



Animative Descriptions and Vivifying Discovery: Inviting Clients Into The Marvel Of Their Understory

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“Now Bjorn, you remember yesterday, the 31st day of October... it could be a really important day in your life, couldn't it?...because on that day, for some reason or other... I don't know yet, but we'll find out...you /YOU did something really, really important. You won over your habit. Before you couldn't hold on to your peepee, but yesterday you got some strength, some bear-like strength inside of you to do this. And I asked you because I think it's very interesting how it was that you were able to be so strong all day yesterday. Your strength, how long did it last?”¹

Listening for unique outcomes in the stories clients tell about the problems they face lies at the heart of doing narrative therapy. When discovered, they provide entry into alternative landscapes of meaning-making opportunity. But listening for unique outcomes as entry points into rich story development, and calling attention to them in ways that compel persons to take up the invitation to investigate further, are two very different things. Effective narrative questions activate a person's fascination with their own lived experience and invite them to author - make sense of - the history of their experience in new and empowering ways.

An unusual story about the discovery of a unique outcome

James Tweed, while camping in the south of Brisbane, Australia, made an uncanny discovery that would have far-reaching consequences in the world of entomology. While on his way to the camp restroom, he noticed something out of the corner of his eye. Initially, he thought it was a bird dropping, but his scientific curiosity had him take a second glance.

Upon further investigation, James realized he was looking at a beetle. But it was strange. Its little beetle body was red and black and had large, but not unusual,

¹ David Epston interviewing 7-year-old Bjorn about his “bear-like strength” to win over the habit of frequent ablations, a leftover symptom after a successful treatment of kidney infection. (Epston, 1991)



“longhorn” antenna looping from its head. What made it curious, though, was the long, spindly white hair shrouding its body. It looked like it was covered in some kind of hairy fungus. The kind that is known to infect insects, turning them into zombie bugs, mindlessly wandering the forest floor like cursed shadows of their former insect selves. But this beetle, covered in white hair, was in fact not infected by a zombie fungus. This white hair was all its own.

James, a University of Queensland PhD student, snapped a picture and took some notes. When he returned to university, he searched for anything he might find about the white-haired beetle, but his investigations into the taxonomies of known insects in this region came up short. So, he wrote an email to experts at the Australian National Insect Collection and learned that he had in fact discovered a new insect. And not just a new beetle, but a completely new species. James’ discovery had single-handedly restructured the known taxonomy of the genus of beetles. An extortionary discovery on an exquisitely ordinary day.

Discovery in the understory

James Tweed is a scientific researcher. A bug scientist. He loves looking under rocks and turning over leaves to see what he might find. But little did he know that he would be at the center of a new discovery in his field. And this discovery almost eluded him. It camouflaged itself as, of all things, a bird dropping.

Though this story is a wonderful little anecdote for how discovery is often hidden in plain sight, the reason I call upon James’ discovery story has to do with where this discovery took place. You see, James made this discovery in what is known as the rainforest Understory, an ecosystem layer sandwiched between the canopy up above (the Overstory) and the forest floor below.

The understory of a rainforest is known for being a hostile environment for rainforest vegetation due to limited access to light resources. Blanketed in shadow, life in the understory struggles for survival as plants fight for sips of light cast down from above. Beams splash on the forest floor like illuminating pools, offering fleeting opportunity for sprouted life to drink their fill. It’s a brutal landscape as far as plant life goes. One where life must adapt to survive. And as



far as ecosystems go, a testimony to the diversity of life hidden away in the shadows of the forest overstory above.

Discoveries that make a difference

Discoveries like the one James made are rare. But when they are stumbled upon, they have the power to rewrite the story of what is possible. In the case of the discovery of *Excastra Albopilosa*, or “from the camp”, the story of what’s possible for how beetles camouflage themselves and blend into their environments has been fundamentally altered. Discoveries like these in the context of narrative therapy, where unique systems of knowledge and skill might be mapped, are entered into through what Michael White called unique outcomes.

But unique outcomes, like *Excastra*, often blend into their surroundings. They are a part of ordinary life and are too easily overlooked. At first blush, they are taken-for-granted details, obscured by their sameness. But when a therapist doing narrative therapy asks about a unique outcome embedded in the story of a problem wreaking havoc in a person’s life, the potential for a discovery is made available to be investigated, and the “bird dropping” is given a second look.

The difference, however, between noticing a new species of beetle covered in white wispy hair and investigating the details of a problem story as a unique outcome comes down to how attention is drawn to the details of the unique outcome.

Questions that call attention to interesting experiences must themselves be interesting things

David Epston has long made a career of asking remarkable questions. I once quipped with David at a workshop that the way he asks questions is not dissimilar to how a comedian delivers a good punch line: build tension with the setup and turn sharply into the absurd, unusual, and unexpected.

Narrative questions, to my way of thinking, are questions that are doing something special. Though narrative therapy certainly doesn’t have a monopoly



on the art and craft of asking good questions, narrative therapy does have a lot to say about what makes a question therapeutic. A therapeutic question, in my view, is one in which the person asked is invited to reflect on their own experience by making important, difference-making distinctions. They are questions that render the scene of important events visible in the mind's eye and direct one's imagination to the exquisite details of the story being shared. They are questions that ask someone to innocently re-view the historical events relevant to the therapy in ways that energize the imagination and electrify the story with entirely new ideas and conclusions for what's possible. They are questions that more richly describe what was happening at the time, and what it was like for the person to be there at the scene of the events being discussed. Resulting in the bulking of thinly known experience, giving the story, what Hilde Lindemann calls "heft" (1998).

- *Did you worry your worst fears were preparing to swallow the courage you'd been collecting up for yourself when you finally decided to confront your partner about the way they were treating you?*
- *How did you fight the fear back and give your relationship the chance to turn a new leaf?*
- *How did you know you were ready to take your first step when you stepped through the fear social anxiety worked so hard to keep you in?*
- *Was this the first time you stepped out of line of the life anxiety was building around you, or do you have a record of defying the strict requirements anxiety demanded you live your life by?*

Questions like this paint the scene of the dilemma in the mind of the person being asked and inquire about the autonomy they were in possession of to act "out-of-step" with the problem story that had come to define their identity and life. To look further into how questions call attention to a person's history in ways that vivify and guide, we'll look at a conversation David Epston had with a young woman named Lee-Marie.



David Epston and Lee-Marie: Illustrative questions that re-view history

Below is a conversation David Epston had with a young woman called Lee-Marie. At the time of this conversation, Lee-Marie was a university student attending a ceremony hosted by a university where David taught in New Zealand. As was customary, David would be encouraged to invite someone from the audience to be interviewed about some achievement of significance for the purpose of demonstrating how asking narratively enriching questions works to supply personal histories with new, invigorated life. What David didn't know, however, was that one of the members sitting in the audience was Lee-Marie, a girl who, 18 years prior, suffered from the life-threatening effects of anorexia nervosa. David, alongside Michael White, met Lee-Marie then and interviewed her and her family about how she might stand up to anorexia and its life-ending intentions for her. Now twenty-nine, Lee Marie is lucky enough to say she stole her life back from anorexia and would credit the conversation she and David had together almost two decades earlier.

Much can be said about the conversation below, but for the purposes of this piece, I want to draw attention to David's ability to co-narrate Lee-Marie's already-lived experience; to re-author or *tell again* that which already occurred. Notice what's happening in your mind's eye when you read David's questions. What do his questions help you to "see"? Pay attention to how they guide Lee-Marie to notice the details in her understory; how they help her map her experience by encouraging a closer look. Notice how David artfully paints the landscape of the conversation with rich detail.

David: Why are you so proud of the Problem from the Past that you overcame somehow or other?

Lee-Marie: I think the most important thing is that I feel I have a life now. I am really proud of that. And I have a family. And I am studying for this degree.



David: Do you consider if you hadn't overcome this Problem from the past, It (anorexia) would have taken over your life?

Lee-Marie: Yeah definitely!

David: Where do you guess It would have taken your life to if you hadn't overcome it?

Lee-Marie: I was thinking about that today and got so upset thinking that I wouldn't be here alive. (*vigorously shaking her head*).

David: Is the fact that you are here a testimony to you as a ten-year-old girl and your mother and father and the family you come from?

Lee-Marie: Definitely! (*uttered with absolute confidence*).

David: If you could acknowledge your ten-year-old self for overcoming a Problem that could have taken your life away from you before you had hardly lived it, what would you acknowledge your ten-year-old self for?

Lee-Marie: Just to be thankful to that ten-year-old for overcoming it so that she went on to lead the life I have led so far. It makes me really appreciate my life.

David: Is there anything in particular that you would like to appreciate her for, now that you have 29 years to look back on her life?

Lee-Marie: Definitely the kids I've got today. They are the biggest things. And of course, meeting my partner.

David: You may not be aware that the Problem you overcame as a ten-year-old would have been regarded at that time as almost impossible to overcome. What was so remarkable about you and the family you come from that you did so in merely 60 minutes?



Lee-Marie: I definitely think having really strong parents and not putting me in the hospital. Their will to keep me going was a big one, and also the help from your therapy. It all actually happened when we met. It came about from that.

David: Can you trace the 'will' you speak of in your mother and father to your grandparents in any way?

Lee-Marie: I can because it was actually my grandfather who noticed and pushed it. And he kept telling my family that something wasn't right. And so it was he who was very strong about not giving up. That was huge! And he phoned you.

David: By any chance, were you the apple of your grandfather's eye?

Lee-Marie: I think so...YES! (*nodding her head in agreement and smiling generously*)

David: Can you tell us a story that might convey that to us?

David demonstrates how his questions are powerfully influential in guiding Lee-Marie's and our imagination. It's like he's taken her by the hand and walked her into the museum of her own life, marched her into the exhibit called "Anorexia's Defeat by Lee-Marie," and began to ask story-enriching questions while seated with her square in the middle of the exhibit floor. His questions gently pry. They invite Lee-Marie to slip between the cracks of what is taken-for-granted and usher her into the understory of her own experience; peeking past the canopy of what is "known", spilling her reflective mind onto the forest floor below. His questions paint her right into the scene of her own life and ask her to share the news of what has been sparked into life by such intriguing inquiry.

Narrative therapy is interested in what's newsworthy in a person's experience. This idea, inspired by Gregory Bateson's "news of difference that makes the difference" (1979), is a principal idea that doesn't get the attention it deserves



when discussing the craft of narrative questions. Let's take a closer look at this idea for the purpose of better understanding how the notion of unique outcomes came to be.

“News” isn't new unless what's new about it is newsworthy

In what is considered to be one of Michael Whites most groundbreaking articles, “Negative Explanation, Restraint, and Double Description: A Template for Family Therapy” (1986), Michael argues that change within family systems can occur when “news of difference” – otherwise known as information about difference (Bateson, 1979) – breaks through the bulwark of established “presuppositions, premises, and expectations that make up the family members’ map of the world”.

The ability to select out and respond to information about difference depends very much upon the recipient's restraints, the network of presuppositions. This network provides a map that is the context for the receipt of new information that ascribes meaning to percepts. News (information about difference) of events "out there" is transformed into descriptions in the form of words, figures, or pictures, and it becomes "stories" via explanation (p. 1).

Difference-making news (information) can only be noticed as having the potential to make a difference when it is different enough to be noticed as distinct, such that the new information might endure as a meaningful meaning-making resource. When families come into therapy, rehearsed meaning-saturated stories are shared about the problem that has come to make trouble for the family; what Linde Hildemann called ‘problem-saturated stories.’ These stories, supported by a host of resource-rich stock plots, supply members in the family with knowledge to map their understandings with explanations for why the problem. These plots are embedded in culture and are circulated in society through various sites of distribution, such as entertainment media, and "tell" of what's normal, healthy, developmentally appropriate, and so forth.

News, new information that can make a difference within a family system, can only break through if the news is different (interesting, sparkly, compelling,



alluring, etc.) enough to inform and therefore alter the current relational formations between people in the family. In other words, when a family gets into the business of addressing problems, if all they focus on are the bird shit falling from the sky making a mess of things, they will have trouble seeing the rare, reality-changing discoveries hidden in plain sight.

But encouraging a closed-off family system to make new meaning of potentially newsworthy information requires more than happenstance and good luck. Therapy must alert a family or an individual to the potential for what might be discoverable and therefore story-able. The therapy must spot potential entry points into alternative accounts of history by listening for the contradictions in the story, like hairline cracks in a mirror, and use language and grammar that vivifies interest to open gaps where new meaning can be collectively made by the family system, therapist, and anyone else involved. In some cases, the therapy must stop the conversation and ask, “You’ve been telling me of *this*, but can I bother you to take up an ounce of interest in *that* over there?”

Questions that position the conversation as a first-person accounting

Most modern therapies orient a professional’s listening skills towards a symptoms-as-explanations model. Clinicians today are taught to be experts at spotting and classifying life dysfunction, social, executive, or processing deficits, and or any manner of skill or knowledge deficits. Professionals are taught that their responsibility is to be discerning of “medically” relevant dysfunction; to listen in the scientific mode. These dysfunctions are discerned against a backdrop of what is often deemed healthy or “normal”. This isn’t to say this type of listening is inherently ineffective or wrong. But it is to say that orienting your therapeutic ear towards spotting and exposing deficits will have you listening in a very specific way. But unlike most modern helping traditions, narrative therapists are trained to listen and respond in the *narrative mode*.

Listening to someone’s complaints in the narrative mode bends the listening ear away from details that reveal distinctions in deficits and towards something different; details that suggest a potential for moral agency. Listening in the



narrative mode encourages helpers to ask questions that build along the margins of what is known, such that opportunities for rich story development might be spotted, exposed, and tended to. Narrative therapists are eager to ask about strange and anomalous story details that highlight a person's struggles for self-realization, hope, desire, or longing. Questions such as these might anticipate a "special knowledge" (Epston, 2018) that was relied upon during ordinary and mundane moments of life.

Though our questions are important, it is the answers they generate that matter most in therapy. To ensure the conversation maintains the focus on the experience of the client as the primary source from which therapy draws, asking questions that invite the client to "look again" with different eyes encourages their participation in therapy as having the "important half" (Epston, 2018) of the knowledge central to the therapeutic endeavor. Therefore, to maintain an orientation towards experiences that thickens the story, narrative therapists ask questions that invite clients to maintain a first-person perspective while standing outside of the story being told.

While operating in the narrative mode, questions focus less on the ideas a person has about how life ought to go and instead invite a person to build knowledge along the border between what they *know* they've experienced and what may still be experienceable. We are asking them to investigate their experience and retrieve something different. This is a difficult task without the aid of an outsider, a therapist, who can stand outside of the story being shared, inviting the client to stand alongside them to account for what might be difficult to see through the already-established view of lived experience. Having a way for someone to tell of their experience again as an author, with agency over how the story might be told, requires a kind of stepping outside of the story being re-viewed.

Outsight: Seeing one's self from the outside

Tom Carlson (2020) offers us an important theoretical framework that could be considered a significant leap forward in how to conceptualize the notion of "witnessing". Tom tasked himself with looking into the theory that drove much of



Michael White's "Outsider Witnessing Practice". In his research, Tom came to understand that it was towards a theory of oversight that Michael was operating by when building a practice around Barbara Myerhoff's Definitional Ceremony. Oversight, as Tom outlines, is an orientation of viewing one's life and lived experience as if it is being looked upon, like reading about a character in a book (2020). When one steps out from behind their own eyes and takes a position of looking upon their life, they are granted the opportunity to make distinctions about the conditions the character is operating within (Carlson, 2020). By standing outside of the story, one is better positioned to experience the story as an author, rather than a character; for a character operates their life in response to the conditions their story is set, while an author has the right to set the conditions by which the character's story will take place.

I am of the firm belief that the notion of "re-authoring" requires, first and foremost, a commitment to externalizing the conditions that one might be responding to as a means to re-author their lives in new and meaningful ways. This is in effect externalizing. But the purpose of this style of externalizing is not to simply separate a problem from a person such that it can be fashioned as an entity wreaking havoc in a person's life. No. It is externalizing for the sake of inviting a person to take on "authorial agency" (Morson, 1994) such that they might witness themselves responding to a problem with intelligence, integrity, dignity, self-concern, courage, intention, and/or any other form of moral character.

Looking upon one's own life through the filter of the first-person perspective

When listening for how problems operate, narrative questions ought to orient the inquiry through the eyes of the person seeking care. I submit that therapeutic questions are markedly more effective when they invite the client to reflect on their experience through the **filter of the first-person perspective**. Story developing questions that ask about experience through the filter of the first-person perspective are questions that ask a person about what they remember, what they prefer, what they hope for, what they intended, what they desire, and or what they long for (Paljakka & Carlson, 2024). They are questions that inquire



about what their concerns and conclusions are in relation to. Michael White (1990) outlines this for us saying:

The narrative mode redefines the relationship between the observer and the subject. Both “observer” and “subject” are placed in the “scientific” story being performed, in which the observer has been accorded the role of the privileged author in its construction. When we locate a therapy within the context of the narrative mode of thought, stories about life are considered to have been constructed through “the filter of the consciousness of the protagonist.” Thus, the transcendental “we” and the “it” of the subjectified person are replaced by the pronouns “I” and “you” of the personified person (pp. 82 - 83).

In the context of problems, narrative therapy is interested in the significance of the important details of the story that tells of what the person is up against, and what is being relied upon to survive, manage, press forth, hang on, hold firm, stand against, for and with, or fight back. By concerning itself with “stories about life [that are] considered to have been constructed through the filter of the consciousness of the protagonist” (White & Epston, 1990), narrative therapy is positioned to open up gaps in the story where there is a lack of information about how the person is endeavoring to realize their own moral potential. By asking questions through the filter of the first-person perspective, we are honoring the consciousness through which the person seeking care, the protagonist, has constructed their stories about life and how these constructions are organizing of what is possible and what is not. This is to say, a therapy that operates by the principle that life is lived in coordination with how it has been constructed is subject to being re-constructed in ways that open possibilities for how it might be lived otherwise.

I will attempt to demonstrate two forms of inquiry that ask about problems, their effects, and the person’s resistance to said problem through the filter of their first-person perspective.



Show me, don't tell me

The first form orients the conversation's **awareness towards how one is affected by the dilemma/problem** that is determined to be the source of suffering. The second orients **awareness towards one's noble response** (Paljakka & Carlson, 2024). These two orientations help to guide how we might structure our questions in ways that orient the conversation towards the knowledge, skill, hopes or moral character that are being alluded to, but remain hidden from view due to the obscuring nature of dominating discourses (dominant ideas that shape thinking, experience and life) that are defining of how the story is allowed to be told.

Questions that call attention to the conditions that contribute to the suffering someone is coming into therapy to address grant the therapy the opportunity to re-author these conditions with the help of the therapist. But it is through the “filter [of] the consciousness of the protagonist” that the therapy must orient to preserve the authorial agency of the client. Below are examples of these two question orientations based on the Lee-Marie conversation from earlier.

1. Questions that orient awareness towards the *problem effects* on the person:

1. Do you consider if you hadn't overcome this Problem from the past, IT (anorexia) would have taken over your life?
2. Where do you guess IT would have taken your life to if you hadn't overcome it?
3. You may not be aware that the Problem you overcame as a ten-year-old would have been regarded at that time as almost impossible to overcome.

These questions, while asked through the filter of the first-person perspective, provide for the telling of the problem and its effects. They keep Lee-Marie in the scene of the story being asked about. And ask her to expound on how her life might have been affected by the influence of the problem had the problem been permitted to dominate her day-to-day living. And they encourage her to tell of her



experience in a dramatic way. In other words, the questions set her up to tell a dramatic story.

In the example provided above, David is not asking about the problem's motivations. He *is* asking, however, about what her perspective suggests about the course her life may have taken should she have followed the lead of the problem's prescriptions. To my way of thinking, this is in service to telling a story built around narrative tension (Baroni, 2015). This subtle distinction puts Lee-Marie in the driver's seat for how the story is constructed. And affords her the authority to illustrate, through her own words, what she dramatically navigated at the age of ten.

2. Questions that orient awareness towards the *person's noble response to the problem*:

1. Is the fact that you are here a testimony to you as a ten-year-old girl and your mother and father and the family you come from?
2. Is there anything in particular that you would like to appreciate her for, now that you have 29 years to look back on her life?
3. What was so remarkable about you and the family you come from that you did so in merely 60 minutes?

These questions ask Lee-Marie to share the details of her lived experience as a protagonist, acting in concert with some special sets of knowledges, abilities, or family inheritance in defiance of the problem of anorexia. Once again, David is asking her to “tell the story of” her 10-year-old self's resistance to the problem through the filter of her first-person perspective.

Therapy in the narrative mode inquires into the experiences of the problem through the person's resistance as observed in conversation through the filter of the first-person perspective. This orientation keeps the client in the “outsider” position while preserving the client's authorial agency by asking questions only the client can answer. This puts the clinician in the position of truly asking questions they don't know the answers to. The therapy doesn't ask about general knowledge or presuppositions that are generally agreed upon. But instead, asks clients to “fill us in” on the intimate and interesting details of how they came to



understand the peril they experience their life being in, and what they might be doing in response to its unforgiving influence.

Animative descriptions and energizing verbs: How our questions make overlooked experience “leap off the page” and into the lap of conversation

“Knowledge is not the discovery or reconstruction of a latent meaning, forgotten or concealed. It is something newly raised up, an addition to the reality from which it begins.”

– Pierre Macherey

Knowledge is generated, not discovered. Our capacity to re-view our lives and make sense of what is selected for re-view is not an act of remembering. It is an act of re-generation. And in the act of generating knowledge, language is heavily relied upon to give its constitution shape, texture, tone, and direction.

Words, and how they are used, matter in therapy. And though there is much to say on this topic, my intention here is to call attention to the aesthetics of how our questions and responses assist persons in making new meaning along the margins of what is already known, vis-à-vis storied.

What makes a good story

Good stories captivate. They pull the reader along, word by word, and do so by energizing the plots momentum with accelerant verbs and animative descriptions. They show the reader what’s happening without telling them. They share enough to provide an orientation towards the plot while inviting the reader to supply the story with information of their own design and imagination for what might be happening behind the scenes of the story and its characters.

Narrative therapy is a therapy that operates along the same principles; it helps our clients to tell interesting stories about their ability to resist problems by inviting their awareness towards unique knowledge, surprising insights, and unexpected twists of fate, moral quandaries, and the perils of moral decision-making. This is in service of connecting them with the intentions that might be standing behind the acts of life that give texture and nuance to day-to-day living.



But the details of lived experience that provide entrance into these unique stories are often coded as benign and are therefore easily overlooked. So, it is the responsibility of the outsider, the therapist in this case, to express their interest in wanting to know how those seeking therapy are actively engaged in responding to problems by showing curiosity towards those details that show even just an ounce of story-telling promise.

Thickening the story with animative description: Energizing verbs and a grammar that holds it all together

Problem stories monopolize the meaning-making authority of the individual they inhabit. Put another way, successful problems find success by limiting the spectrum of possibilities for how one might experience what troubles them. Problem stories survive as problem stories by remaining “thinly known” (White, 2003).

In *So You Want To Do Narrative Therapy: Letters to an Aspiring Narrative Therapist*, Sanni Paljakka and Tom Carlson (2024) offer us another way of thinking about how thinly known accounts of life and lived experience come to govern how a person makes sense of the circumstances they seek therapy to resolve. They have introduced the term “Unstory” to delineate the ways dominant ideas circulated in modern culture disenfranchise a person from their meaning-making authority. An Unstory is a “labeled account that flattens experience into an identity conclusion” (Carlson, personal communication, 2026). Tom goes on to elucidate further:

“I am a failure,” or even “failure is my problem,” doesn’t yet have narrative form; it has category, judgment, and foreclosure. The same is true of medicalized descriptions that invite people to understand themselves as having depression or being anxious — these can quietly unstory people from the specificity of their lived experience (Carlson, personal communication, 2026).



Unstories are the “antithesis of a story” (Paljakka & Carlson, 2024). They displace the story-ability of lived experience by centering ideas rather than telling tales of the terrible, magnificent, strange, and wonderful things that result in a protagonist who struggles, puzzles, pushes, and/or prevails over problems. They make follow the landscapes where meaning-making might otherwise take place. Explanations like complicated grief, personality disorder, or major depressive disorder obscure what might otherwise be revealed if the story of what the person is up against were more thoroughly developed. In many kinds of therapy, clinical descriptions for problems are offered as a starting point for providing help, often resulting in conjecture masquerading as therapy; a plot that is “something mechanical encrusted upon the living” (Bergson, 1900, as cited by Baroni, 2015).

Narrative therapy is interested in thickening stories up by rescuing details, resurrecting and historicizing experience (White & Epston, 1990), and making new meaning – unique meaning – in the rendering of stories that might not otherwise be crafted due to the obscuring nature of professionalized language. Below is a continuation of David and Lee-Marie’s conversation. In our continued analysis of how questions help to bring a unique experience to life, such that they might help to thicken up a person’s storied experience, we are going to look at how David uses his questions to set the stage for storytelling by painting, with poetic description, potential leads for Lee-Marie to narrate her life further. I would like to call attention to how David uses animative language and energizing verbs to intrigue the curiosity of Lee-Marie.

Let's pick up where we left off...

David: By any chance, were you the apple of your grandfather's eye?

Lee-Marie: I think so...YES! (*nodding her head in agreement and smiling generously*).

David: Can you tell us a story that might convey that to us?



Lee-Marie: *(looking skywards and laughing out loud)*. Yeah, definitely.... him having to sit around and watching me dance around his living room for half an hour. He definitely suffered through that.

David: Can you remember, as a little girl, the look in his eye when you were dancing around his living room?

Lee-Marie: *(putting her fingers to her eyes)*. He always had a glitter in his eyes. He was always smiling!

David: Are there any stories that you know of from your paternal family that are told about how they don't give up when the going gets tough?

Lee-Marie: There were bad financial times, and they just kept on going. Nothing gets them down, and they do overcome it in time and just think of other ways. I've seen it. They can be very strong in that way.

David: Can you tell me something you have witnessed in this regard?

Lee-Marie: They lost completely everything, and they built another business up again to be even better. They were going through a lot of stress. *(shaking head vigorously)*.

David: If your grandfather were here and I asked him this question, can you guess what he might have said: "Lee-Marie's grandfather, were you at all surprised when you learned that the apple of your eye- your ten-year-old granddaughter Lee-Marie - overcame a Problem thought to be almost impossible in no more than 60 minutes?" How do you guess he might have answered?

Lee-Marie: *(smiling)* I think he wouldn't be surprised. No! I'm sure he wouldn't be surprised.

David: Can I ask him another question? "Lee-Marie's grandfather, why were you not surprised, when to be honest, I could not quite believe it when I learned what Lee-Marie and her family had gone and done



immediately upon leaving my office?" What would you guess he might say in reply?

Lee-Marie: I think that he knows we are fighters. Yeah, fighters! He has seen that nothing actually will stop us.

David: Is that 'fighting spirit' reflected in the way your family has engaged in athletics?

Lee-Marie: Absolutely...my father and brothers have excelled- they almost went to the Olympics and excelled in professional sports.

Animative descriptions in storytelling questions

This section of the transcript invites Lee-Marie to explore the story of being the apple of her grandfather's eye. He invites her to "tell a story that conveys" this, then thickens the story by asking a question that animates the scene by imbuing it with a little girl dancing around the living room. Her description of dancing around the living room is thickened with his next question.

Can you remember as a little girl the look in his eye when you were dancing around his living room?

This question animates the scene from which this storytelling takes place and invites Lee-Marie to vivify her experience. It is my belief that a good storytelling answer in narrative therapy starts with a good storytelling question. They provide guidance to a client by priming their imagination with anticipation for how they are being invited to narrate their lives.



Energizing verbs

“Find the action in a sentence and express it in a verb.”

– Deirdre McCloskey, Economical Writing

Stories require energy to keep the plot from stalling. And verbs supply texts with a story accelerant. They are the energy a reader’s meaning-making mind uses to build the plot’s momentum. If we’re asking questions that help do the work of storying lived experience, then our questions should help to keep a story alive. If a narrative therapist is helping a person tell interesting stories about their life, then the verbs we use in our questions do the work of energizing the momentum of the story’s progression.

I’ve been told I ask “loaded questions” in family therapy. At best, I suspect this has something to do with asking questions that are seen as influential in the conversation; at worst, I might be a little too interested in what I’ve given priority to, though I could be wrong about this. It’s my belief, however, that every question is a loaded question. But I use the term *loaded* in a different way than what might be considered conventional. In my view, a loaded question is a question that primes the person being asked to (a) experience a gap in their knowledge about what they believe they “know,” (b) arouses suspense or surprise in them upon their review of what’s been asked about, and (c) inspires them to take authorial action to resolve the gap the question curates. I’m of the strong inclination that our questions should not shy away from the dramatic. In fact, I believe a good storytelling question is filled to the brim with the potential to curate narrative tension. And the verbs we choose in our questions help to slingshot a person’s imagination into the space where answers are just waiting to be developed.

Putting it all together in therapy

I’d like to tell you a story about a friend of mine. Will is a teacher for a local high school and is in his mid-thirties. He’s happily married and has a 4-year-old daughter. And though she can be a handful, he’s head over heels in love with her.



But Will carries a tremendous burden around with him that interferes with his fathering and other parts of his life. He is in an ongoing and intractable dispute with the school administrative staff where he works. Will is also black and is all too aware of the socio-political burden of being a person of color in a political climate that refuses to acknowledge the systemic and cultural bias that disproportionately disadvantages people who look like him.

Trouble at work

The story goes that he, a fiercely stubborn and strong-willed person, found himself at odds with an administrator on campus one day. The dispute led to him being followed by this administrator back to his classroom without due cause. He felt the person was aggressive and unprofessional, leaving him to feel threatened by the behavior. That night, and for the next two weeks, Will would find himself waking up in the middle of the night in total panic. He took the next two weeks off from work in the hopes that this would quell his anxieties, but what he didn't expect was to find himself stuck in a perpetual state of reciprocal hostility and ongoing antagonism from the administrative staff from both the school and the district.

For many, this kind of thing would be a minor inconvenience chalked up to a collegial dispute. But for Will, this action has led to a protracted state of stress and anger. All of which his family now bears the brunt of, despite his best attempts not to let it. This is because Will has endured a powerfully shaping experience in his past that left him, a black man, profoundly skeptical of anyone who holds authority over his head.

Paralysis strikes

When Will was 23 years old, he was struck with paralysis from his waist down to his toes due to a mysterious inflammation around his spine. He had just graduated from college and was on the cutting edge of the beginning of his life as an adult. His doctors, not knowing the cause of the inflammation, gave him a damning prognosis. A catheter was painfully "installed" in the hospital, and he was discharged into the care of his mother and father with almost no medical



guidance or treatment. An excerpt of his self-published book (Terry, 2018) illustrates the scene when he learned of the fate he was doomed to:

The doctor walked in and told me that they weren't sure what was causing my paralysis. "The MRI's indicate that your spinal cord is inflamed. The inflammation is causing your paralysis and unfortunately there is no way to reverse the damage that was done...I'm sorry". I didn't want to accept this and immediately asked, "does this mean that I'm going to be paralyzed for the rest of my life???" The doctor looked at me and simply replied with a "yes, it does".

Will goes on to share the story of how, through a fierce refusal to accept this fate, he came to regain feeling in his legs and recover his ability to walk. And how, over the course of a year, he would teach himself to walk and toilet himself without medical intervention. This personal determination, coupled with the love and support from people like his wife, is often credited as the source of motivation that has carried him on in his recovery, which continues to this day.

Fast forward to the present, Will and I started working together because his wife was becoming increasingly worried that he was "deteriorating mentally", losing his temper with her, and was increasingly irritable and short-tempered with their daughter. So, she reached out to schedule a phone consultation with me.

The consultation call

On the day of the consultation, I was running behind by a few minutes. When I finally had the chance to reach Will, I could tell he was not happy with having to wait. Though we joke about it now, at the time, it was no laughing matter. Will was seething. He explained to me that we had a phone consultation at a specific time and that it was my responsibility to make sure I managed my schedule, and accused me of being unprofessional. The conversation was not going well. He went on to explain that he has no patience for medical professionals because he's been jerked around by doctors, administrators, and past therapists. He had me



dead to right with being late. But I did my best not to take the heat personally and eventually had a chance to summarize Will's justified frustration.

Brian: Will, I'm really sorry you're feeling upset about my mismanagement of time. I have to say, it makes all the sense in the world to me that you would be as upset as you are about this. Especially given how much adversity you've made it through in your life. It sounds like my belated call has demonstrated to you that I might fall right in line with how you've been treated in the past. I can't imagine what it might be like to have to deal with something like this, given your history.

Will: *(Exhales)* Well, yeah. I appreciate you saying that, Brian. It sounds like you might get a little bit of what it's like for me to be jerked around by my medical professionals. It's traumatized me, and I get so upset and completely lose my mind. And my wife and daughter get the brunt of it at home. I've done therapy in the past, and though the guy was nice, it wasn't helpful...

Will goes on to explain that he went through an EBT (evidence-based treatment) program with a therapist who "didn't listen" to him and just had him complete handouts. I reassured him I didn't have any handouts I could provide due to my lack of knowledge about what it's been like to live the traumatized life "medical neglect" set him on. And if he was still open to setting up an appointment, I would happily agree to meet. He warmed up and agreed. We seemed to be on good footing. So, it was with considerable caution that I gave a necessary caveat to our initial meeting.



- Brian: I'm glad you're open to meeting, and I think we could cover a lot of ground together. But I have to ask one thing, and I cannot meet with you unless you agree to my terms.
- Will: *(With skepticism in his voice)*. Oh yeah! What's that?
- Brian: I need to let you know I've never worked with someone with your history. Sure, I've worked with trauma before, but I have no reference for what it's like to be working in a hostile work environment with people who seem to overlook a powerfully life-shaping experience, such as paralysis that led to medical neglect. I'm going to need your guarantee that you're going to let me in on how it is that you're making it through such incredible circumstances, even if it feels at times that you're simply unable to keep your head above water.
- Will: Oh, you don't have to worry about that. I'll teach you all you need to know what it's been like to live a day in my life

Peeking into the understory

The stage was set for the two of us to get into Will's untold understory. Will and I have been working together weekly. He never misses a session. He had been teaching me about what it's like to be a teacher at the school where he works, how his "trauma triggers" send him into a "spiral", and about his exhaustive efforts to respond to the circumstances of his hostile work environment. There was lots of ground to cover. Will also made sure to teach me about his medical condition. He wrote a book about what his experience was like to lose his ability to feel his legs. He brought it into session early on when we first started meeting. But what I was mostly interested in was how he was finding ways to hold his own against what we called "the Bad Mood" that he would find himself in while at school. I was interested in getting into the understory of how he has been finding ways to build more trusting relationships with his colleagues and overcome "the



Bad Mood” that has been so powerfully shaping his experience where he works and with whom he works.

The exchange below was in a session where Will expressed to me that he had responded to something that helped him hold “the Bad Mood” off while at work. Worried that Will might overlook his agency to act in accordance with something other than the bad mood, it was my responsibility, I felt, to make this unique outcome interesting enough to warrant investigation from both of us.

Brian: ...you've been in class these last three days, right?

Will: I've been teaching. I've been teaching, yeah.

Brian: How has this [good] mood accompanied you to school?

Will: Great, man. I mean, I am having great times. That's even when I'm not doing well, and I'm like in here and like being the worst version of myself in front of you, like stressing. I don't have that in front of the kids, which is honestly not to my detriment, like that's why I'm able to go...

Brian: (*Abruptly interrupting*). But with respect, I would expect that of you, frankly, you know what I mean? Like a *Bad Mood* might try to tear you down, but you find it in you, somehow, somehow to make sure that that *Bad Mood* doesn't cover you up when you're with your students. My guess is that the *Bad Mood* has full reign, or at least significant reign...over your relationships with your colleagues or maybe the administrators. When your...good mood is with you, do you find that you are resonating differently with those staff members that you typically have **bad blood** with?

Will: Wow, man...[yeah]...it did happen. Like one of the vice principals, who's a complete dickhead...Like I saw him yesterday, and he said



good morning to me, and I said good morning back. (*Laughing*). And I know that might seem small to you.

Brian: ...That does not...seem small at all.

Will: (*Enthusiastically*). Not small.

Brian: That feels tectonic.

Will: And I did this (*waving his hand in a gesture of "Hi!"*), I did that, I did one of those. So, you know what I'm saying? I did one of those, and it was a big deal, man. So, to answer your question, what it's been like with the kids, it's been like it usually is, but augmented, like I'm happier, like, and I'm noticeably happier. Internally and externally, it's been freaking great.

In the exchange above, my question invited Will to “get beneath the surface” of a particular moment at school he referred to as “being in a good mood”. He started telling me about how this good mood affected him in his classroom with his students. Now, you may have guessed, but Will is a good teacher. At this point in our working relationship, there is no doubt about that. So, the story of how his “good mood” helped him teach had no gravity to it. We might as well talk about the kind of car he drives to and from school. The question I asked was intended to redirect his authorial attention towards what else may have happened, to *look again* at the story of this particular day in which a good mood won out. The question, one that illustrated the conditions in which his bad mood should have prevailed, led to a lively review of how an alternative mood succeeded, warming him up to his “dickhead” vice principal. And this set the course for us to discuss further how this act might be the beginning of warming relations between him and some of the staff he’s come to feel so negative about.



Discussion

In this article, I've spent a considerable amount of time making the case that unique outcomes are both a point of departure from the internal logic of a thinly known story about life and entry into what I've called the understory, lived experience that has yet to have been incorporated into the larger system of knowledge that serves as meaning-making resources. The Understory metaphor I call on is simply meant to be used as a device to assist therapy in its pursuit of untapped resources from which to build alternative plots and new stories. Furthermore, these points of entry into alternative landscapes of meaning are obscure and easily overlooked and require a commitment from the therapy to call attention to them by making them gleam. Michael White referred to these gleaming expressions as "sparkly moments". I am proposing that narrative therapy, as a collaborative therapy, requires a commitment to using language that vivifies these potential points of entry into unique outcomes. And I believe that narrative therapists can spend time developing these skills in consultation with each other as they develop their artistry in the way they ask their questions.

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