An Apprenticeship in Extremis

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Why do we describe this as 'an apprenticeship in extremis'? Joanna had previously spent approximately 50% of the previous eight years in admissions to psychiatric hospitals, and her life was insecure when she was at home; she had received 12 diagnoses, including Temporal Lobe Epilepsy, and was receiving a cocktail of more than 12 medications.

Since this therapy was conducted online, all the conversations between Jo/David/Joanna and Pieter were recorded. David had lost his record of this when he changed computers, much to his dismay. It was only in 2015, when David returned to teach in Johannesburg and met Jo after all these years, did he learn that she had saved the correspondence to hard copy. David and Jo contacted Joanna and Pieter, and they agreed to publishing this online because it is important to them that there are witnesses to her struggle and survival. After some discussion, we all agreed that they provide us with pseudonyms.

Introduction

It was 1995, and in South Africa, everything seemed fresh and new. Apartheid was officially over, racial inequality supposedly a thing of the past. We were becoming a democracy without the expected bloodbath everyone was bracing for before the 1994 election. We were a rainbow nation in the making with a new flag and a new national anthem, that I still had to learn all the words for. The political changes opened portals of hope and brought the excitement of change. South Africans had new opportunities to get to know one another as equal humans, not as bosses and servants, maids and masters.

This time in our country's transformation was marked by hope and upheaval. We held our collective breath as rival factions of the previously banned liberation movements vied for influence and the old regime resisted change. Negotiations towards a democratic constitution unfolded into one of the most progressive constitutions in the world. Our Bill of Rights protects civil, political, social, and environmental freedoms – which were absent in the apartheid regime.

Against this political backdrop, I was happily married, and I worked part time at Vista Psychiatric clinic in Pretoria. Trained as a registered, psychiatric and maternity nurse, I preferred working in psychiatry. While nurses couldn't provide therapy or influence patient treatment, we followed modern diagnostic criteria and referred any irregularities to the psychiatrist. Psychiatrists are the team leaders; nurses the support staff.

One day, I bumped into Prof Dirk Kotze at the clinic, who had recently returned from Australia, where he studied with the narrative therapist, Michael White. Dirk and his wife, Elmarie, decided to introduce narrative therapy to South African students in Pretoria. I signed up for a short course the professor offered and found it so inspiring that I then commenced an eight-year exploration into storytelling as a form of therapy.

I became intrigued by the postmodern position of the therapist: as collaborator and co-traveller rather than nurse with expert knowledge and the patient with no power. Psychiatric nursing is a modern discipline and social science, while narrative therapy is seen as a postmodern healing practice not vested in the fixing or "healing" of the client. Narrative therapy honours the stories people choose to live by. Central to this practice is the distinction between problem-saturated stories, which are shaped by limiting narratives, and preferred stories that reflect a person's hopes, values, and unique ways of responding to life's difficulties with co-created multifaceted stories that the client chooses to live into.

Before I could join this course in narrative therapy, I needed to complete an undergraduate degree before enrolling in the University of Pretoria's Master Practical Theology with Narrative Therapy as praxis program. Five years after my initial accidental meeting with Prof Dirk Kotze, I was sufficiently academically qualified to enter the academic world of practical theology and narrative therapy as a master's student. At forty-five, optimistic about new opportunities, I hummed "Nkosi Sikelele Africa"[1] under my breath as I bought a rucksack and Doc Martens, excited to celebrate my new student life. Like the rest of the "New South Africa", I had a new beginning.

[1] Nkosi Sikelele Africa is South Africa's national anthem.

Michael White and David Epston, the originators of the narrative approach, visited South Africa on several occasions between 1992 and 2004 and conducted workshops in various centres in the country. I was very fortunate to learn from both in person.

The problem story

Working night shift

I worked nights in psychiatric nursing to support my studies. One night, I reported for the night shift at 18:45 for a “handover” from the day staff. The day nurse looked exhausted and said they had had a trying day. They admitted a familiar patient, Joanna, who had a reputation at this psychiatric service as a difficult patient, often attempting suicide and self-harm. According to the day report, Joanna turned the entire clinic on its head within minutes of her arrival. She resisted her admission, in "crazy acting-out behaviour". They said the patient was loud and refused a voluntary admission, tried to run away, and even climbed a tree to hide from the admission nurses. Her resistance earned her admission to the small isolation room adjacent to the duty room, where there was a one-way mirror for observation. We were given strict instructions to keep her on suicide watch as a serious suicide attempt preceded her admission. The chaos necessitated isolation, observation, and chemical restraints.

Although experienced in the critical moments of clinical psychiatric nursing, I felt concerned about what might await me that night. I timorously peeked through the one-way mirror between the nurse’s station and her room, and espied a tall woman, lying motionless on a mattress on the floor, both wrists heavily bandaged. She was breathing easily. For her protection, the isolation room contained no glass, sharp items, or extra furniture, merely a paper cup, a bedpan, and her mattress. The day staff were visibly relieved to go home.

During my shift, I performed my regular tasks, which included counting medications, reviewing prescriptions, distributing night medications, assisting patients who had difficulty sleeping, and providing support to those requiring additional attention. I remained concerned about Joanna, alone on her mattress, but every time I checked on her, I found her sleeping soundly.

At about 02:00, I had a few moments to myself and opened one of my new narrative therapy books. I was thoroughly engaged with a chapter describing the challenges two therapists encountered in their efforts to decrease the incidence of "self-abuse" within their facility. They found that arguing against self-abuse and offering possible alternatives were counterproductive. They decided they would try “co-research”, something they were introduced to at a David Epston workshop. The topic seemed rather relevant, considering the story of the new woman in the isolation room. I doubted that an approach like this might be implemented in the ward I was working in, and in reply to my musings, whispered to myself: “This method will never work here.”

The practice that was being described is known as the privileging of insider knowledges and entailed the identification of the knowledges persons had about their problems and how therapists might join them in countering these difficulties. The authors concluded that acknowledging their own lack of expertise and the resulting co-research, made it possible for their clients to find voice and share their insider knowledges (Nosworthy and Lane, 1996).

Meeting Joanna

Suddenly, I heard a soft noise. I looked up to see an attractive, tall woman with a shock of tousled blonde hair in front of me. She was dressed in crumpled day clothes, clearly slept in. I had no idea how long she had been standing there observing me, just as I had earlier observed her without her knowledge. I got up from my chair and introduced myself. She held a cup of strong local coffee out to me in both her bandaged hands. Coffee was technically contraband in the clinic at that time of night, but I chose not to mention it.

It dawned on me: “Ah, this must be the ‘difficult’ patient day staff told me about”. Although alarmed by her sudden appearance, I was relieved that she seemed calm. We shared friendly banter and were curious to get to know one another.

“Hi, I’m Joanna,” she said. “Who are you?”

“Hi. I am Jo. Thanks for the coffee. Do you want to sit down a bit?"

It was a common practice for patients who woke in the small hours of the night to find the duty sister for a chat. Joanna was coherent, awake, witty, and clearly astute. Her demeanour was unexpected, considering the information provided in the handover report. She told me the condensed version of her life; that she had been struggling with mental health issues since the age of sixteen, in and out of psychiatric clinics. She briefly mentioned that she had spent six months a year on average hospitalized in the past eight years. She soon became disinterested in her "story"; one I expect she must have repeated many times before to mental health care providers. Instead, she turned her attention to my book. "What are you reading?" she asked.

"Oh! This book! It is an introduction to narrative therapy", I responded.

She took the book from my desk and paged through it with growing interest. Somehow puzzled, she asked: "So what is narrative therapy?"

Even now, I hate that question. How does one describe these rich, emergent, collaborative, culturally-relevant practices in a nutshell?

"Well," I tried to explain, "in this approach, the person is the expert on his or her own life. The person is not the problem, the problem is the problem." She looked at me, clearly confused.

"It's called externalizing the problem..."

"Externalizing the problem!" she exclaimed. "I've been trying for years for somebody to understand what is wrong with me. Every time I get sick, it's as if there is a broken toaster in my soul that nobody can reach or fix. They keep adding diagnoses to the already long list of diagnoses I have! How do you externalize a problem like mine?"

I tried to explain: "Well, theoretically, narrative practitioners want to meet their client outside of clinically diagnosed problems. For example, I would have loved to meet you as Joanna the person first before the Joanna who is regularly admitted to clinic, struggling with survival and suicide."

We playfully externalized depression and wondered what its voice might sound like and what it might say to a person. What might depression's intentions be for

a person's life? Who might depression favour as teammates? Joanna particularly enjoyed this metaphor as she said she'd expressed her own process of attempting to weed mental illness from her brain through art.

I was happy to report to the day staff that Joanna, although awake at 02:00, was calm, friendly, and slept well for the rest of the night. The next night, when I reported for duty, Joanna was waiting for me, eager to show me her painting. It perfectly illustrated externalization to me!

Joanna was discharged a few days later. Before she went home, she asked me for a narrative therapist's contact details because she wanted to learn more about this approach. Not long afterwards Joanna and her husband invited me to help as her therapist, using narrative therapy. Although I declined their offer at first, they were not dissuaded by my lack of expertise, in fact, quite the opposite. They insisted that if I agreed, "We will all learn this narrative approach together".

Co-research as the creation of alternative knowledge

"Don't worry," Joanna assured me. "I've had more experience of 'being in therapy' than you've had of 'being a therapist'. I know the ropes."

All she wanted from me was someone to listen to her, to believe her, and to accept her as a person with worth. That I could do. I was also actively learning narrative therapy and becoming more adept at narrative philosophies and practices. Joanna was more than willing for me to try out the practices I learnt and read about, and discuss the effects they had on her. We stuck to our agreement to tackle this journey together for her to heal and for me to learn.

Co-research is a term I came across in my narrative studies. David Epston (1999) coined this phrase to describe these unusual ways of working:

> I chose to orient myself around the co-research metaphor both because of its beguiling familiarity and because it radically departed from conventional clinical practice. It brought together the very respectable notion of research with the rather odd idea of the co-production of knowledge by sufferers and therapist. What made this possible, in the first instance, was a thorough-going externalizing conversation, one in which the problem was a problem for everyone – and here I included myself. Here's where I parted company from the disinterested ethnographer. This has led, and continually leads, to practices, to discover a 'knowing' in such a fashion that all parties to it could make good use of it. Such knowledges are fiercely and unashamedly pragmatic." (From empathy to ethnography section, para. 7)

Joanna taught me first-hand the effect of our words on one another. She was quick to pick up and point out my 'nursing' voice wanting to offer suggestions and shared a story about something her art therapist said that had distressed her and pushed her to the edge, resulting in her most recent attempt on her life. The art therapist had apparently suggested that Joanna was toxic and that she should be divorced from her family for them to be safe. It soon became clear that Joanna was not the toxic one, but that the art therapist's "well-meaning" advice had been devastating to Joanna's gentle heart. Joanna's core values centred around light, love, and laughter. BUT I was confused. If Joanna opposed violence in our society, why was it ok for her to harm herself?

Her story

Joanna was thirty-four years old when we first met. She is a white Afrikaans woman, married to Pieter. They had two near-adolescent children. They chose to live outside the hustle and bustle of the city and settled on a picturesque, rustic, small holding.

In her birth family, Joanna was the eldest, with a younger brother. Their father was jovial, outgoing, and sociable, while their mother was more reserved. Joanna's mother saw herself as educated and classy with a postgraduate degree in German. Her children and their academic success were very important to her. Joanna told of growing up in a "perfectly normal" home where her father was the head of the household and her mother the caregiver. At times, her father drank too much and became abusive. He was "the captain of the ship"; they even

referred to him as Skipper. In true Afrikaans tradition, there were different sets of rules for family members: Skipper, as the head of the household, was the boss, and he ruled it as his kingdom. His wife and children had different rules to live by. They had to behave, excel at school, and go to church on Sundays. Although Joanna achieved excellent grades, she never felt the As were good enough for her parents, even though her report card earned her a measure of praise, acknowledgement, and their love.

Joanna's mom was extremely unhappy in her marriage and sought solace in a clandestine relationship, to which Joanna was a silent witness. Joanna was sworn to secrecy about her mother's male visitor and knew she held the family secret in her hands. Her mother told her that Joanna was her reason for living, because Joanna was her confidante and pride. "Without Joanna, I would kill myself", her mother apparently repeatedly said. Joanna knew that she was responsible for keeping her mother alive and understood that it was her role to keep peace in her family as their carrier of secrets.

By sixteen, Joanna had had enough. Morally outraged by her father's verbal abuse, the secrets in her family, and the family's double standards, Joanna stopped eating. Joanna felt the weight of the secrets she was guarding and sweeping all unpleasantness and anger under the proverbial carpet. She simply couldn't stomach food anymore. Joanna became emaciated, which resulted in her first admission of many subsequent admissions to a psychiatric unit. This marked the start of her documented history of mental health conditions. By the time we met, Joanna had amassed a hefty variety of diagnoses and medications, including a diagnosis of temporal lobe epilepsy.

Joanna and Pieter

Johnna and Pieter met at university and fell madly in love. Before long, Joanna discovered that she was pregnant, and despite medical warnings related to Joanna's mental health, the two young people decided to get married and have their baby. Pieter's job demanded that he travel widely, while Joanna, as the parent who stayed at home, was responsible for the care of the home and children. Joanna and Pieter have always enjoyed an enduring love for one another. One sensed this only after a very brief period in their company.

Curriculum vitae of Mental Illness

Joanna tried many times to take her own life. She used her prescription medication to overdose and combined it with acts of self-harm, cutting her wrists and other parts of her body. In narrative language, we might re-phrase this as her acts of resistance to the societal oppressions and expectations she could not change. One day, she explained to me how hard she fought to remain in the real world, to get up, dress up, and show up. But when the stress and anxiety overwhelmed her, psychosis extended a warm invitation to just fall into its waiting arms, where she would be confined to a psychiatric hospital, with no responsibility, and where she could be taken care of.

Over the years, the problems in her life had, in a manner of speaking, trained her how to let go when the going became too tough. At this point, she also believed fate had handed her a tragic life script where she, like her late uncle, who had committed suicide at a young age, would not survive beyond the age of forty.

Where do I begin?

Joanna enjoyed the sessions as much as I did, even though she regarded depression and anxiety as the major issues for the time. In line with seeking unique outcomes as we do in narrative therapy, I wondered whether she might be able to recall times when anxiety and depression were less present. Joanna had remarkable stories to tell about those times of freedom without anxiety and depression. For example, shortly after the birth of their daughter, Joanna said she observed how the other new mommies and housewives were managing and copied them. Consequently, she spent seven years free from anxiety and depression. She exclaimed, “I even baked my own bread!”

Even during those years without apparent depression and anxiety, Joanna experienced challenges related to performance anxiety and perfectionism. Although an eating disorder was part of her childhood history, she refused to accept that it had any effect on her now. True to the values of narrative therapy, where the client is the expert, I assumed the position of a de-centred but influential listener who worked from a not-knowing position, privileging Joanna’s stories. As our relationship developed, there were times when I voiced concern about changes in Joanna’s eating patterns and drastic fluctuations in her weight.

Joanna refused to revisit anything related to anorexia or bulimia; she wanted to focus on her current problems: Depression, Anxiety, Perfectionism, Temporal Lobe Epilepsy, and Insomnia.

My concerns

I worried about all the medication at her disposal. Whenever she was discharged from a clinic, she went home with three months of dispensed psychotropic medications. The benzodiazepines disinhibited her even at the prescribed dosages. Joanna had a love/hate relationship with medication and her diagnosed conditions. There were times when she accepted the psychiatrists' expertise, and then there were times when Joanna protested, feeling like a "lunatic" whose life was a waste.

Pieter's job demanded extensive travel, leaving Joanna home alone with the full responsibility of running a household and a small holding. When Pieter was away, Joanna felt more vulnerable, and these were times when self-harm became more evident and severe. Although she had helpers on the plot, the extent of such responsibilities overwhelmed her, sparking "episodes" of temporal lobe epilepsy. Periods of overwhelm easily translate into acts of overdosing and self-harm.

What on earth did I know?

I confess that I was very concerned about all the medication at her disposal, her history of abusing it in suicide attempts, and about my preliminary psychiatric knowledges of anorexia/bulimia. Dare I mention that my existing knowledge regarding eating disorders was based on the belief that patients are wilfully choosing to starve to manipulate, and that behavioural and cognitive therapies were the approaches of choice?

I recall a young woman in an adolescent unit in Pretoria, who sat at the nurses' station for full supervision over mealtimes. I can still see her furtively looking around to see who was watching her, and cutting up her peas into tiny, tiny slices without daring to put one morsel into her mouth. The staff called her manipulative, disruptive, and non-compliant. I remember that she lost privileges on the ward because of her refusal and manipulation strategies. I did not want to think that way or treat people in such a manner.

Inspired by David Epston's successful work with eating disorders using a narrative therapy approach (Maisel, Epston, and Borden, 2004), ever so often I dared to broach the subject of anorexia with her, but Joanna would have none of it. Although I loved reading about anorexia/bulimia and the anti-anorexia approach, I did not know how to position myself as a therapist in a conversation involving anorexia or bulimia. It is one thing to read about the therapy someone else is doing on paper and copying the practices in real life on another human being. The radical externalization and element of protest of anti-anorexia appealed to me, but I was wary of sounding like an expert. It was difficult for me to accept that despite noticing with my very eyes that something was going on with Joanna's eating and increases in frantic exercising, I had no room to speak about it. Joanna attributed these behaviours to her Temporal Lobe Epilepsy experience. I disagreed but decided to prioritize maintaining the therapeutic relationship instead of addressing topics she chose not to discuss. Despite this, my concern persisted, and I remained unconvinced by the explanation provided.

Session times: Are we even re-authoring?

We agreed to meet once a week. Joanna understood my concerns but kept reassuring me that she was fine. Joanna embraced the practice of externalization and delighted in the knowledge that she was not the problem, but that the problem was the problem. We were discovering the problem's voices and isolating the demands the immediate problems were making on her life. Despite successful externalizing practices, I doubt that we progressed beyond that, as our efforts did little to dissolve the problem stories, which were almost all-encompassing.

Naming Self-Destruction.

After several months, we identified her problems under the umbrella term "Self-Destruction" which incorporated all her psychiatric diagnoses. Regardless of whether she experienced anxiety, depression, or de-realization, these issues led to para-suicidal behaviour and self-harm. Joanna was firmly invested in the "sick role of a psychiatric patient" while I tried my best to step out of my psychiatric nursing shoes. Her suicide attempts were extremely dramatic events, necessitating emergency medical intervention.

Practices of externalization and naming helped her to start defining and advocating for a counterstory for a preferred life, but admittedly, “Self-Destruction” was viciously dangerous and opposed every small step she took towards choosing her own way.

Joanna wanted to work on a life story of Self-Care, but “Self-Destruction” fought against her and raged for weeks on end, commanding her to mutilate her body. I found her suffering unbearable to witness. She was hospitalized, sutured, shouted at by hospital staff for harming herself, medicated, given electroconvulsive treatments, and discharged with a bag of psychotropics. Then once again, we would resume our therapeutic conversations.

It was nightmarish for me to witness. I cannot imagine what it was like for her to live through this horror. I was witness to a slow and dedicated destruction by a set of societal belief systems that brainwashed this brilliant woman and convinced her that she was as useless as a discarded rag doll on the ash heap of life.

This was the period in which SS was revealed: her true nemesis. SS is self-sacrifice. Somehow, SS even demanded sacrifice from Joanna for the historical deplorable treatment of fellow South Africans before Apartheid. Many South Africans of my generation and the younger ones, like Joanna, still feel this residual guilt about the atrocity that was Apartheid. SS used our guilt and shame against her, accusing her of being worthless and a failure and an idiot to still be alive while so many of her country members suffered and were still suffering. A “New South Africa?” BAH! Hundreds had no food to eat; how dare she eat to satiety? She should sacrifice herself and preferably starve to death.

SS would whisper in her ear: “You know as well as I do, Joanna, there will be a lovely funeral with flowers and candles and holy songs and a beautiful eulogy and then it's over. Then it is you and me forever.”

There were these low times, when I was on the brink of losing hope, when Joanna’s creativity took over and challenged SS in expressions of art and poetry to express her belief in her right to live.

“I am not going to roll over and die!” she’d exclaim.

I am the lion.

Who fights death

To bring life

To tell

Fierce stories peacefully strong enough

To stand

in the shadow

All the while the voice of Self-Sacrifice became rampant; encouraging her to fall on her own sword, put everyone out of their misery, and die honourably as a tragic heroine.

Self-Sacrifice was relentless. It knew exactly where to kick her when she was down.

SS whispered: “You know where to find the blade Joanna. There is no hope for you. Take it and cut it until it’s over.”

SS brought with it chilly reminders of the cruelty of the gestapo, the starvation and torture of the concentration camps in Germany.

This decisive “struggle” to live or succumb to her death lasted for three weeks. She began vomiting after meals. I was out of my depth. I did not know how much longer I could hold her. I was drained, anxious, and afraid: SS was clearly planning on getting me out of its way.

All I could do was to hold space. It felt as if I was stubbornly standing in a doorway, trying to block the problem’s entry into Joanna’s story, but it shapeshifted and slipped past me and attacked both of us as it squeezed past.

It felt as if her intervals of living out her preferred story and then a return to the problem were cyclical and becoming closer together. There were many cycles of admission, electroconvulsive therapies, psychotropics and new medication

regimes. She struggled with short-term memory loss after the electroconvulsive therapies. Joanna distrusted the nursing staff who told her she was paranoid and psychotic, earning her higher dosages of psychotropics. Joanna said she was “fat and ugly” and wished she could take a blade and slice off the excess mass. She vomited after meals and stole food to keep in her room under her bed. She had to eat under supervision, which only served to strengthen her distrust in the nursing staff. Gradually Joanna would recover sufficiently and be discharged from the clinic, vacating a bed for yet another woman struggling with her own difficulties.

However, the minute everyone relaxed and breathed a sigh of relief, there was another profoundly serious incident of overdose and cutting. The last time this happened, Joanna was home alone with her children, and her ten-year-old daughter called me on the telephone desperately crying for help.

It looked like a crime scene when I arrived. Mercifully the emergency services arrived before I did.

I felt I had missed something important. I refused to continue this game of naming the problem, deconstructing its strategies, starting a process of reconstruction in good faith only to have hope cut off in a moment with a cheap Minora blade. I was fed-up with the situation. Although I was uncertain about the solution, Michael White and David Epston possessed significant expertise in addressing such complex issues. We needed help or Joanna might not survive.

Something had to change!

December 2nd, 2000, and as the annual holidays approached, I submitted an email letter to the Anti-Anorexia/Bulimia League, addressed to David Epston. I summarized our experiences, my attempts at helping her, and the cyclical nature of the destruction she was living.

When I opened my computer again, I was so surprised to receive an email from David Epston. It was December 4th, 2000. He said the Anti-anorexia/Bulimia League existed in boxes in his office, ready to be placed on the website. (At that time, David was planning on sharing stories on his website under an Archive of Anti-Anorexia/Bulimia, giving anyone who needed to read these stories free access.) The only other possibility that we had was for me and Joanna to be

willing to communicate by email, to which David would be the only respondent. He made it very clear that most of the weight of this practice might fall on my shoulders as he was leaving for Christmas holidays.

Virtual response team.

We were more than happy to share all correspondence with the League. In preparation for our Virtual Response Team, we studied the resources offered and invited David to become a member of Joanna's support team. Joanna wanted to rewrite her life story, rejecting the notion that she was destined for an obscure, albeit tragic and dramatic end.

By the time I wrote a reply to David as The Virtual Response Team, Joanna had made positive changes in her life. She avoided self-harm for a week, focused on her children, and enrolled in a reflexology course.

Both Joanna and I were aware that apparent wins over the problem story might potentially lead to setbacks. In the past, Self Sacrifice provided her with limited periods of "choose time" before drawing blood again and insisting on starvation. Her focus on self-care was an effort to establish a different pattern, though our attempts at change were still minimal and not yet resilient enough to prevent recurring harmful behaviour.

Miraculously for us, David had a change of plans, which made communication with him more accessible over the December holidays. He assured us that there was no urgency to get everything up and away and that we might take our time working ourselves into such a strange conversation. This was a tremendous relief.

Our discussion-without-an-end.

David relied on us to co-create the invention of a new practice which**, to his mind,** had never occurred before in the history of psychotherapy:

"Jo, can you discuss at some length that as far as I know, we (and I am counting yourself and them,) are inventing a practice that has never occurred as far as I know before in the 'history' of psychotherapy. Can you ask if they mind being pioneers, and for that reason, there will probably be some twists and turns that we cannot predict right now. We will only know about such twists and turns when

we reach them, and we will figure out what to do when the time comes. We are in 'terra incognita' and I hope you people find that as interesting as I do."

He asked us to become pioneers in a new narrative practice based on our three-pronged approach: email conversations between Joanna, David, and me as The Virtual Response team. The emails flowed between us for the better part of six months. At times, emails crossed daily, and there were also times when the periods between emails were longer and more relaxed. Initially, we got to know one another and learned how the process worked. David provided guidance throughout while I conducted conversations with Joanna in real-time, took copious notes, and then summarized the conversations for David in an email. David responded "inside" my email in capital letters for easy reading, thereby creating a mock conversation. He responded to the most minute detail we provided, his conversations filled with questions, challenges to Self-Destruction, and protests over the influence Self-Destruction had on Joanna. For example, I mentioned in passing that Joanna and I both enjoyed the writing process:

David: I am so relieved to hear that. Now that you both are feeling more comfortable with "it", is there any feedback you might like to give me? Admittedly, we are all in this together, and I should warn you we are all working it out as we go along. So, at any time, I would value your thoughts, suggestions, corrections, or whatever. I really mean that.

Joanna and I read and re-read his letters, highlighting areas of importance and interest to her as well as deleting and disregarding anything she did not agree with. The process of taking notes during in-person conversations with Joanna, transcribing, and summarizing our therapeutic conversations into letters helped me to learn the craft of anti-anorexia. Every letter incrementally saved Joanna's life and taught me narrative practice from the inside out. Over time, I transformed from being a student to a therapist with a position against anorexia/bulimia, with appropriate questions and responses. The most important lessons I learnt from this practice: David's commitment to this process and the fact that he never capitulated to the problem. It was clear that he was on Joanna's team.

The Virtual Response Team in action.

For clarity purposes, David's questions will appear in all caps to help distinguish his proposals from my own questions for Joanna.

Date: Fri, Dec 22, 2000

Jo: Hi David,

Hope you've enjoyed a well-deserved rest. I am also enjoying this process, and so is Joanna!! Joanna and I both love writing, so this process is working for us. She is enjoying being a partner and not a patient.

David: JOANNA, WHAT EXACTLY DO YOU MEAN BY THAT- YOUR NOTION OF YOU TELLING US FROM YOUR POINT OF VIEW, HOW THIS NARRATIVE THERAPY PROCESS POSITIONS YOU AS A 'PARTNER' RATHER THAN A 'PATIENT'?

David's sensitivity to language and recognition of the difference between her being a patient and a partner underlined our process of co-research and Joanna's lifelong struggle to be heard and honoured by the therapists and doctors treating her. She always felt that her experience wasn't recognised and honoured in psychiatry, but that she discovered here, in our therapeutic relationship, she felt known and accepted.

During my accidental apprenticeship with David, I experienced many exhilarating moments of narrative therapy in practice. For instance, during the following exchange between David and us:

Jo: Joanna says she is managing to struggle against self-harm at present by using the truth…

David: TRUTH JOANNA, WHEN DID YOU ESTABLISH YOUR OWN TRUTH AND MOREOVER BELIEVE IN IT????

With one question, David had proposed that Joanna had her own truth, rediscovered it, and was now using it to aid her against self-harm.

Jo: … to wipe out its lies, and even though it is rough going at times, like now, the septic tank on their plot has become blocked and Pieter is still away.... what would you do if that happens to you … and she is handling all this stuff. She said last night she dismissed all the lies self-harm had told her over the years about her marriage to Pieter.

David: BELIEVE IT OR NOT, SEVERAL DAYS AGO I HAD TO HANDLE IT MYSELF AND DIG OUT OUR LONG DROP TOILET AT WAIHEKE. NOT A PLEASANT JOB

David: THAT WAS SOMETHING FOR SURE!! I CAN IMAGINE IT WOULD HAVE HAD A STOREHOUSE OF LIES

That David could go up against the storehouse of lies that SS had about her and her marriage to Pieter was exciting and gave me permission to contest some of the lies that it held forth in the future. I learnt how to do it in real-time as opposed to reading something in a paper and trying to apply it. This kind of comment made me very excited that David could address directly the storehouse of lies that self-harm convinced her about herself.

I found it thrilling that David could directly contest the SS's storehouse of lies and all that it convinced Joanna of regarding her marriage to Pieter. This taught me how to position myself in practice so that Joanna and I could contest the lies that SS told her in our future conversations. A valuable lesson indeed.

Jo: She said she now sees that they have a good marriage, and that it is not true that Pieter stays with her to rescue her, or that she stays with him to be rescued. Her proof lies in the fact that they love each other, that love is enough, and that they have been partners for years.

This pen sketch was created during the period when Joanna was awaiting admission to a state hospital as a certified patient. This artwork serves as a notable representation of their enduring affection.

David: JOANNA, WHY DO YOU THINK SO MANY PEOPLE SEEM SUSPICIOUS OF ENDURING LOVES?

Instead of giving the problem any bandwidth, David emphasised their enduring love. Joanna happened to share a drawing of their love and togetherness with me at a different time, but it so clearly illustrates endurance, togetherness, and love. Self-harm wanes in the face of a love like theirs.

Jo: When she told me before that she believes the relationship needs to be helped, I invited the relationship to therapy. What I saw was a strong partnership between two people who really care for one another on a very deep level, and who have dismissed the lies romantic discourse holds forth as truth.

David: JOANNA AND PIETER, WOULD YOU BE WILLING FOR ME TO SEE THE 'NATURE' OF AN ENDURING LOVE??? I AM VERY INTERESTED IN SUCH 'LOVES'. ARE YOU?

Jo: So, I've discharged the relationship from therapy; there is really nothing to rescue. I think we can all learn a lot from their relationship as they have been through deep waters together and have still retained love, respect, and caring for one another. Their kids are great. And they are good friends.

It was not always plain sailing. There were times when Joanna was struggling to find meaning and overcome invitations from self-harm and self-hatred. This letter demonstrates Joanna's will to take back her life despite her struggle. She started noticing the small changes that she was able to make and detailed these changes because suddenly she realised how important the glimmers of hope are in the face of the overwhelming darkness.

A long, slow miracle in the making

I'm afraid I cannot find the exact date of this email, but I felt I needed to include it as part of our process.

Joanna: Thanks ahead for bearing with this long letter and sharing with me the long, slow miracle of recovery from Anorexia and Self-Destruction.

Jo: Joanna, it is a privilege to witness your long, slow miracle of recovery from Anorexia and Self-Destruction.

Joanna: I am struggling. So please excuse me if I ramble on a bit incoherently here and there. I am showing signs of distress: anxiety, depression. I've also got a flu virus: resources are very low. Little bit of TLE *(medication seems to be keeping that stable quite nicely).*

Jo: Joanna, it is quite common for sticky problems like anorexia and self-destruction, even depression and anxiety, to show their teeth when one becomes ill with a flu virus. It always kicks you when you are down,

professing to be your best friend and confidante. Some friend, hey? I am so sorry you must go through this.

Joanna: AND my eating behaviour is slightly buggered: I now have this repeating pattern of bingeing at night about once a week... only after taking a sleeping tablet. This is the only time I do not have full command of my choices, and SS seizes the opportunity.

Jo: I am hardly surprised that SS would step in and take advantage of you in this fragile state, Joanna. You and I have discovered that it flourishes whenever you are not in command of your choices, haven't we? What plans can you and Pieter put in place to put SS in its place and still ensure that you have a good night's sleep?

Joanna: Initially, I did not get too upset about this and decided that it was no good to be perfectionistic about eating perfectly right. But now it is clear that SS is using this to erode my strength. It upsets and seems to scare Pieter, which alienates me even more from him. Panic and lies: "You are already a Self-Destructing, bad person. Can just as well give up totally to self-destruction and eating disorder... bad person... deserve to suffer, etc.?"

Jo: Joanna, this is the immorality and meanness of SS that you and I became aware of, now clearly exposed in your letter. With an enduring love like yours, there is no space for SS to try and alienate you from Pieter. With all the strength that you can muster, Joanna, what might you choose?

Joanna: So, I am choosing now to take a lot of time out from work and other responsibilities for a few days, to:

- Rest and relax and recover.
- And to identify "the problems" and find solutions.
- And to identify the SS lies (that tell me "You are the problem") -- and replace them with the truth.
- Take stock of how things are going... which changes I can make to facilitate healing and keep my strength up.

Jo: Joanna, I am delighted to see how you are exercising not only your voice but your choices against SS and making decisions for the good of your life, not the death of your life.

In this document, it is possible to see her resolve to take back her life, her voice, and her agency. Joanna wants to live a life of her own choosing, without being trapped in the clutches of self-hatred and self-harm.

I learnt that SS even infiltrates her attempts at choosing for life, by insinuating itself into the minutiae of her plans, making the execution of her plans perfectly impossible. Her solution is to not strive for perfection but rather to embrace IMPURFECTION, which was a million times more fun, enlightening, and achievable.

Joanna: Jo, the magic is happening slowly. I've stopped taking sleeping tablets and turned to aromatherapy oils with great effect. I entertain no heavy topics or issues before bedtime, and being less perfectionistic about getting 8 hours of sleep.

Jo: A wise man once told me the creatives of this world don't need to have exactly 8 hours of sleep per night… Just saying.

Joanna: Pieter has agreed that we lock the security gate of the bedroom area, and he will keep the key, thereby barring SS from the kitchen binges.

Speaking, not starving

We continued with weekly sessions and, as you well know, this is a crooked path with its own set of challenges. I want to include a last example here to illustrate how Joanna and I both became clued up at anti-anorexia.

An email from Joanna in May 2000:

I wrote this email concerning the "success story of my life...” ages ago.

During my childhood, I started carrying with me a dark life story of loss, suffering, illness, tragedy, and self-destruction. This weighed me down, sapped me of life energy, and made it very difficult to love myself and therefore to love others.

Self-Destruction became an overpowering force that repeatedly hampered my brave moves towards "Self-Construction". Working in narrative therapy with you has opened the possibility of going back and retelling my life story with focus on victories, successes, life, love, and light. I chose to do this.

I saw that every single incident of tragedy/self-destruction was consistently followed by a miraculous victory of recovery, healing, growth, and re-engaging with light/love/life.

I ascribe these miracles/victories to the power of Universal and Godly love- as reflected in my own brave fighting passion for my life.

Self-Destruction used my past dark life story to keep me in bondage with despair, guilt, and inferiority. Now I am retelling my story using truth this time. My story turns out to be a balance of darkness and light (yes, the tragedies/disasters/Self-destruction were as real as the victories/recoveries/Self-Construction). The Truth is that all in my entire story is a life story of love/light /life. Never mind what my future holds, the balance between light/dark will always be tipped in favour of light. Why?

Now, without the weapon of my dark life story of SS/anorexia has been severely weakened and disempowered. And finally, I have a solid foundation for my journey of self-construction.

Retelling is really important to me.

SS implanted the idea that Joanna needs to rethink and correct everything she wrote or planned. Joanna slowly let go of the SS idea that she needs to rework everything she does to perfection; for example, that she must have perfect defenses if she wanted to resist SS "successfully". Trash. She now insists on standing on that imperfectly written draft as it is. It works, and it is good enough. She says her "balanced best" is always good. And it is.

The power of her art as part of her anti-anorexia

Seeding.

David generously hosted her art and prose on his website, www.narrativeappaoraches.com. This amplified her voice, spread her stories, and strengthened her resolve to know that her struggle reached thousands of others who might be uplifted by them.

Stories are like seeds.

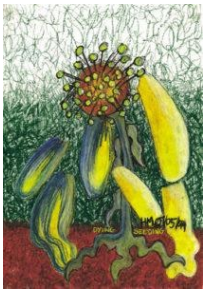
I need to trust to let some parts of my story go, to sow them freely like seeds, so they can settle in the fertile ground of other people's life stories.

There, the seeds can germinate and grow into healthy plants, feeding on the compost of anorexia.

This is self-nourishment, livening up, preparing for life and the next season.

New life sprouts forth in the form of new living segments of myself and the universe; we are all one, all part of one another, part of the universe.

My seed-stories can fly and plant seeds in the life stories of others.



Date: Fri, May 4, 2001, 1:02 AM

Dear David,

Joanna feels that the most powerful documents were the ones she generated on her life victories, her bill of rights, and her poetry. She says these documents

were stimulated by our therapeutic conversations and your curiosity in the form of emailed questions.

During our previous conversation, Perfectionism had become a huge problem in her life. It made her strive for perfection in every sphere of her life. We set about carefully deconstructing the half-truths it bases its tricks on, Joanna said she felt "enlightened", when Perfectionism's half-truths were exposed. (Her husband dryly suggested she swallow a lit candle when in search of enlightenment.) We had such a laugh when she remembered his comments and shared his dry wit in our conversation.

Regards Jo Viljoen

Overwhelm amidst the slow miracle of recovery.

The letter-writing process was life-changing for Joanna and me, but I noticed that there were times when she felt overwhelmed by the intensity and the perpetuation of the process, as well as all the questions. I was concerned that SS might infiltrate our efforts from the inside out and decided to ask David's advice.

"Jo Viljoen" Tuesday, May 08, 2001, 9:33 PM

Re: Joanna

Dear David,

I am noticing that Joanna is feeling overwhelmed at times at the intensity and the variety of questions we share in our emails. I know you said from the get-go that we should monitor the process and we have "weeded out" whatever Joanna feel is not significant or perhaps distressing.

David: THANK JOANNA FOR NOTING WHAT SHE CONSIDERS SIGNIFICANT.

Jo: Thank you very much. David, I have had to go slow with passing your letters onto Joanna.

David: IT IS VITAL THAT YOU ARE THERE TO USE YOUR DISCRETION AS YOU WILL SEE HOW SOME OF THESE CONVERSATIONS SEEM TO 'HEAT UP' AND TAKE OFF. AT LEAST THAT IS WHAT I HAVE FOUND IN THE PAST WHEN I WAS USING VERY DIFFERENT MEANS- XEROXING DOCUMENTS AND POSTING THEM OUT ON A REGULAR BASIS TO PARTICIPANTS.

THE WEBSITE, I BELIEVE, WILL REALLY SPEED THIS UP AT THE SAME TIME AS ALLOWING PARTICIPANTS TO RESPOND WHENEVER THEY WISH AS NOW ANY 'READER- E.G. ANYONE WHO WANDERS INTO THE SITE OR IS FOLLOWING THE DISCUSSION CAN JUST GO BACK TO THE REFERENCED 'DOCUMENT' AND THEN SCROLL FORWARD.

STILL, THIS IS ALL NEW TO ME AND OBVIOUSLY TRIAL-AND-ERROR, AS PERFECTIONISM HAS TRIED TO TURN YOUR (AND MINE) COMMUNICATIONS AGAINST HER.

Jo: SS has tried to convince her that she must reply to every question we ask, wearing her out. So, we have had to work out a way of countering its attempts at destruction and abuse. For the moment, we only ask questions when in face-to-face therapy, so that we can prevent SS from turning our anti-anorexia into weapons for its own use. I will see her tomorrow, and I will certainly tell her about your interactive site and we will look for ways in which we can contribute and participate.

Outsmarting the seductive voice of SS

As had become our custom, all communication flowed through me. Below, David is adding his comments to an email Joanna and I shared with him. In this letter, she is sharing her outsmarting anorexia/SS and denying its demands that perfection is required in every situation.

David: DEAR JOANNA: I READ THIS DOCUMENT WITH THE KEENEST INTEREST. MATTER OF FACT, IT HAS REALLY MADE MY DAY.

Joanna: I am still having a problem with bingeing (and sometimes also vomiting) some nights after sleeping tablet. In the past SS would convince me that this is a disaster. That I must have perfect eating behaviour all the time.

David: THAT IS PRETTY TYPICAL FROM WHAT I HAVE BEEN TOLD OVER THE PAST 15 YEARS. AS A 12-YEAR-OLD BOY, BRETT, ONCE TOLD ME- ANOREXIA AND PERFECTION ARE LIKE A MARRIED COUPLE! WHAT DO YOU THINK ABOUT THAT?

Joanna: One little imperfection in my healthy eating, and I would be doomed to judgment, punishment, panic, despair... a spiral into total starvation or a bulimic disaster.

David: HAVE I EVER TOLD YOU ABOUT THE DIPLOMA IN IMPURFECTION?

Joanna: But here and now: I am choosing to view this problem eating differently. I choose to hold onto my sanity.

David: JOANNA, YOUR OWN CHOICES ARE REFLECTED IN EVERYTHING YOU SAY IN THESE DOCUMENTS!!!! THIS IS SURELY A RED-LETTER DAY! MIGHT THESE CHOICES QUALIFY AS IF IT IS A 'PLANNED RETREAT'??????

Joanna: It might be an unhealthy and very ineffective way of dealing with my fears/doubts/depression and anxiety, but I must find ways to outsmart SS who promises a wonderful magic solution). But at the same time, I know if I choose it, SS wants to condemn me into tragic captivity. I am actively dealing with the problem by looking at it as a symptom that gives information about what isn't working in my life right now: I am literally "bingeing on life." So, I reckon I am becoming smarter in the process.

David: I LOVE THAT EXPRESSION!!!

Joanna: I am trying to take part in too much too fast too perfectly. I am now choosing to scale down on quality and quantity of all my participations except having fun and joy. The bingeing also indicates a need for more "sweetness" in my life.

David: I WAS SOMEHOW OR OTHER DEEPLY TOUCHED BY THAT EXPRESSION- 'SWEETNESS.' I SUPPOSE IT REMINDED ME OF HOW BITTER ANOREXIA IS!!!

Radical Externalization

David never faltered in his commitment to our Virtual Response Team's three-way conversation. I still wonder where he manufactured the time to pay attention to our emails and to respond in such life-changing ways. Joanna was never "the anorexic"; he always saw her as separate from the problem. He made it very clear that Joanna was the expert and that her experience is valuable. I learnt to focus on Joanna's relationship with the problem as the problem, with its own agenda, voice, and modus operandi.

As time progressed, through our Virtual Response Team communications, I became acutely aware of Joanna's voice and the cruel and usually seductive voice of SS. When Joanna spoke in her own voice and did not perform as a ventriloquist prop to SS, her words were filled with hope for now and the future. Joanna wanted to work, earn a living, and live and love like any other person without being regarded as a discarded, damaged rag doll thrown away on the dung heap of psychiatry. Joanna did not want to die or harm herself. SS loved to use Joanna as its mouthpiece, but here the letters between all the Virtual Response Team members helped to expose its lies as our letters offered alternative discourses and resources to assist her in quieting that parasitic voice.

David: JOANNA, JACQUI (ANOTHER CLIENT OF DAVID'S) TOLD ME IT WAS A 'DEAL' WITH THE DEVIL!

Joanna: SS will NOT use this eating struggle as an opportunity to infiltrate.

David: I BELIEVE WE ARE ALL TOO AT ONE WITH EACH OTHER TO EVER BE INFILTRATED FOR LONG. I THINK WE COULD ALWAYS 'SMELL A RAT', DON'T YOU?

Joanna: Obviously, this behaviour is not a cool idea as it loves to increase stress and anxiety, but I choose to bear it and forgive myself and be patient for a while. I know I will recover gradually. I have overcome eating difficulties on

multiple occasions in the past and have maintained recovery for extended periods, ranging from several months to years. I am fully committed to recovering and taking care of myself and returning to a healthy eating pattern ASAP. I refuse to panic/despair.

David: JOANNA, ANOREXIA WILL DO EVERYTHING IT CAN TO PANIC YOU, SO BEWARE!!'

I wrote a sidenote to this email, inviting Joanna to express herself fully in the body of the email.

Jo: Joanna, would you heed David's warning that anorexia will do everything in its power to panic you? And if so, how?

Joanna: Never mind what: I do not choose SS as an option.

Jo: I notice you have been choosing your own life and style for a while.

Joanna: I believe that if I give less importance to the problem, just accept it and deal with it (making haste slowly) SS will lose interest and go away. Go back to its own nest of darkness, tragedy, suffering, and destruction. where it belongs.

Jo: Might this choice be for you to live?

David: MANY LEAGUE MEMBERS WOULD AGREE WITH YOU HERE - TO SUMMARIZE THEM - 'THE MORE YOU GET INTO YOUR LIFE, THE MORE SS/ANOREXIA IS EXCLUDED FROM IT'! DOES THAT RING ANY BELLS FOR YOU?

Learning different strategies of combat against SS

David's courage to speak out in resistance to SS was one of the most powerful practices I'd ever experienced. He taught us never to fear it but to rather identify

the voice as the source of oppression and formulate our resistance to the lies and claims anorexia or SS had made over Joanna's life.

In his letters, he showed us how to externalize anorexia and to understand that its origins are rooted in historically established cultural discourses that have the power to construct women as anorexic. This was practical hands-on learning for me, as I had only known anorexia and bulimia as medically defined eating disorders with a poor prognosis and no cure. As it was, Joanna's story and experiences were "riddled" with other psychiatric problems for which she frequently sought treatment. David argued that anorexia, or SS as we came to call it, was tenacious in its hold on Joanna, confining her and silencing her inside the limits that it had set for her life. While I feared for her life, he fought for her life through his emails. He was not prepared to let SS get away with anything.

We started to see that Joanna was permitted to live a different life from the one SS held up for her. Through his letters, David showed us how to take a sliver of a preferred story and ask the questions that will decorate it, populate it, and how she may inhabit the story of her choice. Joanna's art spoke volumes. She designed The Bulb as a possible business logo for a practice in reflexology.

Holding a Bulb

Hope of a new life is represented in the bulb.

I root myself to the earth, just as the bulb will.

I use this as a logo for my work: I believe in holding a safe space for both partners and in sharing energy as the way to grow the bulb is the antithesis to self-starvation: it represents life at its core.

Holding a bulb symbolizes the possibility of believing that when you invest in something you can expect a wonderful return

Planting a bulb promises the growth of a beautiful plant.

Patience and resilience, faith and vision, and hope.

I have the guts to hold a bulb because it is fragile and symbolizes growth, health and life

I have the guts to hold on to the possibility of growth, life and healing

The holder becomes part of the bulb; becomes rooted

THE LEAF GROWING OUT OF THE BULB IS A STRONG INDICATOR THAT THIS BULB IS GOING TO MAKE IT!!!!!

This bulb most certainly made it!

David recognized SS's trash talk immediately and called it out. He exposed SS's lies and its immobilizing, totalitarian dominance. It's a type of seeing something for the first time and never being able to unsee it. He never once blamed her for "stinking thinking," or "manipulation," or attention-seeking behaviour.

Before David joined our team, we had some ideas regarding resisting the problem, but no idea how to escape from its hold over Joanna. Everything we did was useful to a point, after which Joanna was viciously attacked by SS. These attacks were heartbreaking, cyclical, and the periods in between were becoming shorter.

Inhabiting another realm: One of possibility, imagination, and hope

David situated the Virtual Response Team in another realm, where there was hope, imagination, colour, possibility, and art. Where people had choices and the ability to change their minds if they wanted to. Where one might inhabit a

landscape of dreams and imagination and plan how to make it work in this real world we lived in, wondering how one might bring the not-yet-imagined, the not-yet-said, or conceptualized into being. How could Joanna make her dreams come true?

We encouraged her to dream the dreams she had been afraid to dream before, for example, living her life after 42, the age her uncle had suicided, defying her old SS script that wanted to cut her life short. Every individual experience of anorexia/bulimia is storied in different ways. I learnt to tease out and identify common counterstory themes that I had not known about from psychiatric nursing. I learnt not only to recognize the persona, voice, and modus operandi of anorexia/bulimia but to encourage Joanna to take her preferred story and build a counternarrative on it. She wanted more than anything to live without labels, to live in peace, and to contribute to the world.

Before joining up with David, we had not yet learnt to counter the problem story effectively. We recognized all the unique outcomes that contradict the dark, dominant story of her life, but we did not know how to use resistance narratives and how to build preferred, alternative stories. That was probably where Joanna and I fell short in our initial conversations. It felt as if we were teasing a tiger that played with us until it turned on us, and Joanna repeatedly ended up in the hospital with mortal wounds.

Then a lion joined our team. David Epston had no fear of the tiger. Anti-anorexia proposed radical counterstories. We were no longer trying to make gentle meaning of Joanna's attempts at liberty; we contested and wanted to repudiate the dominant anorexic identity Joanna was living with. We were in a fight for her life. We realised that if we did not take these radical steps, the anorexic lifestyle Joanna had been living would prevail and sneak back into her consciousness.

The virtual response team with David taught me to distrust anorexia completely, while placing all my trust in Johana's ability to overcome this threat to her life. I realised that I was not merely "externalizing a problem" but that we were fighting a duel with SS, and SS wanted her dead. I realised it wasn't Johanna who stopped eating, to look for attention, but that she became so battle-worn that it repeatedly convinced her that death might be her only escape from this torture that was her life.

David held me to the fact that Joanna was not a psychiatric patient; she was not anorexia/ bulimia, she was an intelligent, attractive, and talented woman who had been turned into a chronic psychiatric patient with no prognosis. I used to say to her: “I wish I could manually change your mind and somehow let you see yourself through my eyes, not through the eyes of anorexia/bulimia/chronic psychiatric illness”.

David demonstrated through his email responses to our therapy stories that if we separate Joanna from the problem, we could constitute different accounts of her identity and personhood from stories told by her husband, her children, her parents, and her co-workers on the smallholding. Joanna was known to be friendly, loving, generous, and kind; the nemesis of anorexia/bulimia. As we were working on building her preferred story or resistance narrative, we outlined SS as the fiend, the villain, the deceiver, and Joanna’s killer if it had a chance. Foucault has argued that dominant discourses always produce resistance. David showed us how to conduct our strategy of resistance. This only became possible when we stopped seeing the problem in her life as an illness, but rather as an invisible killer that takes over the minds and lives of unsuspecting women.

What did I learn?

When we first met, Joanna was on a psychiatric roundabout. I felt silenced and ineffective despite my innate inclination to protest when I saw injustice. An avid protester of Apartheid, abuse of any kind, marginalization, and unkindness, when it came to the expert knowledge of psychiatry, I bowed to the experts because “what do nurses know anyway?” This was one of the main reasons I wanted to learn narrative therapy: to be able to take therapeutic conversations further than identifying a problem and then referring it to a bigger expert, like a psychiatrist.

David showed me how to rediscover my voice of protest: against the societal discourse of anorexia/bulimia. He used language to give form and shape and personality to the problem of anorexia, making it possible for us to explore its ways, agendas, lies, and trickeries. I started visualizing anorexia as a big tick on the back of a dog: sucking the host dry and poisoning the person. I started seeing how hard Joanna worked to be a so-called “normal” person, to be accepted into mainstream society, and what the penalties were if she was not perfect. Perfectionism surfaced as one of the critical voices she was living with. Whatever

she did was not good enough, which cleared the path beautifully for "prescribed punishment" and readmission to a psychiatric clinic.

WONDERFUL CHANGE OF TIME

We are writing this paper 25 years after the fact. I am happy to report that Joanna is now a student of narrative therapy herself. Here is a recent quote from one of her assignments:

Joanna writes:

> "Psychotherapy and cognitive behavioural therapy would repeatedly lead to disintegration and despair when I worked SO HARD in therapy to 'forgive and integrate' my terrible behaviour and my terribly disordered personality. Therapy just became another performance where perfectionism crept in. I would choose famous therapists who loved to be in a rescuer role and then labour to be the perfect rescued patient. Ironically, I worked with therapists who measured me against certain norms and ideas of what was healthy and how I could overcome my personality disorders with hard work. At the same time as idolizing the therapist, I would be angry at him or her for judging and labelling me and pathologizing my core being.
>
> On the day I entered my first session of narrative therapy, I was overwhelmed when I heard "the person is not the problem, the problem is the problem". This emphasized externalization, encouraging me to see myself as separate from my problems –a critical step in re-authoring. This foundational statement captures the essence of externalizing problems– a key narrative therapy practice that separates identity from pathology.
>
> This magical moment immediately opened many doors. I was totally surprised that the therapist was not interested in giving me any advice regarding my personality disorders and labels. Also, my therapist refused to go into an expert rescuing role."

Although we really don't know one another in person, David, Joanna, and I developed a kind of conceptual telepathy. Our emails contained questions, philosophies, challenges, and humour. The emails became transcripts, resembling

conversations; reading throught them felt as if he was there with us in the room while we spoke. We saw discourses differently, exposing society's compliance in the validation of SS's seductions; it was wonderful to see Joanna without her psychiatric labels! Despite all our wins, SS demanded perfection. This sometimes tripped her up, but now her resistance was relentless. No longer seeing Joanna as conflated with mental illness made it possible for me to help her plan resistances to its incessant invitations to return to its control and unseat the problem's convictions that she is bad or fat or worthless.

Questioning practices

I learned to craft questions in new ways. Instead of focusing on the history and the details of the problems, I started looking for glimpses of her own resistance against anorexia/bulimia/psychiatric illness. I learnt to formulate questions about her hopes and dreams, her thoughts and passions, rather than to focus on all the harm done by the dominant story. My main aim was to unseat anorexia/SS; to push it off balance for her to create space for her own identity, voice, and choice.

This meant that I had to, at times, challenge convictions she held for more than 15 years about her personhood. SS became the new visible enemy, and we were all on Joanna's side, pitting our weight behind her.

Other therapeutic documents as counternarratives

The therapeutic documentation that we engaged in during our therapeutic journey became written testaments to her recovery. Joanna started constructing a Core Credo documenting her faith and the role it plays in her life.

My Core Credo

I believe.

There is only one God: The God of Love, God of All that Is and Is Not.

All Beings remain equally Loved parts of God.

On earth we experience Oneness in Love through also experiencing the opposite: fear, darkness, and division.

We can Trust the Voice of Love…

Bill of Rights

Her Bill of Rights helped her to find her voice and to express her indignance at the problems in a therapeutic document. It was a part of her personal healing process and encouraged her to become an agent of change in her own life. It placed her in charge. This Bill of Rights is not merely a protest against the oppression of all the problems she experienced, but also a statement of truth about who she is as a person. She defied SS and its lies by claiming her right to participate in life, to succeed, to see herself as a talented writer and artist, and that mental illness did not doom her to disorder and madness.

Letter of dismissal to anorexia

Joanna made it very clear that she was no longer available to listen to and adhere to the negative, sabotaging voices of SS and all the mental illnesses that accompanied it. She refused it any airtime and chose to give her energy and airtime to her sharp mind, her spirit, and build on the truths about her life.

None of these changes, choices, and new life decisions happened instantly. We worked very hard at learning narrative therapy while Joanna chose healing instead of harming herself.

Joanna slowly admitted that she chose life in specific ways. She chose to enroll in this course in reflexology; she chose healing instead of harming her body. Joanna found hope and moral agency in her ability to co-construct her preferred spirituality and belief system.

Narrative therapy, when combined with a "justice-doing" approach, emphasizes the impact of social and political contexts on individuals' lives and well-being. It aims to empower individuals by helping them deconstruct dominant narratives that perpetuate oppression and construct alternative, more empowering stories that align with their values and goals. This approach acknowledges power imbalances and works to challenge systems of inequality while supporting clients in reclaiming their agency and creating meaningful change.

Joanna slowly recognized that the lies she believed about herself were embedded in the social and political contexts of her life. The dominant cultural narratives that kept SS alive were patriarchy and the beauty myth. It was fueled by perfectionism and the insistence that whatever she did, she had to fulfill the societal standards of perfectionism. She was never allowed a mistake; a mistake could cost her life.

Joanna describes what changed for her:

So, what has changed? Who has changed? Let's wind the story forward 25 years.

> "They said I would never, ever be able to hold a real job… in line with my intellectual and creative potential. They wanted to lock me up long-term…. They predicted that my marriage would never work out; and that my children would be so damaged that they would succumb to mental illness as well. They thought there was no hope for me, after all, I have been blacklisted at psychiatric clinics for violent behaviour; the police had to come and remove me. I thought I would never be able to hide the multitude of cutting scars on my hands and arms, which would mean that I can't work in a job face-to-face with clients. SS specifically convinced me to cut my hands so that I would never, ever be able to hide this. Yes, I do have a real job which is in line with my talents and sometimes I meet clients face-to face, although I work only four days a week as a deliberate self-care move.
>
> I am a technical writer, and I do suffer with anxiety and panic when I have a writing deadline at work. This is normal: just about everybody gets stressed by writing deadlines. I am working on solutions which include yoga breathing, exercises and becoming more technically able as a writer."

Conclusion

This apprenticeship turned me from a fledgling student into a narrative therapist. I learnt that no problem is too big to be changed by narrative approaches. David's letters were gifts, seeking the smallest alternative to the biggest, bloodied problem. He lived the hope and showed us how to do hope. He taught us to breathe and not panic, act and not shy away, and rest and retreat when needed. I

learnt to listen, to read the smallest detail, the absent but implicit meaning in words, to discover the stories in between the lines; to recognize the slyness of SS, and to validate the wonderful personhood of Joanna as she was taking herself back. Every letter from him was a gift, a gift that never stops giving because I am now privileged enough to teach my students what he had taught me and to continue to learn from them.

I recently asked a student if she might share what she's learnt from my teaching of narrative therapy, and she shared the following:

> *Jo, you never stood before me as a lecturer merely delivering content. You were not a dispenser of theories or keeper of tidy therapeutic formulas. No - you were the match. And somewhere inside me, long before we met, there was dry wood waiting, quiet, patient, almost invisible, until you struck the flame.*
>
> *What you offered was not a syllabus, but a stirring. You wove no neat boundaries between learning and living, between the therapy room and the wide, open world. And so, what began in the hum of a class spilled into my life like water slipping its banks - unstoppable, unpredictable, nourishing everything it touched.*
>
> *You made narrative therapy more than a profession. In your presence, the ideas breathed. Stories were not simply techniques; they were threads of connection, binding people to one another, binding me to a deeper purpose I hadn't yet named. I began to see that every conversation was possibility, that the work was not just about healing individuals, but about re-weaving communities, about listening until the quietest voices found their courage.*
>
> *You never said, "Go out and serve people." Instead, you showed me what it looks like to inhabit a way of being where service is not a project but a posture. Where asking questions is an act of generosity, and listening is a form of love. Where dignity is restored not with grand gestures, but with the small, steady honouring of another's story.*

You taught me - without teaching - that narrative is not a therapy; it's a language for living. It is the way a person chooses to stand in the world, with curiosity as compass, and respect as the ground beneath their feet.

Because of you, I learned to notice. To notice the stories people tell themselves and the ones they've been told. To notice how a people's history can be both wound and medicine. To notice the hope tucked in the corners where others see only endings.

You will never know all the places your spark has travelled.

The conversations I've carried into rooms you will never enter.

The circles of people who will never know your name but will feel your influence in the way I lean forward, the way I ask, the way I honour their truths.

This is the gift you gave me: Not a toolkit, but a way of seeing. Not a profession, but a life. You didn't hand me narrative therapy; you placed me in the flow of a much bigger river, and now I cannot stop moving with its current.

You changed my work, yes. But more than that - you changed my world. (Nonka Byker)

The honour and credit of every word Nonka attributed to me and my relationship with narrative therapy goes to David and Joanna. Without this apprenticeship and the meticulous teaching from Joanna and David, I would never have been able to bring narrative therapy to life for others.

My apprenticeship with David and Joanna helped me to develop the courage of my convictions to take on many problems other therapists shy away from, especially working with people suffering from the effects of addictions. Without David's help, I would never have been able to do the work that I now do. He taught me how to see the long strands of dark history but to protest the tiniest rebellions against despair. It was hard work, but we were unstoppable. We rolled

up our proverbial sleeves and got to work. David offered us his wisdom, generosity, and time. Time to gather around these stories and re-author them. They became art, living, breathing art because Joanna survived. David's questions and stories created bridges to land yet unknown, to strange territories where we could rest, laugh, and live with our stubborn hope.

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