

# How Narrative Therapy Changed Us

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**Abstract:** While there was some literature written about new practitioners of narrative therapy from teachers' perspectives, there is virtually nothing written about this topic from the new practitioner's perspective. As a first-year-in-practice MSW, I share my insights, challenges and how I've grown professionally and personally as a result of using the narrative therapy approach. "Jill" also offers what her experiences of narrative therapy were and what she has learned along the way.

**Keywords:** narrative therapy, new practitioner, reflection on practice, catharsis

The story I am about to share with you is one of katharsis, meaning one of emotional movement and personal transformation when witnessing or experiencing a significant event (White, 2007). Not only was there catharsis for the woman consulting with me but also for myself, as a four-month-old practitioner of narrative therapy. We've independently grown and transformed during our time together: She is on a path to her preferred way of being and I am moving towards the narrative practitioner I would like to become. It is also a testament to White's two-way account of therapy (White, 1997 in Beres, 2014) that I am forever changed by witnessing "Jill's" (name changed to maintain confidentiality) beautiful transformation, but let me start at the beginning.

Four months before meeting Jill, I was hired straight out of my MSW graduating class by the Thames Valley Family Health Team (FHT) to be the Social Worker for a group of family doctors' patients. At the time I was hired, I had visions of what this would mean: counselling people who were living with a new diagnosis, helping people navigate programs and services, treating mild to moderate depression and anxiety, grief counselling, facilitating groups, and the like. At the outset, I did not expect to be working with people who were experiencing multiple and severe mental health issues, nor did I feel skilled enough to help.

As a new graduate, I was passionate, excited and nervous as all get-out! Despite my most influential clinical course during my MSW having been in the theory and practice of narrative therapy, I hesitated in using it in the beginning because the physicians at the clinic hadn't heard of this approach before. Then, after about a month of floundering around trying this technique and that technique with little effect, I decided to go with my training in narrative therapy. So with this in mind, I practiced and consulted, read, and journalled my follies and successes. I worked, ate, relaxed and slept narrative therapy those first few months. I was trying to don the narrative therapy approach rather than just learn the techniques that Hibbel and Polanco (Hibbel & Polanco, 2010) and Beres (2014) suggest could be a stumbling block for new practitioners of narrative therapy. Enter Jill.

Jill, a thirty-year-old single mother of two, came to consult with me about her ongoing experiences of anxiety. She told me a fourteen-year-long story of mental health diagnoses, lost dreams, missed opportunities and frustration. She told me that by the age of 16, she was diagnosed with a generalized anxiety disorder that included panic attacks and a major depressive

disorder. Further diagnoses were assigned to Jill, she told me, at the age of thirty that included severe anxiety (mostly social), mild obsessive compulsive disorder, manic depression, as well as being told she possessed cluster C personality traits that may indicate a personality disorder—all symptoms that had been declared to be resistant to pharmaceuticals. Jill shared with me during our first meeting that she found it very difficult to leave her house alone and that she had not been able to work for a number of years. Jill had some success with antidepressant trials for a period of time, but she reported either a dwindling effect or no effect at all. She had not found previous psychotherapy to be useful to her. After the births of her children, and more recently a divorce from a person who was very controlling, she found that anxiety took her to a point where she was unable to bear it any longer on her own.

Oftentimes, during an assessment, an over-arching theme of something reveals itself. In this case, it appeared that Jill's dominant storyline rested in the broader narrative of mental dis-ease and all of the stigma and trappings of the machine of mental health services that she had bumped into over the years. It occurred to me after this initial meeting that Jill had likely felt 'hijacked' by anxiety and depression for a very long time. More than this, I was concerned that Jill was feeling powerless to deflate the problems in her life and that she may have felt unknowledgeable as to how to take charge of her problems. Right from the beginning of meeting with Jill, I suspected that narrative therapy's stance—that the problem is the problem, not the person is the problem, and elevating the person's intimate knowledge, insight and wisdom about how to usurp the problem would be a beneficial match (White, 2007). However, my new-practitioner self-doubt made me ask, “How on earth am I going to be able to make a difference in Jill's life with narrative therapy?” Then I stopped and told myself to take it step by step, conversational map by conversational map.

### **Double Listening, Sparkly Moments, and Wait-a-Minute Marvels**

I was taught to use the conversational maps as a loose guide for therapeutic conversations. White used the map metaphor to explain how the consultant would share the conversational journey with the person from what is “known and familiar” about the Problem towards what is “possible to know” (White, 2007). These maps and I have a love-hate relationship. In my eagerness to ensure I complete a map in a session, I tend to rush the “known and familiar.” In my experience, rushing this aspect of the conversation can minimize the person's own expert knowledge of the problem. I crave the maps' guidance and reassurance. It seems so easy and logical before I meet with someone; however, sometimes I find that I can lose my way in trying to guide the conversation. I've also had instances where I feel boxed into a conversational map when what I really want to do is chase after something the person has said/not said that I feel might be really important. Most of my conversations with Jill at least started with a map.

#### *Double Listening*

What I've come to realize is that White's 'double listening' is crucial. Double listening entails becoming curious about soft whisperings that something outside of the Problem wants to be heard, which was a concept originally developed by White in his creation of the Absent but Implicit conversational map but with his untimely death, Beres has further developed (Beres,

2014). Double listening is a skill I didn't think I possessed as a new practitioner. I was so busy trying to ask 'narrative questions' and remember the steps of the map that, at times, I caught myself not listening at all, never mind "double listening." But when I really settle into a conversation with someone, like I did with Jill the day we externalized anxiety, something really special happens.

### *The "Wall"*

Seeing how anxious she appeared during the first consultation, my little baby Social Work practice wisdom suggested I start working with Jill's anxiety rather than the depression. Using the externalizing conversation map to deconstruct the problem, Jill began to teach me that anxiety began settling in with her at a very young age, perhaps 12 years or so. Holding her hands up as if to feel it, Jill described anxiety as a "Wall" that has kept her from doing things over the course of her life: making new friends, finishing high school with her peers, pursuing post-secondary education, getting her driving license, and much more.

When I asked her to evaluate the effects of the "Wall" on her life, how she sees herself, her relationships, and her career, she was clear that it was all negative. I sensed and observed a shift in her demeanor and posture when I asked her to evaluate how she felt about anxiety's effects on her and her life. She stopped fiddling nervously and sat up straighter. She became outraged and angry, but she seemed surprised to feel that way. I asked her to stop and name her reaction and she said she was 'pissed off with anxiety' and fed up of it getting in the way of so much in her life.

I asked her what might be possible for her now that she had acknowledged all of this, and she plainly said, "I'm so ready to break up with anxiety." She laughed at that and I did too. Her frankness and humour impressed me, as did her feisty outrage at anxiety. Jill taught me that taking a playful approach to the problem actually takes some power away from it. This is a concept I use with other people on a regular basis now. That moment has stood out for me as pivotal to our work together, in that Jill was taking a very strong stance against anxiety. I saw the magic of narrative therapy that day, and it gave me the confidence to continue to use this with Jill.

While in the middle of this wonderfully moving externalizing conversation, Jill gave me a hint of something sparkly.

### *Sparkly Moments*

Do you know how thin, thin ice looks on tree branches in the morning sun? The thin coating of ice clearly defines each branch, even the smallest ones that may have escaped your notice before. The smallest branches are offshoots from the larger branches that seem like a tangle of pick-up sticks. But when that watery winter sun dances its beam on that small branch it is wonderfully lit up for your pleasure. I stop to notice and appreciate the effort, the intent and will in that little branch to grow out of the larger one. I marvel at the tree that can hold itself up under the ice. Time deserves to move a little slower, my senses are heightened, I feel so connected to

the tree and the branch, I feel humbled to have witnessed this moment. These are the 'sparkly moments' I experience with practicing narrative therapy.

Jill's sparkly moment was as spectacular as that little branch covered in ice being tractor-beamed in the sunlight. It was our third session together and we had heard a lot of how social anxiety had been shutting Jill down from her life. But then she mentioned one thing in passing, an off-the-cuff-remark. It would have been so easy for my attention to not go there and to stay with the problem storyline (White, 2007). She was telling me how hard it was to make friends like her long-time friend "Ally." I became curious and asked Jill how the friends had influenced each other over the years, but especially way back when they were in grade school. Jill spoke of their true acceptance of one another's quirks and sense of humour and of their fierce but friendly public-speaking competition that went on for years. A sparkly moment had arrived because I was double listening.

### *Wait-a-Minute Marvels*

I stopped writing notes, sat up straighter and took my glasses off. "Wait a minute. Just wait a minute, Jill. Did you just say 'competitive public-speaking'?" I asked. Jill had shared with me how social anxiety keeps her from taking her children to school, from driving, from meeting new people, from working. How did Jill muster up the courage to get up in front of a crowd of people and give a speech, I wondered aloud. Jill paused and shyly said, "And I won quite a few times too."

I suspected that this was an opportunity to thicken this alternative storyline (White, 2007) with Jill so that we could lift up her exhilarating experiences of public-speaking, of being self-assured enough to present her ideas in front of people and of Jill being a valued friend to someone despite anxiety trying to assert itself. The responsibility of getting the next few questions 'right' weighed heavy on me. Which way should I go: ask more about the speeches, about the friendship?

"Jill, can you tell me how you came to do competitive public-speaking?" I asked. Jill told me a story about the required school speeches in elementary school, and how she and her friend Ally would practice together. Jill spoke of their supportive but competitive friendship driving her into the finals and later the regional competitions. It wasn't all easy for Jill, she remembered feeling frightened before facing the crowd to deliver her speech, but once she was out there and said the first line, her nerves were forgotten, she told me. This moment in the conversation felt very important, therapeutically pivotal, in fact (Duvall & Beres, 2011). Time seemed to move slower and my vision seemed sharper. I felt very connected to Jill in that time and space of her prepping for competitive speaking and her successes. I was marvelling at this new side of Jill I was learning about and I was certainly hoping to thicken this memory of her being courageous for Jill. My brain was leaping to all sorts of possibilities this next part of the conversation could have for Jill in un-sticking anxiety.

"Does talking about the competitive speech delivery bring to mind any other times you pushed through the Wall of Anxiety?" Jill then told me of her love of drama and performing on stage

back then. I asked how this came to be, how she became interested in this. She shared that her father was a community actor and he encouraged her to enter the world of theatre with him. At about the same time, Jill started working at an art gallery, which suggested a broader interest in the arts that I became curious about. This led us to talking about what this reminiscing about her life-long passion for being creative and artistic might make possible for her in her near future. In response to this, Jill stated she wanted to go to college, to further her education and maybe explore a career related to the Arts.

### **Jill's Experiences of Narrative Therapy**

I offered Jill some questions to help her reflect on what her experiences of narrative therapy were on her, her identity, and her present and future preferences. I've included the questions, as Jill responded to them.

*What was your experience of therapy this time?*

“My experience of therapy this time around was purely positive. It differed from other psychotherapy sessions that I had experienced in the past in that I felt much more comfortable and in control of the process. Feeling at ease to share is especially detrimental for me with my anxiety. If I do not feel comfortable, I am not going to share things that may be pertinent to the process. In my past experiences of psychotherapy, I have purposely left out things that I thought would be judged, or that made me embarrassed to admit about myself. I have even acted like everything was better so that I would no longer have to attend therapy. From our very first session together, Nancy really hit home that any issues that I was experiencing in my life were completely separate from me as a person. My time with Nancy was a judge-free zone where we could discuss anything that had happened, or that I was thinking.”

*Are there sparkling moments from our sessions that stand out for you?*

“While there was no one pinpointed epiphany for me during my sessions with Nancy, being gently guided to meander through the offshoots of those tree branches of my life, being taught that each branch in my life-tree had many offshoots from where to see different perspectives, and that all of those offshoots were connected back to my branches, to my life-tree, to my roots—making up what shaped me as a person—was the most important thing that I learned. I think that in life we sometimes get so stuck only looking at the bigger picture that we forget to see that there are many different things affecting us. We aren't trapped in any one place in our life-tree. We are able to explore millions of brilliant offshoots and create infinitely more.”

*Could you reflect on any changes to your perspective of anxiety throughout the course of treatment?* “Going into treatment with Nancy, I felt stuck. Stuck in anxiety, stuck in life. By the end I no longer felt that anxiety was trapping me. I no longer felt that I was my anxiety. In separating the anxiety from my person, I began to see that it was something that I didn't need to carry with me everywhere. The anxiety then became a hurdle that was possible to push through.”

*How did you see yourself before treatment?* “Before treatment, my confidence in myself was completely shattered. I felt trapped, like there was no hope that I would ever break free of this

negative thing that had such a hold on me.”

*Has there been any change to how you see yourself afterwards?* “I think that all my life I have been searching for a way to eliminate anxiety permanently from my life. Through my therapy with Nancy, I've realised that I will probably always have issues with anxiety, but I now have a different way of looking at things so that the anxiety no longer defines me. Knowing that the anxiety is not me, that I now have the skills to work through it, really makes all the difference in my confidence, happiness, and hope for the future.”

### **My Catharsis**

That one sparkly moment was the turning point in narrative therapy with Jill. Becoming curious about the small invitation Jill delivered to me set a very different course on the map of our work. I developed even more respect for Jill than I did in the beginning in her ability to persevere despite anxiety; now I respected her ability to take charge of it. My whole view of Jill transformed during that conversation.

On a personal note, witnessing Jill's transformation has been humbling in that I have a deeper appreciation for how disruptive anxiety can be. It has also been incredibly uplifting to see Jill rise up from the flames of anxiety and begin to re-claim her life, so uplifting that I was moved to tell her story here.

On a professional note, my self-confidence in my ability to adopt the narrative therapy approach has begun to bloom. The philosophy of the post-modern narrative therapy approach is that the person is the expert on the problem. They know it better than we do. Jill taught me this: to trust the client's internal wisdom. Jill had the knowledge and wisdom to break free from anxiety; I just helped her to dust it off. I now feel much freer to share my narrative therapy techniques and approaches with the FHT practitioners, especially when they are so curious about the significant changes they see in their patients after meeting with me only one or two times. I tell them now about narrative therapy, where I certainly shied away from this when I first started at the FHT. I like to think that I am simply learning to play the instrument of narrative therapy, and while I'm still learning, I can't help but feel connected and pleased with the harmony and music that is produced.

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