bringing in the expectations of where I think we will end up specifically. I don't have a list of questions in front of me. It's an inquiry. It's an inventive, imaginative inquiry that really stems from narrative values about being decentered as a practitioner, valuing people's knowledges and wisdom. It's about connecting to and bringing out their insider knowledge. When I say inquiry, it occurs inside of a larger narrative inquiry, which is about the development of a counterstory. And the counterstory is an attempt to co-create a narrative with the client, with the parents of the client, that counters one of pathology and problems.

Wonderfulness inquiries or virtue inquiries are so helpful in interviewing people because the conversation is directed at what's wonderful about them, what you appreciate and respect about them. With older people, you're discovering who that person is as a character, a moral character. You are characterizing them as a

protagonist in their own story; champions in their lives, who they are as a resource, who they are—someone they can be proud of in their lives. Then you're taking that character and using it as part of the larger counter storying endeavor or process.

LR: When I think of moral, and I may mistakenly be conflating it with morality, my sense is that when you say moral character, it's far deeper than right vs. wrong.

KAY: Yes, that's a really interesting point. I don't mean moral in that moral sense of right and wrong. Instead, it draws on Aristotle's ideas of virtue. When I say moral, what I really mean is how people wish to be known. It's about the values and virtues we take pride in; those that we're living our lives by, and that might be something like courage, honesty, integrity, kindness. Most people live their lives or attempt to live their lives in these ways.

Preferred Identities and Counterstorying

LR: Is this what the narrative clinician would refer to as a preferred identity?

KAY: Yes, I think those two could probably be conflated. Someone's moral character or preferred identity is based on how people have enacted it. It's not just how somebody would wish to be, it's how they have actually evidenced virtues in their lives. Part of a narrative wonderfulness inquiry is to actually bring forth how people practice those things. It's about looking for stories which really bring to life how somebody is enacting those virtues in their lives.

LR: Some of our readers may be familiar with the notion of re-membering conversations, so I'm wondering how these may be related to wonderfulness inquiries.

KAY: I think that's a very interesting question. Whilst distinct practices, you can absolutely bring re-membering inquiries or conversations into a wonderfulness inquiry. You can also use internalized-other questioning. Quite often, clients do not bring people with them to interviews, and you need an audience to have

these conversations. So, it's helpful to interview people about what other people would admire or respect about them or believe what is wonderful about them. You can use a re-membering conversation for that. I don't do that exactly in a wonderfulness interview, but I am asking the young person to look back at how other people have seen her.

LR: Although our client might not bring physical people into the therapy space with them, they do bring internalized-others with them. So you might inquire into who first recognized some of the client's virtues in elementary school? Or who wouldn't be surprised that you have accomplished what you have at work? Who would not be surprised that you've become the young person that you are?

KAY: Absolutely! It's a key thing to do at the beginning of the session with a child or young person or family as part of the counter storying endeavor. For instance, you could just ask somebody what their strengths or virtues are. That would become a very flat interview. You could say a bit more about it. Again, that could be quite flat, and you could end up with a thin interview, as narrative therapists call it.

You have to bring narrative counterstorying skills to it and be really persistent in the questions you ask people, because these are not things people ordinarily talk about. People's virtues sometimes are only ever talked about at their funeral. So you have to give people lots of prompts and lots of follow-up questions; be really persistent and ask imaginative questions.

LR: I would imagine that the more a client is entrenched in what the narrative therapist calls the thin, problem-saturated story, the harder you have to work to draw them into these conversations. If I was the client and you were asking me to identify the qualities of my moral character or my virtues, and I was in a particularly depressed space, I might say to you, okay, I'm just not in a place where I can even think about something positive about myself. How persistent must you be?

KAY: It's very important if you're going to set this up for success, to give a really strong preference. I will start by ideally phoning somebody before the first conversation and asking them what they think about that; then when it comes to how; there's a time and place for everything. I would err on the side of persistence because, as I said, people aren't used to these inquiries and don't know how remarkable they can be. It does take something to really get people engaged in this kind of conversation.

With the example you gave, and I'll call you Frank, "Frank, you know, I realize that you're feeling so depressed. I appreciate that. We'll have plenty of time to talk about that shortly. Would it be okay for you if we just took a little bit of time for me to begin to understand what it is that you've brought to bear against this depression? For however long you've been experiencing it, I know that you will have knowledge and practices, and you will have wisdom that we can really use together to help in the rest of this conversation and in our other conversations."

I'm always seeking consent and judging whether or not somebody is willing and ready to engage in this different kind of conversation. I take my cues carefully.

The Legacy of Wonderfulness Inquiries

LR: What is it about Kay that has attracted you to this particular intervention?

KAY: That's a question I wasn't expecting. There are so many ways I could answer that question, but what I would say in short, and it is part of a bigger question about what attracted me to Narrative Therapy, is that I've always disliked the way people are always talked about because I've always believed in the beauty of

people. One of the things I've discovered since really ingraining wonderfulness inquiries into my practice is that I am meeting people who are so much more wonderful than I was meeting before. I meet people who are so much more remarkable than I was meeting before, and that brings me great joy.

I would also say that I really value connection. There was an article that David and I wrote many years ago about bringing together strength-based practice with narrative practice and talking about how we might story people's strengths. That has a bearing on this interview because David asked me similar questions, and I found myself reflecting back to my grandfather, who I never met. He was a residential canon in the Church of England, and he set up the first youth work programs in the UK and youth camps after the Second World War. My sense of him from stories I've heard is what he loved was connecting people and connecting people to spirituality and to God. That's not for me since I'm not religious, but I'd like to think that I follow in his footsteps in some sense.

LR: Well, I wish we could spend some time talking about your grandfather, but my guess is that many of the qualities that helped him to be effective in what he did are the ones that you've inherited.

KAY: Well, thank you. I'd like to think so. I only have my mother's memories to go on, but this actually brings us to something else that's really important about wonderfulness inquiries. When I've heard really evocative stories about someone's wonderfulness in action, I'll ask about the legacy of those wonderfulnesses. I might ask, "Has someone passed this down to you or taught you how to be brave, for example, or how to be kind, or how to keep going in the face of fear?" And then all sorts of stories emerge, and it can be very moving with the family present, because, again, these are things people have very rarely talked about, not in this way. They might have been mentioned in passing or you might have been told that your grandmother was X and did X, but not in relationship to the rest of the family or the young person. I could give you a couple of examples if you like.

LR: Absolutely!

KAY: I remember many years ago—and this will appeal to American audiences—working with a young woman and her mother. I was conducting a wonderfulness inquiry during the first session, our first conversation, with an American family—the young woman had been born in New Zealand, was about 15, and had a commitment to social justice and social causes. I asked the mum if she had any idea where her daughter's commitment to social justice comes from?

She started telling me about herself and her own history as she'd done lots of volunteering work and particularly around the area of domestic violence. Then I said, "Who handed it down to you?" She paused and thought, because it didn't come readily to mind and said, "Of course, my father was a factory owner during the McCarthy era in the United States, and he was told in no uncertain terms that he needed to sack his workers who were presumed to be communists. He refused to do that."

This young woman was hearing for the first time in a storied way how her commitment to social justice had been nested in her grandfather's experiences, his whole legacy. As a young person, especially in the individualistic culture we live in, you can imagine the difference it makes to have that sense of connection and belonging to a group and to a tradition.

LR: As you talk about tapping into the legacy that contributed to this client's sense of self, I think we can also consider how a client, maybe not a child or a teenager, can influence other people in their lives. In other words, asking an adult how they would like their children or grandchildren to experience their own qualities. It's almost like embedding a time machine into the wonderfulness inquiry.

KAY: A time machine is a beautiful way to talk about it! And that's exactly right—a reverse legacy. You can then say to a parent, "Has Alex inspired bravery in you?" There are also times when I've gotten young people to take on a problem by demonstrating their wonderfulness to their parents. For example, I asked the five-year-old, who'd been really brave at the dentist, and whose father was not feeling

brave about going to the dentist, to take his father and hold his hand and give thanks.

Playing Into the Wonderfulness Inquiry

LR: How has your style of wonderfulness inquiry evolved as you've grown as a therapist?

KAY: Oh, that is a very interesting question. I think, in the beginning, I was experimenting with the basic question. "If I were to get to know X as well as you do, what would I come to appreciate and respect about them? What's wonderful about them?" There are so many creative ways to weave wonderfulness inquiries into narrative interviews, and it's not like they are separated and divided into discrete little boxes. They are overlapping practices that get woven together in improvisational and imaginative ways.

I've become more fluid and fluent in bringing forth wonderfulness in many different ways depending on what the situation best calls for. For instance, I remember doing an internalized-other interview with a woman in her early 40s who had experienced horrendous abuse—sexual abuse and neglect—in her family. This one character, her grandmother, was a person who really saved her and saved her sense of who she was. I interviewed her as if she was her grandmother, and it was in that internalized-other interview that her own abilities, her own wonderfulness, really became alive for her. From there, the therapy was a downhill journey. She had her grandmother alongside her.

You need to learn specific practices like externalizing, wonderfulness inquiries, internalized-other interviews, how to search for sparkling moments or unique outcomes, how to counterstory, and of course, how to formulate really good imaginative narrative questions. Those are all practices. It's like learning a musical instrument; if you want to get to the stage where you're an artist, you have to learn and then practice the basics and become comfortable improvising. You learn your scales, you learn your set pieces, but at some point, to really be performing it, you have to be able to integrate that in an improvisational fluid way.

For me, there's no limit to how you could use wonderfulness inquiries. If you think about it, it's about believing that people are not their problems. The problem is the problem. It's a whole way of thinking about people, of operating inside of that stance, which is quite different. It's like a doorway into another country than traditional psychotherapy interviews. I'm not meaning to give traditional psychotherapy a bad name at all—it's just that it's a very different orientation.

I don't have a playroom at present, but I can see so many options for kids for that. What's important to remember is the audience. What's important is that the child is hearing this or the young person is hearing this from others; the importance is that it's brought to life. I'd be doing that with parents or other people in the room co-creating that story with a sandtray or puppets. I'm very, very playful in my practice, which is the key to narrative therapy with children. The foundational book in narrative therapy for working with children is called *Playful Approaches to Serious Problems*.

I was talking on the phone this morning with the mother and her five-year-old little boy, who I will call Eli. I met with them about six months ago, and he was dealing with enormous fear about being on his own in the house and at school, and it came upon him from seemingly nowhere. What we did was to bring a lot of playfulness into how we engaged with the problem, because the important thing to remember about wonderfulness inquiries is that they're just the beginning. You're bringing forth stories of someone's wonderfulnesses so you can then engage those in standing up to the problem. Otherwise, to quote Tom Carlson, you just end up with a cute interview.

But where does it go in terms of engaging with the problem? With this little boy we came up with all sorts of imaginative ways of engaging with the problem, and one of them was that he and his father were going to make tiger masks and go out in the garden to scare the fears away because he had identified that the fears came from the garden, and he actually told me in the first interview that an alien had come down and taken one of the worries out of the tree in the garden.

I was using what he said, the environment of the garden, his bravery, and turning him into a tiger with his father as his supporter and bravery-giver as well. They would go out every night after his dad came home from work and put on the tiger masks, which they made together, which was very important. They tore around the garden, screaming and grumbling and chasing away the worries. Mum told me this morning that he had found these masks in a drawer the other week, and he pulled them out and hung them on his bedroom door. This was six months later, which is quite a long time in a five-year-old's life.

LR: In the case of this brave little boy, what were his moral qualities; his virtues that you were able to tap into?

KAY: I had interviewed them extensively about his wonderfulnesses, and there were so many. When I have a child in the room, I will sit on the floor with them and I will draw pictures of what the parents are talking about to bring it to life. This child was a great listener and, of course, very brave, which was the key thing. They gave me some wonderful examples, like he was very good at trying new things and had no limitations in what he was willing to give a go to. It was the bravery that I zoned in on and knowing that he would probably give this a go because he always gave things a go, especially his love of tearing around and being outside in the garden.

LR: From what you're saying, the more you know about a person, the more useful the wonderfulness interview becomes because it's a reservoir of resources that you can help the client tap into to stand up against the problem.

KAY: Absolutely. I take very detailed notes in my sessions, so I have that clearly written down to refer back to at any point in time. You can always dip back into the first interview for both of these if we need them.

LR: I always go back to something that David Nylund said in this regard, which is something like, "who gets to decide what the evidence of effective treatment is?" In this instance with Eli, the evidence of the outcome was hanging the masks on the door of his room. I wonder if this would have been as effective had the clinician not been grounded in narrative practice.

KAY: That's a very kind and interesting question. And I say this boldly, but if the clinician is not practising inside of a narrative stance, they're not doing a wonderfulness interview. It's something else, and I'm not saying that's bad. I'm not saying it's not helpful. It's just not a narrative inquiry. There's a fantastic article by Victoria Dickerson called *Positioning Oneself Within an Epistemology: Refining our Thinking about Integrative Approaches*. It's an argument against eclecticism.

To be practising on a particular side, a particular framework, you have to be sitting inside of the values, principles, and philosophies of that way of practising. That's not saying you cannot take other practices from other modalities and kind of graft them into your practice, but if I'm a CBT therapist doing the wonderfulness inquiry, then I'm not doing narrative therapy. Using a wonderfulness inquiry without any anchoring in narrative therapy might yield an interesting conversation. But where would the conversation go?

A History of Standing Against Oppression

LR: Can you share the last time you used the wonderfulness inquiry with an entire family present where it was clear that the client wasn't the only one in the family who was struggling?

KAY: Yes, I could give an example, but I won't give too much detail. It was a typical teenage problem of a young person vanishing out the bedroom window in the middle of the night and hanging out with people that the parents would rather they didn't. And of course, when you come to wonderfulness inquiries, it would be silly not to draw on the wonderfulnesses that the whole family has to bring against a problem that the whole family is concerned about or involved in.

What was really lovely about this family was when we looked at the genealogy of this young person's wonderfulness, she was so appreciative of what her parents had contributed to her—the wonderfulness of the entire family. The family had really worked together as a team, which had come from doing amateur dramatics together and playing a lot together. Her father used this wonderful term—"we're really good at walking problems down." So, I took that term as a headline to the counterstory that this family had what it took to walk problems down. We then talked about other problems that they had walked down. I then interviewed the children about stories from their lives, about where they had used this ability that their parents had handed down to them.

In this case, you've got the children really speaking to their appreciation of their parents and how they've taken these abilities and used them in their lives. My sense was that this young person felt so privileged in the interview that I really think it enhanced what we call in New Zealand, in Māori, her *mana*, her sense of being respected by others. Then I wrote them a narrative letter following the interview, which really brought forth all of this. And then that was it. Problem over!

LR: A traditional, or modernly-trained clinician might look at the genetic precursors to a family problem, but you're talking about the genetic predisposition to wonderfulness which is entirely different and far more hopeful.

KAY: There are wonderful things, what I call counterstory threads and counterstory headlines, that you can pull out which the whole of the work can then hinge on. I remember interviewing a young woman, I think she was about 17, about *anxiety*, and her mother was present. We brought her grandmother in for the next session.

What emerged was that there was this history of women in the family having strong backbones. So, I interviewed them all about this history and then how they'd use their strong backbones, because it turned out that anxiety was something they all encountered and had used their backbones to stand up

against. Now you're really working with how a family history of engaging with the problem can be used to support a young person engaging with a similar problem. It never ceases to amaze me that these stories, and this history, are rarely ever known prior to these interviews. They might have had glimmers or snatches, but not in a way that is a resource like this.

LR: I can see this being so helpful in working with families whose ancestors suffered from and stood against systems of oppression.

KAY: Absolutely, because as a narrative therapist, I do see problems inside of a social, political, cultural context, but not inside the individual. A problem has its beginnings, as you say, sometimes generations back, and it's located in history. To be able to locate it there can be so liberating for people and then, as you say, engage the whole history of how a community, a family may have engaged with a problem over time.

That is particularly true for Māori families, where there is such a strong connection to ancestors and the people who walk with you and ancestral warriors and people who've engaged with colonisation and practices of colonisation. People can often trace back their ancestry to a particular ancestor who perhaps was involved in signing the founding document of New Zealand, the Treaty of Waitangi.

I'm thinking again of that young woman, Fatu, who came from a very poor Māori community. Many of the young people around her were in dire straits. One of them had recently killed himself. We located the problem at one stage inside of racism. She told me the story in a subsequent session about how she went to a party where it was mostly White kids there, and she was feeling really comfortable. She was with her friends, and then somebody said something really racist. We were able to talk about what happened at that party in terms of racism, not in terms of anxiety or how she could be more confident in situations like that. I think that meant the world for her to talk in terms of race like that, and allowed her then to engage her voice of opposition, of outrage, of agency against that problem and to talk about it, because how many young people would have

the confidence to talk about a problem like racism, unless a therapist brings that up and locates it there?

LR: As you're talking, I had the image of a tree and how a wonderfulness inquiry can help a person sprout branches of hope while remaining anchored at the roots, their ancestors.

KAY: That's just lovely. And, you know, you think about the liberal, individualistic world that we live in, and this has never been more needed. Think about how young people's measurement for what it is to be successful in the world mostly comes from social media. Today, it's all about perfection and success for measuring up to these standards, which are never unique. They are packaged versions of who people are. One of the things about wonderfulness inquiries is if you really story in depth, what comes forth is a picture of that young person which is unique to them. They can aspire to be themselves or be inspired to be like their family or their ancestors, not like the influencers on social media.

Standing Up Against Suicidality

LR: Are there any clinical situations where you would NOT use a wonderfulness inquiry?

KAY: In an emergency, such as a young person who is actively suicidal. That's not to say I wouldn't do a wonderfulness inquiry, but I almost certainly wouldn't begin there. As I said, a wonderfulness inquiry is part of a whole way of seeing the person, so I would be weaving those questions all the way through the interview to bring forth their wisdom, strengths, and abilities. Where else is it more important to do that than when somebody feels that life is not worth living? But it would be a different inquiry, and that would go into, no doubt, reasons for living. So, it would simply have a very different flavor to it.

If there were other people in the room, I would be only using them in that emergency as much as possible to bring forward a young person's resources, abilities, and strength in the face of what they've been dealing with in life that's led them to feel that they might wish to take their own lives.

LR: In such a situation, how would you respond to a critic who might say, "it sounds like you're just trying to talk someone out of their symptoms—their wish to die?"

KAY: Symptom isn't a word I would use. However, it's absolutely not about ignoring the problem. It's how you come up on the problem through a different lens, one about what somebody has to bring to put against it. You're just more resourced against the problem and understand that they may have resources to use against it, and then you fiercely engage with and on behalf of the person with the problem. It's not as direct. I'd like to think it's a more secure or more clever way to go about it, and I don't mean that in an arrogant way—maybe it's a more nuanced way.

Paying Forward

LR: As we wind down, Kay, what advice would you give to new therapists who may not fashion themselves as creative or spontaneous, and who would see something like a wonderfulness interview or narrative practice, for that matter, as too different or too uncomfortable?

KAY: Just like most things, it requires application and practice. If you want to do something in a way that is really interesting, like play an instrument or play tennis to a high standard, therapy is no different. And why should it be? I think what I'd say is there's a distinction in therapy between a paint-by-numbers kind of therapy where you have a method and a craft where you've developed skill to a reasonably high level, and then there's art or artistry.

David Epston, Tom Carlson, and I teach a worldwide Zoom program called *The Apprenticeship and the Artistry of Narrative Practice*, where we teach people how to go from craft or even paint-by-numbers to artistry. I would also suggest his book, along with David Marsten and Laurie Markham, *Narrative Therapy in Wonderland.*

When I first met David 23 years ago, I asked him what his secret was because I was just so mesmerized by his practice. He sagely said to me, and I remember his tone even now, “practice, practice, practice.”

LR: On that wonderful note, Kay, I will say thanks so much for sharing yourself with our readers.

KAY: It’s been an absolute pleasure to talk with you today. I have so enjoyed your questions and the conversation. Thank you for inviting me.

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I Could See Myself in Her … Practising Insider Witnessing in Supervision

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Technical credit for recording and transcription: Hervé Schindler

The characters in this article, as well as certain details of the story, have been deliberately changed in order to respect the person's private and professional history. This does not alter the process and sequence of events, which have been preserved in their entirety and which we are sharing with you here.

This article is meant for our French narrative community, which is familiar with outsider witnessing practices (OWP) but not insider witnessing practices (IWP).

For ease in reading, for each subheading, the name of the speaker will be included in parentheses.

Part 1 – Presentation of the practice (Catherine)

This practice was conceived and developed not so long ago by David Epston and Tom Carlson. Both mentioned it during their respective visits to France (masterclasses at La Fabrique Narrative in 2016 and 2017). I later attended a workshop in Paris where we practised holding 'insider witnessing' conversations at the initiative of Pierre Blanc-Sahnoun.

Here's how David and Tom talk about it in the *Journal of Narrative Family Therapy* (2017):

> We take this name, 'insider witnessing practice' (IWP), as the obverse or counterpoint to Michael White's 'outsider witnessing practices' (OWP) (White, 1995). It is our belief that the purposes of OWP and IWP are very similar (Epston, in press). How do we find ways for

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> clients to apprehend and appreciate our respect for them? How does one dignify the other? Here, clients, in a manner of speaking, take into their own custody the regard of another. In the case of OWPs, the regard is conveyed by strangers or outsiders; in the case of IWPs, the regard is conveyed by an intimate other (e.g., their therapist) (Bakhtin, 1993; Carlson & Haire, 2014; Levinas, 1981). Both OWPs and IWPs are descendants in a long line of similar performative narrative practices (e.g., consulting your consultant, co-research, the articulation and archiving of insider knowledges, performative letter writing, collective practices, relational accountability in couples, etc.). (Carlson & Epston, p.19).

More specifically, David Epston and Tom Carlson (as cited in Sax, 2017) describe this new practice as follows:

> Through a one-session performance, clients become witnesses to a hope-biased portrayal of their lives as performed by their therapist. […] As a result, clients become both an insider and outsider to their own lived experiences and are afforded the unusual opportunity to experience their own selves as if they were an 'other.' From this insider/outsider vantage point, they are able to experience heightened levels of meaning making, self-compassion and self-appreciation. (para. 2).

Here is the process. To make things clearer and help you understand who is who and who does what, I am applying it directly to the case that Sophie and I present in this article:

1. Sophie brings up for supervision the story of a woman she is coaching, Sandrine. Sandrine is not present; it is a classic supervision session, albeit a narrative one!

2. Sophie expresses the difficulties she feels she is encountering at this stage.

3. Catherine initiates a conversation with Sandrine (who is not there) through Sophie, addressing Sandrine directly.

4. Sophie 'plays' Sandrine. This conversation is recorded.

5. During their next scheduled session, Sophie plays the recorded conversation to Sandrine, and they use it as a basis for continuing the conversation.

But before going any further, I would like to clarify some ideas regarding the terminology chosen in French. Insider/Outsider have been translated literally as *Intérieur*/*Extérieur*, which I feel diminishes the meaning. Without insider knowledge, the outsider witness can only make assumptions. Here, Sophie was introduced by Sandrine to her life story. In French, I would rather say *initié*, which is another meaning for insider. When she speaks as Sandrine, Sophie therefore does not intervene from outside this story, as an outsider witness would, but from within the story.

It is therefore more about acknowledgment than resonance. The idea is not to ask Sophie how Sandrine's story resonates in her own life. The idea is to show Sandrine how much her story has been acknowledged by Sophie. Again, our French word *reconnaître* seems a poor translation of the English 'acknowledge'. Here is what I found when I looked up the etymology of acknowledge, intuitively finding the French verb *reconnaître* too weak to convey the narrative meaning, or at least what I believe it to be: a mixture of Middle English *acnowen* (to admit, to show one's knowledge) and *knowlechen* (to discover, to reveal). There seems to be a difference in English between recognise and acknowledge: acknowledge is more than recognise (but maybe I'm wrong), and that is why the word is very narrative. To recognize is to identify a past knowledge internally; to acknowledge is to accept this knowledge as true publicly. It seems like 'acknowledge' needs an audience. This is the idea I use when I write letters of recommendation for the people I coach, letters in which I acknowledge the person's (preferred) story to the point of vouching for them to others, which gives the acknowledgment an additional and very powerful dimension, regardless of how the person

subsequently uses the letter. This is also partly the purpose of definitional ceremonies with outsider witnesses, which aim for both acknowledgment and resonance.

With that in mind, and by way of illustration, we will now unfold the experience that the three of us had, commenting on it in terms of understanding, intentions, precautions, and effects on the various protagonists.

Part 2 – Presentation of the situation brought up for supervision (Sophie)

Sandrine came to see me following a recommendation from a friend who knew about my work as a narrative practitioner. Having also heard about narrative practices in her work, she thought she would give it a try.

Sandrine is a young woman who appears to have it all. She has a happy family life and a job she loves, even though it is a difficult one. This feeling of a 'happy life' contributes to her difficulty in understanding, when she comes to see me, what is paralysing and distressing her. Sandrine does not want to take antidepressants or anti-anxiety medication because she tells me she wants to remain lucid. She is the kind of 'strong woman' who is capable of managing her emotions and, as Catherine sensed, strong enough to assert her ideas and make her own decisions.

Since our first meeting, she has described the problem she is struggling with as 'unexplained anxiety'. How can you explain such anxiety when you have a 'happy life': a supportive partner who shares the same vision of family, a loving family, young children in good health, and a job you love? It's a demanding job, but it's in line with her values. Sandrine works in the challenging field of social and family support.

She talked to me about her professional stance. We know she is wholehearted. She has her own ideas about injustice, strong professional values, and a non-judgmental attitude towards families. She deals with families in great difficulty and children who are suffering greatly. The suffering of these children moves her deeply.

We worked on the effects that the problem has on her life. There were many: the problem isolated her, exhausted her, and prevented her from looking after her children. However, there is one aspect that she described as positive: it brought her closer to her partner.

We also discussed the pressure she had been under to remain strong in the face of what had happened to her, which had encouraged her to suppress her emotions. I could see that her family was kind to her, but there was something in their religious culture that seemed to push them to accept life's trials as God-sent, which she did not fully agree with.

I realised that 'unexplained anxiety' was beginning to take hold as I was falling into the same trap. I tried to thwart her tactics with questions, trying to help Sandrine take a stance on the effects by looking for exceptions. But Sandrine arrived at our next appointment saying that things were even worse. The problem persisted, creeping in like poison, making me believe that it was poison and that it would drive her mad.

What I noticed and found significant was that Sandrine always brought her water bottle with her. I had observed this because I always offered her a glass of water, which she declined, placing her water bottle next to her.

I had several intentions in mind as I worked with her. The first was to help Sandrine feel that I acknowledged her problem and the pain associated with it. What she was feeling should not be ignored. Another intention was to find the beginning of a counter story, a resistance to this problem, to bring her back to shore, a metaphor often used by Catherine and one that I really like. I didn't want to plunge her back into that anxiety during our sessions and, above all, I didn't want to get caught up in the game of unexplained anxiety.

Part 3 – Applying Insider Witnessing Practice to this situation (Catherine)

When Sophie talked about the situation to the supervision group, I was struck by her concern that she was going round in circles. She even felt that things had gotten worse for Sandrine between the first and second sessions. But I knew what

Sophie was capable of. So, my main intention was to reassure Sophie and perhaps Sandrine as well. My interview would have to serve Sophie and Sandrine as much as possible.

We did not ask Sophie any additional questions in the large group as we usually do to clarify the situation. I preferred to start from Sophie's raw account, as if it were an individual supervision session.

I had in mind that Sandrine's father viewed his daughter's difficulties from a religious perspective, considering them a trial sent by God. I also seemed to hear Sophie making some connection between Sandrine's job, the rather violent institutional context in which she worked, and the 'unexplained anxiety' that had crept into her life. I had also heard the force with which Sandrine tried to say that her life was beautiful, as if this prevented her from complaining. Sandrine touched me as much as Sophie did. Perhaps it wasn't as clear as I'm making it sound now, but I think it was all there, in a way that was perceptible if not intelligible.

Here is the transcript of my conversation with Sophie-Sandrine, then Sandrine-Sophie, interspersed with comments analysing the process or attempting to translate what may have guided my questions and remarks.

Catherine: Sophie, we are testing a process in front of the supervision group. You told us a little already about Sandrine and the 'unexplained anxiety' sharing her life. You told us a number of things and said that you could see she was suffering and that you felt you were going round in circles with her. We thought this IWP process might be useful. Do you agree?

Sophie: Yes.

Catherine: OK, this might seem a little weird at first, as it's being recorded, but the idea is that Sandrine will be able to listen to this conversation

with you again at a later date. Do you have any questions before we start, or is there anything you'd like to add?

Sophie: No.

Catherine: OK, that's fine. In that case, I'm going to ask you to close your eyes … Really close your eyes … and from now on, I'm going to talk to Sandrine directly through you. Can you try to imagine that, for the duration of this conversation, you are Sandrine … It might be important to close your eyes; it will take you somewhere else, back to the conversations you've had together … Is that OK?

Sophie: Yes.

Even though Sophie knew the process I presented to the group beforehand, I found it important to set the scene to get her in the right frame of mind. It was also important to allow Sophie to settle into Sandrine's shoes. I don't know anything about hypnosis, but I think the beginning of the conversation is a bit like that.

Catherine: Sandrine, I'm very honoured to meet you. Sophie told me a little about you, but I don't know much, except that you live with this 'unexplained anxiety' that you both call 'poison,' or at least that you, Sandrine, call 'poison.' From the work you've started with Sophie, I also know that this 'unexplained anxiety' starts as soon as you wake up and that it's not very understandable to you, given that your life is otherwise great. But what's also troubling Sophie is the impression that it's gotten worse from one session to the next. She told us about the effects it has on you: this 'unexplained anxiety' prevents you from going out on your own and from making appointments. Sophie feels that it is actually getting worse. And that's why she talks about going round in circles. Sandrine, what makes you come back to see

Sophie? What has perhaps been important for you in these conversations with Sophie? What has changed for you?

I was meeting Sandrine for the first time, which is why I explained the context of our meeting. I called her Sandrine twice to make sure Sophie was in character, and I talked about Sophie in the third person. Personally, I preferred the expression 'unexplained anxiety' to 'poison' because poison seemed more like an effect. And in the expression 'unexplained anxiety', 'unexplained' was just as important as 'anxiety', in my opinion. With my question, I also wanted to highlight the work Sophie had already done; I find that supervision too often focuses on practitioners' shortcomings rather than the progress they have already made. I was working on the assumption that Sophie and Sandrine had not been going round in circles, restoring knowledge to Sophie and Sandrine.

Sophie's Sandrine: I need to be listened to. I listen to others a lot. I have a family, children, a job that isn't easy, but I love it because I love helping others. Children who are suffering are … are something that affects me deeply. But no one listens to me; I'm always fine, I'm a very strong person. I'm a good thinker, and people know they can count on me no matter what. I'm someone who listens to everyone, but no one ever listens to me, and when I come to see Sophie … She asks me where I want to sit, and I choose the armchair, and then she just listens to me … and that feels good because … no one ever listens to me. I really feel like I need to talk. I need people to pay attention to me.

This idea of 'not being listened to' was new to me. Sophie hadn't mentioned it before. I was surprised, and I had to get rid of the idea of dealing with

'unexplained anxiety'. Hence the next question, which allowed me to 'rebuild' myself!

Catherine: I'd like to ask you a silly question, Sandrine. Why did you choose the armchair?

Sophie's Sandrine: I need to sit down, relax, because tension is painful. My brain is racing all the time. It tires me out, it tires me out enormously, it's … And then I need to sit down, relax, yes … to let go, to settle down. I sit comfortably in the armchair, well, I do what I can to be comfortable, because it's not easy to be comfortable with … with the pain of anxiety, but … but then I sit down, and I can breathe.

Catherine: Are there one or two questions that Sophie asked you that surprised you or interested you?

I'm not sure where to go, so I choose to rely on Sophie's work.

Sophie's Sandrine: When she asked me about my father … I don't think I fully understood … what my father says is that I have to go through this; it's a test for me. You see … in our religion, there can be trials, and he tells me that this is a trial for me and that even if it's painful and I'm suffering, I have to take it on because it's a trial sent by God. And then I realised, when she asked me the question, and I don't remember the exact question, but the idea was: what did I think about it? Actually, I wanted to say that this way of seeing things prevents me from being sad, from suffering, from being angry. In fact, it prevents me … I don't know why I say 'angry' … it prevents me from letting myself feel my emotions. I'm not allowed to have emotions … and that … that …

Catherine: Because it's God's will?

Sophie's Sandrine: Because my father tells me that it's God's will. And so, I can't feel anything, I can't let myself go, and even though everything in my life is fine, I'm suffering, and I'm all alone with this anxiety. And no one listens to me.

I found it interesting when Sandrine replied: 'Because my father tells me that it's God's will'. As if she didn't agree with that, as if she had her own view of things. And indeed, we had brought out an important idea, which is that viewing difficulties as trials to be endured by God's will deprives people of the right to complain. But I didn't want to cut Sandrine off from her father by criticising his beliefs. The person is not the problem, nor is her father. I did wonder, however, how Sandrine came to think differently from him. I could have pressed her more, because I suppose it takes a strong character to question your father's beliefs in this type of family culture. It requires principles that are far superior to belief and very firmly established.

Catherine: How did you come to this conclusion, Sandrine? This family idea that it's a trial sent by God and that you have to accept it … How did you come to this other idea that it can prevent you from being sad or take away your right to be sad?

Sophie's Sandrine: Actually, when I do this with the people I work with, children who are suffering and being bullied, I happen to see so many things … If I do the same and come to think that it's a trial and not listen to them or consider what they're going through, then I'm not helping! I'm not acknowledging their suffering! … Well, I … I … And that's how it makes me feel. I couldn't do that to people. I couldn't just tell people: this is your destiny; you have to live with it. Am I going to tell children that being raped is their destiny? And tell them that they

have to live with it, that they're suffering, but everything will be fine, cause God sent this to them! I can't do that.

Catherine: When you can't say that in the face of these children's suffering, it's like you choose a different stance. You seem to choose to do things differently … Where do you think that stance comes from, do you know?

Here, she said what she didn't want to do with the children and families. I emphasised the fact that she chose to do things differently. If her attitude didn't come from her father, where did it come from? Where did Sandrine learn that she could think and act differently, or that she could counterbalance fate when it's rotten?

Sophie's Sandrine: I talked about it with Sophie. I was talking about listening. She smiled; I think it reminded her of something … I was talking about listening and … I think it comes from my mother … but my mother … she never says anything. My mother is originally from Portugal. She's a very, very intelligent person who came to France … She pursued higher education, but now she cleans houses. She tells herself it doesn't matter because she's not in her own country and she accepts it as it is … and I think, I don't know why, but there's something gentle about my mother. But I'm sad because she accepts things because it's not her own country. I find it hard to understand why she accepts it.

Catherine: Is there anything in particular that makes you say, Sandrine, that your mother is a very intelligent woman?

Sophie's Sandrine: I would find it difficult to say, but she *(a lot of hesitation)* … she is very intelligent because she is really good at listening, and she is

very gentle. And that's what makes me say that she is a very intelligent woman. I wonder if that's why. Maybe it's more my sense of injustice that makes me want to work with children having hard times. I wonder if it is because of that care and gentleness. I want to be gentle with the children. I want to be gentle with the families. Besides, we're not given any resources, so the only thing I can do is listen to the families and help them … In fact, I have a lot of anger inside me. I do have a lot of anger inside me.

Catherine: Maybe you have an idea of what these children are going through … maybe … for these families …

Sophie's Sandrine: Yes, it's unbearable what these children and families are going through, but because of the system and the lack of resources, well, we don't have much choice … I do not believe in the system any longer, so I do everything I can to help the families because otherwise they're let down. There are no resources; they're being let down, so I just get on with it. I listen to the children and work with their families to make things better for them. But it's unbearable, really. The system is letting them down. The system is really letting them down.

When I re-read this transcript, I think I could have continued exploring gentleness and listening as signs of a shared intelligence between mother and daughter and as the beginning of an alternative narrative to the unexplained anxiety, but I had the impression that Sophie had made a connection, and I wanted to explore it. I thought that the 'unexplained anxiety' might come from her difficult work with families and children in great distress. Sandrine's anger towards the system allowed me to do so. I could also have gone further with the idea that, since the system had let them down, she was 'making do' in her own way. Which way? Based on what ideas and strengths of moral character? I also think it would have

been interesting to allow Sandrine to stay in touch with certain 'parts' of her mother despite her life choices, which were incomprehensible to Sandrine.

Catherine: Sandrine, when I hear all this, I think I can understand. I've met a lot of people working in this sector. When Sophie was talking to us earlier about this support, I had the feeling that she made a connection between injustice, suffering, and ultimately misery—not necessarily financial, but the misery experienced by these children and families—and maybe sometimes, I don't know, I'm just guessing, maybe sometimes a feeling of powerlessness in the face of this system that we can't change … Do you think, as I think Sophie may have thought, that there could be a link between that and anxiety?

Sophie's Sandrine: I don't know. I don't know to what extent … I told Sophie that it had happened to me once before. I stopped working, but it wasn't as intense. I took a month off work. I was able to take care of myself at that time. And then when I came back, things were better, and it was … And I feel supported by the team anyway; I love this job. But I also feel like I'm part of a system that doesn't listen. I feel like I'm part of the system too, and that means that the injustice and the problems are part of me. It's not like they've invaded me …

Catherine: As if you were accomplices?

Sophie's Sandrine: No, not accomplices *(change of tone)*, definitely not accomplices, but in fact it invades my whole life and even my personal life … No one listens to me. At work, I feel like we're a team and we listen to each other, and it's not easy, but I still feel like I'm doing something good. But not being listened to at home is difficult for me.

I realised here that Sandrine's issue was not work, where she feels listened to, but her home. This changed everything and closed my previous hypothesis about 'unexplained anxiety'. I acknowledged this new idea, took the time to note it down and check it out.

Catherine: I take my time sometimes, but that's because I'm taking notes … You're emphasising quite strongly, Sandrine, that you don't feel listened to at home. Is this something that you would say is very important, more important than not being listened to at work, equivalent, or how …

Sophie's Sandrine: No, because not being listened to at work is not an issue in the institution I work for. We're a team, and we listen to each other. There are psychologists … There's a listening culture …

Catherine: OK, so you work in a kind of institution where people listen to each other …

Sophie's Sandrine: Yes. Since the larger system doesn't provide any resources, we do what we can, but at least we help each other … and we do what we can. But at home, I'm not recognised. I'm tired. Something's not right, I'm not recognised, no one recognises me … it's as if I live in two worlds: on the one hand, there's my professional life, where there's suffering and where that suffering is acknowledged, and on the other, I come home and there's a kind of … denial, something that … But my mother, it's completely unfair that she came from abroad and can't live as she really is, that she has to do cleaning and is constantly being downgraded. She's a foreign woman in her own country, France … and there are lots of things like that …

At that stage, my wish was to separate the lives of these two women living in different contexts. I'm not sure at all that that was the right thing to do, but my hope at that stage was to put Sandrine back in the context of the women of her time, not of her mother's time. They're linked by their listening skills, certainly, but not really by similar life experiences. Now that I think about it, I can see better why this idea of her mother accepting what I would call 'unfair' treatment was so important to Sandrine. I should have asked more.

Catherine: But you're talking about … are you talking about your mother again, Sandrine? …

Sophie's Sandrine: Yes.

Catherine: What connection do you make between the lack of listening you experience within your family and your mother?

Sophie's Sandrine: Well, my mother kept quiet. She's withdrawn; that's how she is. She's a woman and *(long silence between Catherine and Sandrine)* … She chose to keep quiet, my mother did.

Catherine: I see.

I allowed the silence to give Sandrine time to reflect on her mother's deliberate, chosen position. However, we were reaching the end of the time we had set aside for this conversation.

Sophie's Sandrine: It's a choice, because as I told Sophie, she always said it was fine that way.

Catherine: It's a choice, as you say, that was made in a very specific context, don't you think? Which is that of your mother and her arrival in

another country. The paths of migration are not easy paths, or at least they are somewhat unusual paths. Is your personal background similar to hers, or is it different? If it's different, how might it help you to think about it? Or would you prefer to think about women in general within the family, and more specifically, women who work? Because you mentioned that people could count on you. Would you be interested in thinking about this, about the pressures women are facing? Women like you, like Sophie, all women who are working mothers, wives, etc. The pressure they feel to be strong and to be as strong at home as they are at work. Is this something you might be interested in exploring?

I had two ideas here: consider that her life is different from her mother's and see what that might change for Sandrine. Or discuss the place of women in our modern society and the pressure to remain strong. I didn't quite understand the answer I got, but I didn't really have time to ask any more questions. However, throughout this exchange, Sandrine very often said that she 'talked to Sophie about it'. I sometimes felt a bit useless … But I didn't take offence, imagining how much Sandrine would appreciate, thanks to me, that Sophie remembered her stories, showing that she had listened to her. Perhaps my job should be more to show that Sophie listened, understood and acknowledged, to the point of 'acting it out', rather than finding new ways to move forward.

Sophie's Sandrine: Yes, I remember talking to Sophie about a family with a child who had been in social care a lot, a family with a lot of problems, and because they didn't have the means, and the mother had a lot of problems, she was said to be dysfunctional. There were a lot of problems with the mother, but she was there, and sometimes when she came back, she was there for the child. At one point, I decided that I had to give her back her consideration, that I had to work with

her. I can't do it without the mother. I have to work with her. Since the system doesn't allow it, I must give empowerment to the mother. Maybe it could be interesting to work on what my mother went through and what I'm going through in this family, and also the importance I place on my work. My work is very difficult. It's difficult, full of suffering. I want to work with the mothers who are there, since the system isn't going to help them regain power over their lives. I want to try to help them with their children, since anyway … Yeah, that's an idea we could explore …

Catherine: What comes to my mind, Sandrine, is how much we depend on ourselves as women, how much we need to be strong, and we could talk about that. It would do me good, even me, to talk about that. We're coming to the end of this conversation, Sandrine, and I just want to say that it seems important to me, based on the thoughts we've shared in this little conversation, to help other women discuss these ideas of strength and the way we count on them, taking away their ability to complain. You could say that being a strong woman is great, yes, but the mothers you talk about, who are sometimes present and sometimes not, have the right to be mothers, even if they are less 'strong'. That's where I am in my thinking. Sandrine, would it be OK for us to stop there, or would you like to respond to what I said before we go?

Sophie's Sandrine: It's fine with me to stop there. I'm really OK with stopping there. Thank you very much.

I can understand why Sandrine thought it was better to stop! My last comment was a bit rambling … but I never knew how to conclude …

Catherine: Sophie … if you'd like to come back …

Sophie: Yes, it's not easy …

Catherine: How are you feeling? Maybe we can … or no, let's continue with the recording.

Sophie: At the end, I felt, as Sandrine, some quietness coming up, something peaceful.

Catherine: To debrief on the exercise itself, what was it like to step into Sandrine's shoes?

Sophie: It's not that easy because when you're having conversations as a therapist, you're involved in the conversation and sometimes you choose one path and sometimes another … So it's not easy to be on the other side, but at the same time, your questions and 'me as Sandrine' opened me up to other possibilities. I'll have to analyse it a bit with some hindsight, but …

Catherine: It would be good to do this analysis with Sandrine after letting her listen to this exchange.

Sophie: Exactly, I think it's very important to co-construct something with the person. I'm offering to co-construct with her. And Sandrine is a really nice woman. And really, yes, the feeling I got was that she's not being given a voice. Of course she must be feeling things. She can't say them, and she can't rest, she can't be weak …

Part 4 – Continuing the conversation between Sophie and Sandrine (Sophie)

Following this supervision, I decided to use this recorded conversation by playing it back to Sandrine.

Not really knowing where I was going, as this was my first time trying this practice, I hoped it would help move our conversations forward. I chose to use it as one might sometimes use documentation written for clients that reflects our discussions. Of course, on this occasion, she had not participated in the

discussion. I decided to play her the recording (without our supervision comments) and see where it would lead us.

I prepared a series of questions with the intention of using the technique developed by Michael White for outsider witnesses. It seemed obvious to me that this would allow her to become a witness to what I, as Sandrine, had said about her. Like mirrors reflecting other mirrors. At the end of this, I hoped that she would be able to grasp the ideas suggested by Catherine or perhaps find new ones … by opening new doors.

It turned out that Sandrine called the process we had together 'Mirror'.

I took care to explain to her the context in which we had conducted this 'Insider Witnessing Conversation' with Catherine, following my request made during supervision. I knew she would understand, as she herself regularly interacted with a multidisciplinary team for her work, including psychologists, etc. I also told her that I might have been mistaken and apologised in advance, but that she should feel free to say so, as she had a say in the matter. This is not a technique of enchantment or magic. I always take care, as taught in narrative practices, to consider the client as the expert and allow them to tell me if I am wrong.

It turned out that, on that day, Sandrine surprised me. I saw her arrive without her water bottle and looking a little happier. What had happened? Had I not been going round in circles after all? As usual, she took her seat in the armchair.

I started listening to the recording with her, which made me a little uneasy because I admit I wasn't very comfortable with the idea. What if I had been completely wrong? She was very attentive and focused, as usual.

From the very first moments, she began to cry. I noted in my notebook the moment when this emotion appeared, coinciding with the passage about children who are suffering. Was this a lead we could explore?

“I need to be listened to. I listen to others a lot. I have a family, children, a job that isn't easy, but I love it because I love helping others. Children who are suffering is … is something that affects me deeply.”

I promised myself that I would ask her this question once we had finished listening to the recording. I had planned to ask her what had particularly touched her when she listened to it, what she had particularly remembered, how listening to herself through me could help her move forward, and what ideas could be explored as a result. But I asked her what had made her emotional when she heard the part about children who are suffering.

She replied that it wasn't so much the subject matter as the fact that she felt recognised and listened to. She was very moved to hear herself speak. She even used the expression, ‘I was able to read into her.’ ‘Read into her’ is a strange expression, I think. As if she had access to a story, like reading a book. She also said that listening was something valuable for the people she supported.

So, Sandrine entered into the game of herself through me. Vulnerability moved her deeply. This situation touched her greatly. And she opened a door that had never appeared before.

It began with ‘I feel like I've come to the end of something.’

She then described a situation that went wrong for a family she was engaged with. She usually takes great care to build relationships with families before starting anything. She takes the time to listen to them. However, she was urged to make a report about a family she was meeting for the first time. She didn't agree to do so without first establishing a relationship with the family and getting to know them. From experience, she knew that these were necessary conditions for things to go well for the child and that reporting was not necessarily the solution. The consequences were disastrous for the child, the family, and ultimately, for her. She was unable to build the relationship that was so important to her, and that would have enabled her to provide support in the future.

At this point in the conversation, Sandrine began to question how well she listened to herself, her mental load, and the fact that she would like to be listened to more, particularly within her family. She has two young children, and like many women, she is the one who takes care of them in the evening, feeds them, bathes them, puts them to bed, etc. She talked about her work-life balance and started to consider reorganising her working hours. She talked about being listened to and listening to herself as a vital need for her, 'in order to exist'.

We concluded with the idea that she needed to listen to herself and let go of the pressure, including within her family. This conversation highlighted that the issue was not only that she did not feel listened to at home, but also that the system in which she currently worked did not—or no longer did—correspond to her values. Listening and building relationships are values and skills that enable her to feel when tension arises during meetings and to respond in a simple way, such as offering a glass of water, and to take care of others, including her colleagues.

All this struck her from the very first moments after listening to the recording, when she said, emotionally, "I felt recognised, considered, and that I had come to the end of something."

Let me add that any mistakes I may have made about the details of her life during the interview with Catherine were not important in the process and were very calmly dismissed from the outset.

The reflection, the mirror, this image used by Sandrine to describe what she had experienced during this conversation is an interesting metaphor because if she was able to see herself through me, what made her feel recognised? What had I acknowledged in her that was perhaps due to my own history, my history as a woman, and surely the history of many women? I shared her emotion, which I could feel from within. At the same time, she could recognise herself through me. And so, we came together.

'Being able to read into her' is a metaphor I really like, as if it gives meaning back to a story …

As far as I am concerned, I feel like a door has opened.

Part 5 – Additional theory following feedback from Sandrine and Sophie – with help from David Epston

I (Catherine) do not find it surprising that Sophie feels attracted to Sandrine's expression that she was able to 'read into her'—'from the outside'—given Sophie's initial training in anthropology and ethnology. I am reminded of the story of Kirsten Hastrup, a professor of anthropology at the University of Copenhagen. David Epston recounts Kirsten's story with Tom Carlson in the article "Insider Witnessing Practices: Performing Hope and Beauty in Narrative Therapy: Part Two." I learned afterwards that Sophie had read it before and had made strong connections between Kirsten's story and this experience of being an insider witness.

Rather than talk about it less favourably than David, I took the time to quickly translate the following relevant excerpts for our French narrative colleagues:

> In 1995, I (David) chanced upon a chapter in a book of Hastrup's entitled 'Passage to Anthropology'. [...] Hastrup tells how, in 1987, the Copenhagen theatre group 'Odin Teatret,' led by Eugenio Barba, approached her with the unusual proposal, not unlike that of an Act 1 of IWP, to create a theatrical performance 'of my history' (Hastrup, 1995, p. 127).
>
> […] She then started meeting with the entire cast of the theatre company. They asked varied and diverse questions of her such as, "What did you sing as a child? How do you call cows in Iceland? …" took extensive notes and created a common language. Barba then requested that during the meetings with the company members that Hastrup tell them "the 21 most important events in my life" (p. 131). She found that "the events poured out in no obvious pattern, and I saw how my life had indeed been a process and not only a series of sequences … Writing myself produced me both as a text and as a person" (pp. 131–133).

She remembered that “as the group became increasingly focused on the performance, I experienced an increasing degree of off-centeredness and could not see what role Kirsten was going to play. I was not given any clues about the actual performance … I had a feeling 'Kirsten' was taking on a life of her own.” She was finally invited after some months to a rehearsal at which, “I watched, laughed and cried … […] Most important, I was represented by another woman” (p. 134).

What might very well be pertinent to consider in IWPs was that her first response to seeing this representation of herself came as a surprise to her: “As it happened, when I first saw ‘Kirsten’ on stage, she was no longer me. She was not-me” (p. 134).

After watching more rehearsals, Kirsten wrote, “As the tears in my eyes would reveal, I was overwhelmed with the precision with which the group had grasped the essence of my stories. They had told the ‘truth’ about ‘Kirsten’, but it was not-me … It made me see myself more clearly than before. Through the selective fiction of not-me, my reality became focused. But there was a crack in the mirror allowing a separate reality to be seen: a reality of not-me. I was enchanted by it. The presence of other spectators entailed an astonishing reorientation to my view of Kirsten on stage: she was no longer not-me, but had become not-not-me. It is a general truth about performances that they catch their audiences by being not-real and not-not-real at the same time” (p. 136). […] “I could neither identify with nor distance myself from Kirsten on stage. She was neither my double nor another. She restored my biography in an original way, being not-me and not-not-me at the same time. I was not represented, I was performed” (p. 141).

[…] Hastrup concluded, “I became an invention to myself … Barba extended and challenged my identity in ways that are barely knowable, but which surely led me to courses of action that I would

> not otherwise have considered possible. Possibly I had actually become more of a character" (p. 144).

In conclusion to our article, and to explore further in deconstructing supervision methods (or intervision or altervision, whatever the term), could we not ask an even more dizzying question:

Why is it that the person whose subject is being discussed in supervision is precisely the one who is not present? Why even use a recording? Where does this idea come from, in the history of psychotherapy, coaching, and social work, that supervision should take place without the person, family, or team whose situation is being examined? How did this practice develop, and on what foundations? Is it possible to imagine removing additional barriers (which reflective teams in family therapy, followed by outsider and insider witnessing in narrative therapy, have already begun to break down) while still maintaining professional ethics and protecting the persons and those who support them? Wouldn't the person, family, or team be the first to have valuable assets for supervising their own coach, therapist, or social worker? Or, at least, be present? With the practice we describe in this article, are we not still maintaining some position of power, legitimised by so-called knowledge, which is so opposed to the aim of narrative practices, i.e., to re-situate useful knowledge and skills for personal agency into our clients?

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