A NARRATIVE WAY OF BEING

A Practicum Report
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Abstract

The helping relationship is intricately bound with genuine honour and ethical responsibility. Being invited into another’s story of hardship and uncertainty carries a profound obligation that holds a powerful opportunity for human connection and influence. Narrative therapy offers a respectful, reflective approach to the helping relationship and therapeutic process that celebrates collaborative effort and impact. Genuine curiosity and the art of storytelling spark insight and inspiration as they hold the power to leave a lasting impression. As a social work practice reflection, this discourse includes an outline of my practicum objectives, shares skills and stories discovered and reveals an honest exploration of my personal and professional growth through appreciating a narrative way of being.
Acknowledgements

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Finally, I would like to express my sincere gratitude to the clients who agreed to work with me as an intern at Family Service Saskatoon, I am thankful for this profound learning experience and inspired by each story of hardship, healing and resilience.
Dedication

It is with great honour that I dedicate this accomplishment to my mother Bernadette Leuschen, a woman I aspire to emulate as I celebrate and honour her legacy. My mother’s unconditional love, encouragement and support continue to motivate me to accept new challenges, believe in myself, and strive to make a difference.
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Introduction

Learning becomes most meaningful when we dare to reflect upon our own stories. Narrative conversations in their purest form have the power to transform experiences into profound stories of strength and resilience. Narrative therapy emerged in 1989 as a collaboration of ideas discovered through a “cherished friendship… a common political philosophy, and endless hours of conversation” (White, 2009, p. 60). While Michael White and David Epston co-created narrative therapy, they attribute the foundation of this approach as emerging from a blend of social science theories. Narrative therapy is influenced by the perspectives of philosophers Michel Foucault and Jacques Derrida, anthropologists Gregory Bateson and Barbara Myerhoff, ethnographer Edward Bruner, psychologist Jerome Bruner, social constructionist Kenneth Gergen, and sociologist Erving Goffman (Besley, 2001). “In evolving from a synthesis of these diverse influences, narrative therapy can be considered to be a postmodern, poststructuralist form of therapy positioned within the social constructionist domain of social psychology” (Besley, 2001, p. 74). Narrative therapy is:

- a respectful, non-blaming approach to counselling and community work, which centers people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of the problems in their lives (Morgan, 2000, p. 2).

White and Epston (1990), state in striving to make sense of life, people begin to arrange their experience of events in sequence across time and begin to form an understanding of themselves in relation to others and to the world around them. This lineal sequence of lived experience is referred to as a *story, or self-narrative*. Colored by cultural context, these stories
provide people with a sense of meaning as they begin to shape their individual lives and identities. While stories can become problem saturated and begin to deplete individual resources, they can also be re-created through a “selective process in which we prune, from our experience, those events that do not fit with the dominant evolving stories that we and others have about us” (p.11).

Stories and the pursuit of preferred identities will be explored throughout this practicum report directly pertaining to my master of social work practicum experience. A narrative perspective becomes evident throughout this report through my use of language, metaphors and therapeutic ideas found within this approach. I refer to this as a narrative way of being. It is in this way of being during my practicum placement that my learning has emerged. I share the impact of this relational approach as it relates to the therapeutic relationship and journey of healing. Although I was inexperienced with this approach, I was both intrigued and committed to learning how to incorporate narrative therapy into my clinical practice. Embracing narrative therapy within my practicum agency provided a supportive therapeutic culture with rich opportunities for growth that renewed my passion for serving others and refined my professional identity. The purpose of this practicum report is to reflect upon my experience using a narrative lens as I completed a three month practicum with Family Service Saskatoon in the spring of 2015. This report outlines specific objectives that guided my clinical practicum and includes an analysis of the insights gained, as well as strengths and limitations exposed through learning to align with a narrative approach.

The Practicum Placement

Over the last 20 years working within provincial and federal institutions, I have found myself witness to ways in which these large systems all too often fail those they are designed to
serve. Choosing a practicum placement that fit with my personal and professional ideologies was a key component to fulfilling my clinical aspirations. I believed it was important to find an agency dedicated to their mission statement and aligned with social work values in day-to-day practice. My goal was to find an organization that holds a true understanding and appreciation for their role and responsibility in shaping the identities of clients whom they support. I found myself in search of a community based agency created in a genuine response to those in need, whose values include the inherent dignity and worth of all persons, and intrinsically views people as whole and capable beings, deserving of respect and healing. I was searching for an agency sustained by professionals who recognize, acknowledge and respond to the social, economic, cultural and political forces which undoubtedly shape individual choices and circumstances.

It was also important for me to work with a Professional Associate who shared a similar vision of the helping relationship, appreciating the value of collaborative effort and impact. Knowing that this experience was vital to my professional development, I hoped to feel a sense of comfort and trust in the person who would become my mentor. I understood that it can often take a significant amount of time to achieve a level of comfort and confidence with another person in this type of relationship. However I also appreciated the fact that on rare occasions this connection could occur in moments. I was immediately drawn to my Professional Associate’s welcoming, and supportive way of being that was consistently reinforced throughout my practicum experience. Having what appears to be an effortless ability to instantly put others at ease; my Professional Associate was able to reinforce this skill during my first supervision session when she declared her office as “a shame and judgement free zone”.

**Family Service Saskatoon**

After spending 16 years working within a correctional environment, I was excited to become part of an agency that dedicates itself to community engagement and enhancement. I found an agency with the qualities I was searching for, and I was accepted as an intern (MSW practicum student) at Family Service Saskatoon. This agency has a rich history dating back to 1931, when Mrs. C.K. Langford accepted the presidential role on the board of directors, making her the first woman in Canada to preside over a Family Welfare Society (Family Service Saskatoon, September, 2015). Family Service Saskatoon is committed to supporting quality education and professionalism in the field of human services. One of the most honourable aspects of this organization is their dedication to clinical supervision and peer consultation. While their name has changed a few times over the past 84 years, their dedication to the wellbeing of individuals and families while building a strong community remains constant.

Family Service Saskatoon was instrumental in the development of the United Way, and the Social Service Exchange which provided coordination of local human service agencies in order to provide a full range of services to those in need (Family Service Saskatoon, September, 2015). In the spring of 2000, Family Service Saskatoon further reinforced their commitment to community partnership by contributing to the development of the Saskatoon Community Service Village, where they remain located today (Clark, 2002).

Family Service Saskatoon currently offers a wide range of support services including individual, couple and family counselling, group therapy programs and community partnership initiatives. Family Service Saskatoon has joined with various community and government agencies to collectively respond to the profound epidemic of family violence. In an attempt to create safer families, homes and communities, Family Service Saskatoon collaboratively works
towards individual wellbeing and social change. Family Service Saskatoon takes an active role in creating change through offering immediate crisis intervention, domestic violence court case support, and individual counselling for children, youth and adults. In addition, this organization facilitates scheduled closed and ongoing open drop-in therapeutic groups designed to counter intimate partner violence and support healthy relationships. Family Services Saskatoon’s commitment to family and community wellness made it the ideal placement for my practicum as their mission statement and daily practice aligned with my learning objectives.

Despite feeling confident in my choice of a Professional Associate and practicum placement, I continued to struggle with inklings of fear and self-doubt as I faced the edge of a new challenge. I had worked in a specialized field of practice for 16 years, dedicated to working with men who offended sexually and, through this work; I had become strongly aligned with a cognitive behavioural stance towards counselling. I feared the new territory I was embarking on, and questioned my ability to succeed. I wondered with a heavy heart if my work within a large and often oppressive correctional system had jaded me in some way. I felt similar to an actor typecast into a certain role. Would my specialized field of practice limit the potential others see in me, and even more damaging, limit the potential I see in myself?

Influenced by a narrative frame of mind, I now realize my fears and insecurities were fueled by a single story of my work experience, leading me to overlook my own potential. As I continue to learn and reflect upon a narrative perspective of self, I am reminded to appreciate my career path as being multi-storied. Each learning objective created to guide my practicum experience became a path to self-discovery as I sought to find clarity and comfort through a new lens of practice, and began to appreciate my own narrative way of being.
In order to maximize my learning, I set out to actively engage in self-reflection throughout my practicum and completed a daily reflective journal of my experiences. I also made every effort to absorb the support and wisdom made available to me through clinical supervision and peer consultation sessions. After much reflection and consultation, the following learning objectives were created:

1) To become involved in efforts supporting community wellness and partnership;
2) To participate in group facilitation and design;
3) To embrace a new therapeutic approach;
4) To explore new areas of practice, counselling children, couples and families.

The following section describes some of the initiatives that I engaged in and contributed to, giving me a richer context for understanding the agency and my role within it.

**Learning Objective 1: Community Wellness and Partnership**

While the overarching goal of my work in Corrections is to improve public safety through rehabilitation efforts, working within an institution often results in feeling isolated and disconnected from the larger community. The learning objective of community wellness and partnership was specially designed to create an avenue of re-connection through building collaborative relationships with other service providers. Partnerships create a strong community and provide greater opportunities to understand and respond to the needs of those within it. The first step in achieving this objective was to gain greater awareness of the community need and become familiar with the various resources available.

**YXE People Connect**

My first day was a fantastic introduction to community partnership as Family Service Saskatoon along with over a hundred other local agencies volunteered to participate in *YXE*
People Connect, Saskatoon’s first annual resource fair. This successful event gathered community agencies, and service providers together offering a full day of information booths and free services to those facing housing instability and homelessness. It was an honour to be included in this important event, and it proved to be an effective way to create awareness and build relationships among various local agencies and resources available to those in need. I spent the day handing out bubbles to children, highlighting the services offered through Family Service Saskatoon, lending a helping hand to clean the facility including a few accidental ice cream mishaps, and welcoming the guests as they entered the room. This experience gave me a strong sense of community and introduced me to countless agencies, resources and service providers who together made this event a success.

Crocus Co-op

As part of my practicum experience, I was invited to join a Family Service Saskatoon counsellor who visits Crocus Co-op one morning a week as a community partnership initiative. Since 1983, Crocus Co-op has opened its doors as a non-profit, member guided co-operative, designed to support the wellbeing of those struggling with mental illness. The one dollar lifetime membership fee provides Crocus members with a safe and supportive gathering place, offering companionship, employment opportunities, and rehabilitation support. The overarching objective of Crocus Co-op is to offer a non-intrusive and supportive environment to assist its members in achieving wellbeing (Bidonde & Leviten-Reid, 2011). The moment I walked into Crocus Co-op and met the Executive Director, I realized I was being introduced to the warmth of a familiar face, a high school teacher of mine from over 28 years ago.

The partnership between Family Service Saskatoon and Crocus Co-op is currently quite informal, consisting of one morning visit a week which usually involves a few games of crib and
some friendly small talk. After speaking with various employees and members, I began to reflect upon the current partnership between Crocus Co-op and Family Service Saskatoon and found myself wondering if and how the contribution of service could be enhanced. In a discussion with the Executive Director and the office manager, I began to learn more about the Co-op’s history, funding sources, and current challenges. The Executive Director identified a need for additional resources and expertise in the area of emergency counselling and case coordination to support those members most at risk of experiencing a relapse. He described relapse for members as “falling off the map”, a severe disconnect from resources and supports, often including medication non-compliance, illicit drug use, hospital admissions, and even homelessness. I wondered whether Family Service Saskatoon could help fill this gap in service, and then immediately felt caught by the situation I was in.

As a student who was merely invited to join another counsellor to visit the Co-op, I was now part of a discussion exploring ideas and future enhancements for service. Had I overstepped my boundaries to question the current partnership? As a student, this situation presented a challenging ethical consideration during my placement. Although I strived for acceptance within my practicum placement, I also strongly believed that the current partnership had obvious shortcomings and boundless room for improvement. I shared my thoughts about the limitations regarding the current community partnership with my Professional Associate and also learned that the Executive Director of Crocus Co-op had recently spoken to the Director of Family Service Saskatoon to express his ideas to improve the present partnership agreement. I am hopeful that this important partnership between Family Service Saskatoon and Crocus Co-op will be enhanced to embrace flexibility, resourcefulness and creativity by offering case coordination and emergency counselling. In honour of the core values within each agency and through the
willingness to engage in an honest discourse, this partnership has the potential to improve service delivery to some of the most vulnerable people in our community.

**ConnectED**

Another community initiative I was able to participate in while completing my clinical practicum was to join a Family Service Saskatoon counsellor as she presented on the topic of self-esteem to the ConnectED class. The ConnectED class is a summer school program designed to offer education, English language training, and social support to local immigrant and refugee youth (Saskatchewan Intercultural Association Inc., 2013). Family Service Saskatoon offers short, informative presentations which are tailored to the need being identified by the classroom teacher. It was a pleasure to participate in this presentation and to meet the young people in this program, some of who had only been in Canada for a few weeks. As a last minute closing exercise, I suggested that we ask each student to teach us one word in their native language; this proved to be a fun and lighthearted way to build community while celebrating diversity. The presentation was interactive, and further reinforced Family Service Saskatoon’s commitment to community partnership.

**Learning Objective 2: Group Facilitation and Design**

I have always had an interest in group therapy and have dedicated much of my career to this area of practice. During my practicum, I was invited to co-facilitate a new group for women called *Invisible Scars*. *Invisible Scars* is a group program designed to offer information and support to women who have endured extensive emotional abuse. The *Invisible Scars* group was designed with a strong psychoeducational foundation that included process-orientated questions and mindfulness practices. Working with the women within this group proved to be a challenging and rewarding aspect of my practicum experience.
The group members gathered on Wednesday evenings for a total of eight weeks. While initially planned for two and a half hours, the majority of the sessions extended over three hours in length. This group included seven women who openly shared their stories of abuse, and supported one another in search of resilience. I was truly honoured to be part of such a powerful union of women. Throughout this group experience, I was witness to the aftermath of the relentless emotional abuse found within numerous stories of darkness, uncertainty and heartbreak. Although each experience shared was unique, the similar threads of abuse woven within each story were difficult to ignore. Beverly Engel (2002) who is one of the world’s leading experts in the area of emotional abuse wrote:

With emotional abuse, the insults, insinuations, criticism, and accusations slowly eat away at the victim’s self-esteem until he or she is incapable of judging a situation realistically. He or she may begin to believe that there is something wrong with them or even fear they are losing their mind. They have become so beaten down emotionally that they blame themselves for the abuse. (p. 7)

The objectives of the *Invisible Scars* group were to provide a safe and secure place for women to share and connect, to understand they are not alone in the abuse they have endured, and receive support in their journey towards healing. Each session included heartfelt discussions and sparked a range of emotion and expression. While some topics sparked feelings of anger, tears or laughter, some moments were filled with all three simultaneously, representing the intimacy and complexity of the experiences shared. As women shared their personal struggle, others listened with heavy hearts, validated her experience and offered gentle reassurances. When one woman shared details of a difficult week, the experience seemed to be respectfully balanced by another’s moment of glory or glimpse of hope. The gentle and yet compelling
support these women offered and found in one another further reinforced my belief in the power of group therapy.

**A Challenge Transformed into a Success**

My responsibilities for co-facilitation of the *Invisible Scars* group presented a few challenges in regards to assertiveness and limit setting. The fact that I had overlooked my needs while attending to others became overtly apparent in the group one evening when the echoing sound of my stomach interrupted a heartfelt conversation making it clear that I had not eaten that day. In this moment, I realized that even though I had good intentions to strive for balance throughout this practicum experience, I had fallen into a longstanding habit of taking on too much. While it was important for me to contribute in a meaningful way to the role I had accepted, it had become clear that I had failed to assert my needs and limits when accepting tasks assigned to me. In discussing my concerns with my Professional Associate, I was encouraged to assert my needs and seek out the assistance of others. I transformed this challenge into a success through monitoring my expectations of self, asserting my needs and asking for help.

**Learning Objective 3: Embrace a New Therapeutic Approach**

My initial interest in narrative therapy came solely from a sense of intrigue in the name. To help broaden my understanding of narrative therapy, I joined a group of local counsellors who met informally to discuss this approach to their work. My interest in narrative therapy was sparked as I listened to the experiences of others, learned about the foundation of this approach, and began to see how narrative ideas intrinsically support social work values.

As part of my graduate studies courses, I was supported to co-develop and participate in an independent reading class on narrative therapy. This independent reading class provided an intensive learning opportunity, challenging me to perform a thorough literature review on
narrative therapy whereby I explored the foundation and ideology of this approach. Research on narrative therapy revealed that the creators shared a similar career path to my own, working within large psychiatric and correctional facilities. White and Epston rejected the individualized, psychological theory of practice which relied heavily upon the medical model and instead, moved toward a relational understanding of identity. Through the belief that common ground could and should be found within all human relationships they embraced a philosophical perspective of people and the problems they face (Madigan, 2010).

Embracing narrative therapy as a new therapeutic approach to counselling proved to be a rewarding aspect of my practicum experience. Concentrating on a few key concepts while working with clients from a narrative perspective revealed the potential this approach holds to support healing. Since this learning objective became a core component to my practicum experience, I present it as a separate section. I begin with a discussion of the foundation of narrative therapy followed by practice exemplars from my practicum work. The exemplars I provide revolve around four key concepts found within narrative therapy; these include externalizing problems, re-membering, the art of therapeutic letter writing and a narrative approach to grief (Denborough, 2014; White & Epston, 1990).

It is important to note that to protect client confidentiality all identifying information has been altered throughout this paper. Written consent was received to share the stories, letters, written responses and transcripts found within this work.

Narrative Therapy

The poststructural belief that underlies narrative therapy is that people are multistoried beings who are persistently influenced by their cultural context and relational exchanges (Madigan, 2010). Through genuine curiosity, collaboration and the art of storytelling, narrative
therapy begins to shape the therapeutic process and create new perspectives to explore (Morgan, 2000). White and Epston (1990) assert that longstanding problems can be undermined by creating distance between people and the problems they experience while paying close attention to the formation and reformation of identity (Madigan, 2010).

I was introduced to Michael White through surrounding myself with his written work, researching those who inspired him, studying his transcripts and viewing several archived videos of his sessions and conference keynote speeches (Dulwich, 2015). Michael White broke new ground because he rejected the medical model of practice and the trend to totalize people into a diagnostic category. Instead he brilliantly molded a new way of viewing problems, and those who struggle against them. In dedication to his legacy, John Winslade and Lorraine Hedtke (2008) shared their cherished memories of time spent with Michael just before his untimely passing. In the raw piece entitled, *Michael White: Fragments of an Event* they write:

Michael was always uncomfortable with being placed on a pedestal. He spoke in the workshop (earlier that day) about his own moments of uncertainty as a therapist… How might we avoid placing him on a pedestal now? How instead might we honour his teaching in ways that allow his life, his humanity, his commitment to the creation of difference, to continue to accrue value? (Winslade & Hedtke, 2008, p. 73)

After all his success and achievements, Michael White voiced uncertainty in his abilities as a therapist. Through his humility, he gives all those who look up to him a brilliant example of perfect imperfection. There is much to learn to become confident in using this approach and yet as a reassurance, we are encouraged to embrace our own uncertainty. One of my favorite descriptions of Michael White’s approach to his work comes from his dear friends:
He speaks of loitering with intent in the stories that people tell. He says too that he is
drawn to a stumbling approach to practice rather than something that is too slick or
formulaic. The value of this stumbling approach lies in asking a question in response to
what a person has just said. To do this means taking the time to stumble around and find
what to ask, rather than having a well-rehearsed question ready. (Winslade & Hedtke,
2008, p. 75)

The power and position of the therapist from a narrative perspective cannot be
overlooked. Michael White (2006) speaks of the responsibility a therapist holds to consistently
remain aware of the power imbalances within all therapeutic relationships, and how this insight
is vital when working with clients. White presented a model which includes four possible
positions a therapist might hold in a therapeutic conversation, each representing a different
perspective, attitude and degree of influence. The four positions are described as “centred and
influential”, “centred and non-influential”, “decentred and non-influential”, and “decentred and
influential” (White & Morgan, 2006, p. 59). The “centred and influential” position privileges the
knowledge, experience and opinions of the therapist.

Coming from a correctional environment entrenched in cognitive and dialectical
behavioural therapies, I found myself familiar and aligned with this position that often results in
advice giving, offering my opinions, or praise as though my judgment should have more
authority or importance. White and Morgan (2006) acknowledge the posture, comfort and danger
within this stance, and each admit to being in a position where they have felt “…a lecture coming
on” (p. 60). Although I wish this urge was foreign to me, I too have felt the pull to lecture in an
attempt to help; thankfully being aware of this temptation is the first step towards monitoring it.
Although there are likely times which warrant a variation in the position the therapist takes, an
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important challenge for me is to monitor the privilege I assign to myself and instead intentionally lean towards a decentred and influential position.

A therapist who positions self as “decentred and influential” remains aligned with a narrative approach and views the “person or family as the expert in their own lives and places the knowledges, skills, preferences and commitments of the family at the centre of the work” (White & Morgan, 2006, p. 71). The influential position of the therapist is not that of an advisor, but rather actively engaged in the process and directive through “skilfully scaffolding questions and responses in ways that enable the skills and knowledges of the child and family to become more richly known, so that these can be put to work to address current predicaments” (White & Morgan, 2006, p. 71).

**Externalizing conversations.**

Madigan (2010) states the creators of narrative therapy, White and Epston, “found that the prevailing ways of describing clients were culture-based constructs shaped by larger institutional places of knowledge like religion, media, psychiatry, education, law, science, and government” (p. 19). Narrative therapy offered an alternate lens as it was specifically designed:

To counter the way society convinces people that they are their problems, narrative therapists externalize problems. Instead of having a problem or being a problem, clients are encouraged to think of themselves as struggling against their problems. Neither the patient nor the family is the problem; the problem is the problem. (Nichols, 2014, p. 245)

Externalizing problems is a shift in attitude and orientation because it rejects the dominant cultural notions of pathology, diagnosis, or labelling through which people often begin to identify themselves as being inherently flawed or dysfunctional (Morgan, 2000). White and Epston (1990) state viewing the problem as separate from the person frees them of limiting and
destructive narratives, allowing room for new narratives to be constructed. The use of externalizing language becomes the key to helping people begin to view problems as being located outside of self (Morgan, 2000). Once the problem is externalized, the client is supported to explore the effects of the problem they have been experiencing and invited to take a clear position against the problem at hand (Morgan, 2000). Once the problem is externalized, the narrative therapist listens intently to what is shared in search of moments when the problem was less intrusive or absent from the clients life. White and Epston (1990) describe these problem free moments as “unique outcomes” (p. 15), while Madigan (2010) calls them the “sparkling undergrowth” (p. 82) which begin to contrast the dominant problem-saturated story and provide a starting point for clients to re-author their stories and re-engage in their lives and relationships with a new lens.

*Personal example of externalizing the problem.*

Prior to engaging in externalizing conversations with clients, I decided to pilot this idea on myself. At times, I tend to become caught up in a superficial search for happiness in materialistic possessions, and as a result compare myself to those who appear more affluent. I internalized envy and began to question my level of success, feeling “not good enough” as compared to others and starting to believe I had failed in some way.

The first steps to externalizing envy and self-doubt was to personify the problem and begin to recognize the impact it was having on my life and those around me. I decided to call the problem the *NV Bug*, and began to realize how this bug tricks me into feeling disappointed in myself and resentful towards others. After being bitten by the *NV Bug*, I realized I often became upset, withdrawn and irritable with others, particularly with my husband as though he too, had failed to achieve some prescribed level of success.
I began to see how the *NV Bug* hurts me, my marriage relationship and my interactions with others. I also began to see how the *NV Bug* influences my children, as they quickly followed suit connecting material possessions to happiness. I declared battle against this problem and guided by a narrative perspective started to play close attention to moments when the *NV Bug* was absent from my life, in search of the unique outcomes White had written about. When the *NV Bug* was out of sight, I felt content and at peace, I embraced a sense of gratitude for the health and happiness of my family, and felt a genuine sense of pride in my accomplishments.

Narrative therapy strives to recognize the social, economic, political and cultural influences on the problems we face (Madigan, 2010). These factors were easy to spot in how they fueled my pursuit for superficial happiness through materialism as they fuel the *NV Bug*’s influence in my life. I am certainly not alone in feeling the social pressures to buy more, have more, and achieve more in order to materialistically measure up to others. Since taking a clear stance against the *NV Bug*, I have begun to recognize and limit this problem’s influence and control over my emotions, my mood and my outlook on life.

*A practice example of externalizing the problem.*

Within one week of my practicum, I began working with a young actor I will call Sarah who referred to herself as a *traveling gypsy*. The presenting problems Sarah shared during her intake call a few weeks earlier, were low self-image and bulimia. During our first session, I paid close attention to my use of language as we began to externalize the problem through locating bulimia outside of Sarah. I asked a few questions to clarify what Sarah’s bulimia looked like. I received an odd look of suspicion as Sarah’s right eye squinted, and her head turned slightly to the left. I invited Sarah to embrace her imagination as she began to describe the problem she had been experiencing. Despite her initial hesitation, Sarah did not come alone to our next session, as
the externalized problem followed her into my office. Sarah had taken it upon herself to name and sketch the problem she was prepared to face, and shared that “Vomy” was a thick beige sticky blob of goo with sad pathetic eyes that often made degrading comments about her body, criticizing her weight and comparing her to others. Sarah spoke of how Vomy isolated her from others, damaged her self-esteem, consumed her mind and often made her feel sad and exhausted. Together we had externalized a serious problem in a light hearted manner and had started to map Vomy’s influence in Sarah’s life.

Soon after introducing me to Vomy, Sarah shared a secret pattern of cutting her skin as a means to relieve tension and anxiety. Immediately after sharing this, Sarah rolled her eyes and said, “I know what you are going to say, I shouldn’t cut myself, it’s not a healthy coping strategy”. As Sarah spoke, I instantly recalled seeing a video of Michael White speaking about self-harm. Michael had challenged therapists to remain neutral in regards to the problem being presented in order to allow room for the client to take their own stance. This was a difficult challenge that proved to be an important one as we explored Sarah’s own position on cutting. While initially Sarah spoke of enjoying the act of cutting and defended it as a strategy that worked well for her in times of stress, she soon described it as a Band-Aid often accompanied by feelings of hurt and embarrassment. Sarah described the pattern of cutting as a cousin to Vomy, each feeding off the other to bring disappointment and shame into her life.

Over the next few months, Vomy and cutting appeared less and less which provided room for Sarah to focus on other aspects of her life. Sarah began to set clear limits with others, she found some clarity in regards to her self-image and even began to open her heart to new love. While my three month practicum provided a limited number of sessions, externalizing conversations seemed to help this self-proclaimed travelling gipsy find a sense of stability and
strength on her own accord. Sarah chose to stand up against the problems she had been struggling with and externalizing the problem seemed to provide her with the needed space to move forward.

**Re-membering.**

The use of the hyphen in the term *re-membering* was first introduced by anthropologist Barbara Myerhoff, representing an active and purposive method of recollection (Denborough, 2014). Myerhoff (1982) defines re-membering as “calling attention to the reaggregation of members, the figures who belong to one’s life story…quite different from the passive, continuous fragmentary flickerings of images and feelings that accompany other activities in the normal flow of consciousness” (p. 111).

Re-membering conversations help to thicken alternative stories of self and reinforce preferred ways of being. Re-membering conversations highlight significant people, relationships and experiences that have been overlooked which help clients begin to link positive past experiences to preferred identity characteristics (Morgan, 2000). Re-membering conversations offer a new perspective and a renewed source of energy to help challenge and change negative conclusions of self (White, 2007). I found re-membering to be a powerful and inspiring aspect of narrative therapy, for as the human spirit heals, it impacts all who come in contact with it.

Michael White first incorporated re-membering into narrative therapy through a simple yet profound metaphor called *the association of life* (Russell & Carey, 2002). The *association of life* is created through a handpicked collection of members from a person's past, present, and projected future (Morgan, 2000). White (2007) states that the significant figures of one’s association of life are endless as they can include people living, deceased, or imaginary, authors, idols, or “they could be the stuffed toys of a person’s childhood or a favorite pet” (p. 129). Re-
membering conversations empower clients to review and possibly revise the current membership status of those associated to their life. Encouraging people to take the authority over which voices and opinions they choose to value is an important step as they begin to re-author their identity (Denborough, 2014). White (2007) describes the selection process as “upgrading” and honouring some memberships, while “downgrading and revoking” others (p. 129). I was honoured to witness the power of this selection process, when discussing the association of life with one of the women I worked with throughout my practicum.

**A practice example of re-membering.**

I was approached by a therapist who asked if I would consider seeing a client for the next two months while she was away on leave. The therapist introduced me to the client following their session in order to ease the transition. During our short initial interaction, the client seemed relieved and thankful for the coverage being provided. She appeared quite upset at the idea of managing without support over the next two months. The client was teary as she initiated a hug saying good-bye to her counsellor and agreed to follow me to my office to book our first session.

I found myself curious as to the possible stressors impacting this client and wondered what had recently occurred that left her appearing fragile and insecure. A few days later in preparation for our first session, I was surprised to extract a thick folder from the client record cabinet representing years of support offered through the agency. I found myself concerned about client dependency and immediately began to question my role and responsibility over the next two months.

During our first session, the client who I will call Ida, spoke of receiving supportive counselling through various community agencies over the past 20 years, and spoke with great admiration for a counsellor she met regularly with for years through Family Service Saskatoon
who had recently retired. I wondered if the emotion I observed within our first interaction was partially due to a sense of loss regarding this crucial change within her established support network. In discussing a plan for our time together, Ida expressed a desire to meet twice a week. I felt a strong pull to help put Ida at ease, and yet my concerns regarding client dependency were instantly reinforced. I was determined to keep this in mind when offering support. As a compromise to the client’s situation and my gut wrenching concern, we booked our first two sessions within four days of one another, and continued to meet once a week for the remainder of my practicum.

I found it helpful to discuss the topic of client dependency with my Professional Associate as she understood and appreciated my concern. Recognizing the value of transparency, I decided to gently share my concerns regarding client dependency with Ida. This was a risk, as it could have been perceived as rejection and severed the rapport we had just begun to build. I was open with Ida regarding my hesitance to see clients twice a week and explained that supporting others while helping them to support self is often a difficult balance to achieve. I asked Ida if some of our time together might be spent on recognizing her own strengths and reinforcing a support network she could feel confident in using between sessions. When Ida expressed a desire to explore her current support network, this presented a perfect opportunity to introduce the narrative therapy metaphor the association of life, which Ida quickly renamed her club of life circle.

During our next session, I drew three circles on a blank piece of paper, each circle larger and surrounding the other to represent Ida’s club of life circle. Together we declared Ida the sole owner of this club, holding all rights to membership status. We acknowledged that the membership status may fluctuate and change from time to time, and that each circle represented
a different level of membership privilege. Ida held the most important gold membership status and represented the center circle. While Ida initially wanted to squeeze a few members into her centre circle, we discussed the benefits of holding this space as her own. The centre space was marked with a circle around her name and was defined as a boundary. We began to explore how her sole ownership offered a sense of empowerment and space to explore and appreciate her individual wants, needs, strengths, and abilities.

The circle surrounding Ida became known as “the silver membership circle” and included those who she declared as most important in her life. This circle proudly held the name of Ida’s daughter, the memory and legacy of her mother, Ida’s beloved dogs (those with her and those who had passed), her pastor, and her previous and new counsellors including myself, her book collection, and her dear friend. Those selected and invited into Ida’s next club of life circle were granted a “bronze level” membership status, these members included her brother, his wife, a few of her co-workers and supportive community agencies she found she could depend on when needed. Just as important as those Ida chose to include within her club of life circle were the people and things she chose to exclude.

As the sole owner of her club, Ida made the executive decision to revoke a few longstanding members who she stated abused their membership privileges. Ida spoke of the significance of this aspect in her club of life circle, because she often questioned herself and felt controlled by those who had hurt her in the past. Ida seemed to be energized, empowered, and truly strengthened as she created and controlled her club of life circle. My impression was that after years of enduring an abusive marriage relationship, Ida had begun to identify herself through her experiences of abuse. Using the language of narrative therapy, Ida had internalized the problem saturated story of abuse which had negatively impacted her identity creating a
perceived sense of helplessness. Using Ida’s own words, she had started to see herself as dependant, unstable, and over-emotional. Ida described being victimized as she spoke of commonly feeling targeted and attacked by others in her personal and professional life. Each perceived experience of rejection or betrayal seemed to provide Ida with ammunition used to reinforce an identity based on inadequacy, loneliness and insecurity. Re-membering conversations and the metaphor of the club of life circle seemed to offer Ida a new perspective naturally highlighting personal power, choice and a path towards healing.

A narrative perspective understands identity as being fluid and multi-storied, rather than a single headline which encapsulates the totality of a person’s experience. Carey and Russell (2003) assert that, “We are all constantly authoring and editing stories about our lives. Re-authoring our stories does not occur in isolation but often occurs in the constant negotiation with others around us and within the cultural context in which we live” (p.68). Narrative therapeutic conversations provide an avenue for collaborative co-authoring of storylines which hold the strength and capacity to help resolve the concerns being addressed. Re-membering conversations invite people to explore the power and significance of unique outcomes as a means to re-create or re-author a preferred identity (White, 2007).

People become curious about, and fascinated with, previously neglected aspects of their lives and relationships, and as these conversations proceed, these alternative storylines thicken, become more significantly rooted in history, and provide people with a foundation for new initiatives in addressing the problems, predicaments, and dilemmas of their lives. (White, 2007, pp. 62)

Re-membering conversations intentionally illuminate stories which have been forgotten or taken for granted, they re-connect people to powerful moments and personal values, providing
for a rich re-experience of self. These resurrected heartfelt memories hold the potential to inspire the mind, heart, and spirit as they begin to craft the fabric of a preferred identity.

**Re-membering and re-authoring identity through problem saturated stories of abuse.**

As part of an independent reading class on narrative therapy, I had the privilege of viewing numerous transcripts and videos of Michael White engaged in therapeutic conversations with clients. White seemed to patiently linger in the stories of those he worked with, and when clients seemed to be pulled back to problem saturated stories and hurtful memories, he listened for slight glimpses of unique outcomes and always seemed to find them hidden behind the experiences of hurt waiting to be re-membered (White, 2000).

In one videotaped session, Michael White (2000) spoke with a woman who survived years of emotional, physical and sexual abuse by her father when she was a young girl. White asked if anyone in her life ever showed her love and treated her with the respect she deserved, her immediate response was “no”. The client’s response was followed by a long pause then she said, “Well, I had a neighbor who was nice to me once”. This simple and seemingly insignificant statement became the focus of their discussion as White explored stories that reinforced her neighbour’s care and concern for her as a young girl. Each gentle question White asked seemed to strengthen a preferred identity of worth. Nine years after the session, the client agreed to be interviewed, and said the re-membering conversation she shared with Michael White became a vital turning point towards healing. The client shared that the conversations they shared had a powerful effect on her life story and her sense of self, as these forgotten memories touched her “to the soul” (White, 2000).

David Denborough (2014), a therapist who worked with Michael White for 15 years and teaches at the Dulwich Centre in Australia, expanded on the idea of re-authoring identity by
creating the “charter of storytelling rights” (p. 8). Purposely following the same format as the declaration of human rights, the charter of storytelling rights is as follows:

Article 1. “Everyone has the right to define their experiences and problems in their own words and terms”,

Article 2. “Everyone has the right to have their life understood in the context of what they have been through and in the context of their relationship with others”,

Article 3. “Everyone has the right to invite others who are important to them to be involved in the process of reclaiming their life from the effects of hardship”,

Article 4. “Everyone has the right not to have problems caused by trauma and injustice located inside them, internally, as if there were some deficit in them. The person is not the problem: the problem is the problem”,

Article 5. “Everyone has the right to have their responses to hard times acknowledged. No one is a passive recipient of hardship. People always protest injustice”,

Article 6. “Everyone has the right to have their skills and knowledge of survival respected, honored, and acknowledged”,

Article 7. “Everyone has the right to know and experience what they learned through hard times can make a contribution to the lives of others in similar situations” (Denborough, 2014, p. 9).

Understanding one’s storytelling rights can be a significant first step for those who have endured abusive relationships. The declaration of storytelling rights represents the inevitable experience of human struggle, the need for support and the importance of validation as a step towards healing. Storytelling rights can help clients discover the inner strength to begin to reclaim the rights over their own stories.
Along with the creation of storytelling rights, Denborough (2014) explores the concept of changing the headlines we have surrendered to, recognizing that our damaged conclusions of self are often created and sustained through stories we have been told by others. Re-claiming their rights to change the story of self was revealed as a vital piece of the healing journey for the women in the Invisible Scars group, as they often spoke of their identities being lost, hijacked by years of relentless manipulation, neglect and abuse.

“Not good enough” was a common headline shared by the women in the Invisible Scars group, described as an aftermath of emotional abuse within their intimate partner relationships. This damaging headline was witnessed within the group as a woman shared her recent experience when an attractive man approached her to ask for her number. As she began to describe the sweet experience of mutual attraction, eyes widened in the group in anticipation of her response, hoping that she might recognize the beauty others see in her. As she spoke, she started to cry as the headline she had been convinced to believe “I’m not good enough” brought a sense of darkness and fear to the surface. She confessed to immediately rejecting the man she just met in fear of falling victim to a cruel prank. Instead of feeling flattered by his advances, she shared that her heart feared him as she imagined escorting him to a party and being laughed at and humiliated as he boldly introduces her to a room full of his friends as the “oldest and ugliest” woman he could find.

The headline “I’m not good enough”, represented the dominant problem saturated story of abuse and represented the words many women in the group had begun to live by. The experiences shared reflected the powerful and damaging effects of seeing self through the eyes of an abuser and reinforced the value of support when embarking on the journey of re-authoring identity.
The art of therapeutic letter writing

Narrative therapy embraces numerous creative forms of expression and celebrates the art of therapeutic letter writing as a meaningful way to enrich a person’s preferred story of self (Bjoroy, Madigan, & Nylund, 2016). Describing the power of the written word within the therapeutic context, David Epston (1994) writes:

Conversation is, by its very nature, ephemeral. After a particularly meaningful session, a client walks away aglow with provocative new thoughts, but a few blocks away, the exact words that had struck home as so profound may already be hard to recall…But the words in a letter don’t fade and disappear the way conversation does; they endure through time and space, bearing witness to the work of therapy and immortalizing it. (p.31)

Bjoroy et al. (2016) states that therapeutic letters help assure the therapist has interpreted the client’s story correctly, enhances rapport, and provides a bridge between sessions to thicken alternative stories. Epston (1994) states therapeutic letters and therapy eloquently follow one another “like the drawing in and letting out of breath” (p.33). Describing the results of a research study, Moules (2002) states therapeutic letters offer clients “a record of the clinical work that endures through time” (p. 111), detailing personal strengths, and affirmations of suffering and restoration. White and Epston (1990) explored the art of therapeutic writing as they describe crafting letters of welcome or invitation, letters of celebration and success, letters of reference and redundancy, letters of summary and letters of prediction. Letters can be addressed to a client, to a family, or to a relationship, each holding a specific therapeutic purpose (p.84).

Therapeutic letter writing as a summary of session.

The letters below were written to a client that I worked with whom I will call Caro. Caro presented with concerns related to signs of possible depression, including a deep sense of
sadness, and loneliness as well as a possible concern with hoarding. While the intake assessment stated that the client queried a lack of social supports as a possible cause for concern, after meeting Caro for the first time her willingness to disclose the heaviness of her burden was soon revealed. The letter shared below was sent to Caro as a review of our first session to honour her story and validate her experiences of loss. This letter is followed by Caro’s written response to reflect her impression of what she read in my letter.

Dearest Caro,

It was such a pleasure meeting you yesterday. Thank you for showing such trust in yourself and in me to share so openly in our session. My heart aches for the tragic loss of your dear mother in the car accident when you were only 8 years old. The power of your pain was and is felt when you said, “This left a mark on my soul, a mark on my heart.” If only we could sometimes turn back time and make things different. I was honoured to witness how naturally you tend to see the best in others and how you want others to be loved and cared for. Even that young girl, who just wanted her father and family to be whole again in some way, embraced a new woman and gave her a chance, it is so very sad that she couldn’t or wouldn’t find it in her heart to love you, your siblings and your father the way you are deserved to be loved and cared for. You spoke of your father being blinded by love or maybe by lust, grief, deep sorrow and guilt. At that time you believe he just so desperately wanted to give you kids a mother, even if he knew no woman could ever compare. It sounded like in many ways she was opposite to your mother and failed to love and appreciate those around her and most likely even failed to love herself.
You spoke of trying to love and care for your father when he was in need as his illness began to limit his independence, you did your best. When you attended your father’s funeral, this must have been a very sad time for you as despite his misguided choices after the loss of your mother, you loved him deeply and he loved you. You spoke fondly of him as a responsible father and worker. You made an important decision for yourself when you spoke of burying Maria in your heart, your step mother, the day your father was buried. Although you cannot erase all that she did and failed to do, you refused to allow her to have power in your life. Sometimes those who have been placed in our life and sometimes in our way, teach us powerful lessons about ourselves, you are the author of your story and it changed to a new chapter that day.

I find myself wondering about the role you played in the lives of your younger brothers after your mom went to “heaven”. I wonder if this role was confusing, lonely and heavy for an 8 year old girl to hold. I also wonder if this reinforced your pattern of placing the needs of others before your own, which you have spoken of struggling with. Maybe we can speak more about this in our next session.

Your love and admiration for your children and grandchildren is so strong, it is clear that you find strength in these amazing relationships. I hope to speak more with you about this love you share with them. Often without knowing it we share the love of our parents with our children even though they have gone to heaven. Are there ways in which you keep your parent’s legacy alive with your children and grandchildren? I would love to hear more about this. Sometimes it’s a personality characteristic, a value we share with our parents, a crazy trinket they loved or a flower juice we make with love. See you next session Caro. With warm thoughts, Anje
Caro’s written response.

Dear Anje,

I am truly happy this evening, I think you were the best part of my day, (besides my grandkids) just kidding... No, seriously, you were, I am very fortunate for this opportunity, you cannot imagine how much I wanted to get into counselling sessions since a long, long time ago. I was very impressed by the way you talked to me, and your kind, yet fun personality. I am short of words, really, to describe you how happy I feel for this. THANKS A LOT. I think you are very professional and experienced. I felt I was in very good hands. Anje, I will write you back if you don't mind, as soon as I check on my schedule with my daughter. I am so much looking forward to seeing you again,

GRACIAS thanks, Caro

Re-membering through therapeutic letter writing.

In our first session, Caro shared the profound loss of her mother in the tragic car accident and deep feelings of despair and responsibility she felt for her siblings after her death. Caro shared that she and her siblings were neglected by their stepmother and as a result, often felt unlovable. Caro admitted to doubting herself and losing sight of her own needs and values as she dedicated her energy to looking after others. Caro spoke of feeling weak, and often found herself taken advantage of by others. She described having a low self-esteem and attributed this to the influence of her stepmother and the absence of her mother’s presence.

When I asked Caro if there was anyone in her past that loved and accepted her, she paused for a moment and said, “Yes, my angel, Sister Emilia”. Caro smiled brightly as she instantly remembered a relationship she shared with a woman who to this day, remains close to her heart. Each memory shared seemed to spark another, bringing Emilia’s presence into the
room. The letter below was written to Caro after the session in which she so graciously shared photos and cherished memories of Emilia. With the intention of thickening a preferred identity, this letter reinforces Emilia’s presence in Caro’s life today and attempts to inspire Caro to recognize the qualities she admires in Emilia also live within her. This therapeutic letter is followed by Caro’s written response to reflect her impression after reading my letter.

Dear Caro,

Thank you for the amazing meal yesterday, I know I am very lucky to have received such an authentic meal homemade with love. I also wanted to take a moment to thank you for sharing your beautiful friend and “angel” with me as you allowed me to get to know Emilia. What amazing qualities she has, strong and strict to offer the right amount of protection and guidance and yet so loving, nurturing, fun loving, humble, faithful, loyal and giving. Someone once told me that we love the qualities in others often because these same qualities live within us. It is true that you share these amazing qualities and I thank you for sharing them with all those you meet.

As you mentioned, Emilia’s presence in your life was no coincidence. I find myself wondering if your dear mother helped God choose her to be the vessel in which to offer you and your children the love, support and guidance you needed. The power of human connection is remarkable. I am honored to see you love these beautiful qualities in yourself while nurturing your own mind, body and spirit as well. Talk care and I will see you next week at 1100am on Tuesday. With warm wishes and admiration,

Anje

Caro’s written response to re-membering Emilia.

Dear Anje,
I read your letter yesterday after an unusual busy day I had. You think and write only beautiful thoughts. I always read your letters 2 or 3 times; and at the end, I am so thankful for having you as my counsellor. Like I have said to you, I am still amazed that I was able and brave enough, to make such an important change in my life after all your wise advices; and I quit working for her.

You can proudly think of yourself as a great professional adviser! because I do! Plus you have also shared a lot of compassion, laughter, and even personal anecdotes and moments that you lived with your beloved mother with me. I feel so honoured Anje, thank you so much.

As for the homemade food, regardless of catering and stuff, bringing a little something of what I happily cook, and especially knowing that you have liked it, that just put a big smile on my soul! And my face too. Just kidding! Looking forward to next Tuesday!

Blessings, Caro

*Externalizing problems through therapeutic letter writing.*

Therapeutic letter writing proved to be an effective way to further externalize a client’s problem. Letters provided a concrete platform to restate the client’s words helping to strengthen their stated position against the problem they have often felt disabled by. A client I will call Dasia initiated a request for counselling feeling a sense of hopelessness, self-doubt and loneliness after leaving an emotionally abusive relationship less than a year ago. Dasia described feeling like a social outcast, pressured to be in a relationship and often taken advantage by others. Dasia had shared that at times she falls victim to negative thoughts and when struggling, tends to isolate herself from her support people. The purpose of this letter was to help externalize
the problem Dasia shared, to help reinforce the resources she had access to, and to ensure she understands that she is not alone in this battle. When externalizing the problem, Dasia named this pattern of negative thinking “Wally” to represent the unhelpful pattern she described as wallowing in self-pity.

Dear Dasia,

Like I said, the hair is fantastic!! I was sorry to miss the aurora last night but hopefully next time. Keep me posted. I love how you appreciate the change, beauty, uniqueness and wonder of the northern lights; I wonder if you can see any of these qualities in yourself.

It takes great insight and strength to acknowledge our personal struggles and I love how you have declared war on “WALLY”. I was struck by the confidence and spunk you exuded when you said, “I WILL STAMP THAT PUPPY OUT”! Yesterday you spoke of WALLY representing negative thoughts about self and your future. You revealed WALLY’s comfort zone, which is to trick you into worrying about what others think rather than honouring your own thoughts, beliefs, values and opinions. You strongly stated that WALLY makes you feel like “CRAP” and tries to convince you that everything sucks and that loneliness is a permanent state without worth or meaning.

You acknowledged that to STAMP OUT WALLY you will work on monitoring when and how often WALLY tries to creep into your life. You agreed to catch and call it for what it is, to talk to others you trust, and work to recognize your inner wisdom and positive strategies such as using mindful tapping, spending time with people who truly love you (like your fabulous brother), getting out of the house, or even just a change of scenery. You also spoke of the hope and new terrain photo assignment we designed
together, your gratitude journal and your passion for helping other women see their own unique beauty as weapons against WALLY.

Two sessions left, what a pleasure it has been to meet you and be witness to your honesty, your courage and your growth. Thank you for all you have taught me in these sessions we have shared, you leave a mark on people Dasia. And I will cherish the mark you have left on me. See you Wednesday.

Together against WALLY, Anjeanette

**Ethical responsibility and collaborative impact of therapeutic letters**

Ethical considerations remain evident in every aspect of clinical practice and therapeutic letter writing holds no exception. Considerations for consent, confidentiality and privacy, discretion, literacy levels, and power dynamics are evidently part of the process and must be given the utmost respect (Moules, 2002). During the first session with each client, I asked permission to use a pen and paper and clarified my reasons for doing so. I spoke of the notes I was taking as a record of their words and let each client know that they could see my notes and take a copy with them after each session if they so desired. Before writing or reading aloud a letter I had written, I always asked for permission to do so and spoke with the client about any confidentiality and privacy concerns they might have regarding the delivery of the letters through the email system. A great deal of time and thought went into each letter I wrote to clients, frequently using their words and always following up with the client to ensure that what I had written was a valid representation of our session. These moments dedicated to follow-up helped to strengthen the therapeutic rapport as we re-connected on what was shared and reinforced the client’s authority to edit anything I had misinterpreted, or add details I had overlooked.

*Therapeutic letter writing and the link to therapist engagement.*
I once viewed a pen and paper as a barrier to building rapport; I now see the potential of using these tools to validate stories and the emotions within them through highlighting the client’s own words. Therapeutic letter writing prompts me to listen deeply with intent and carve out time to thoughtfully reflect upon what I have heard. Letter writing provides an opportunity to wonder, ask questions I may have missed in session, and begin to direct a path towards our next session. Therapeutic letter writing is a creative and inspiring aspect of narrative therapy that has sparked my interest and re-ignited my passion for helping others, providing a space for genuine curiosity and profound connection.

Rogers (2009) raised the idea of collaborative impact among the therapist and client when he described his thoughts on boundaries, “like the skin of two hands joined, mark both the places of separation and of meeting…a separateness that enables togetherness” (p. 51). Rogers explores the potential therapeutic letters hold in replacing the often “rigid, impersonal…therapist-client boundaries that focused on separation and entrenched the therapist-client power differential, with flexible, personal, and relationship-centered ones that focused on connection” (Rogers, 2009, p. 51).

**Therapeutic letter writing and the link to client engagement and validation.**

The common problem of client no shows and last minute cancelations was frequently discussed by Family Service Saskatoon employees as they explored possible barriers and strategies to address this concern. While reflecting upon my caseload, my Professional Associate and I realized that throughout my practicum each client followed through with their scheduled session. Having a low record of cancelations and no shows, we wondered if the practice of therapeutic letter writing contributed in some way to this success. I strongly believe therapeutic letter writing enhances a client’s level of trust, connection and commitment to therapy. Taking
the time to write a therapeutic letter displays an expression of concern and commitment by the therapist, and an invested interest in the collaborative effort towards wellness.

While the practice of therapeutic letter writing can often be time consuming, the investment has proven to be a cost-effective and beneficial means of facilitating progress (Moules, 2002; Pyle, 2006; BJORoy et al., 2016). Through their informal research efforts, White and Epston asked clients how many sessions they considered one therapeutic letter was equivalent to, the average response was 4.5 sessions (BJORoy et al., 2016). The written word offered a sense of permanence and accessibility as letters “allowed the reader to quietly contemplate the words at a pace, time, and location set by the reader” (Moules, 2002, p. 27). Pyle (2006) focused his analysis on the impact of written therapeutic letters and questioned whether the effect would be lessened when using electronic means of delivery. While a hand written letter undoubtedly reinforces a genuine sentiment, during my practicum experience, I embraced the art of therapeutic letter writing through an electronic means and found this mode of delivery continued to have great value.

I believe one of the most powerful aspects of therapeutic letter writing is found within its potential to strengthen human connection through celebrating the value of feeling heard. Feeling heard strengthens the therapeutic relationship as it promotes understanding and reinforces a collaborative effort towards a common goal. In my experience, therapeutic letter writing enhances client engagement and helps ensure I remain connected to their stories of celebration, hardship and loss.

**A narrative approach to grief.**

One of the topics I was drawn to and yet hesitant to explore during my practicum was the area of grief and loss. My mother passed away after a brief but difficult battle with cancer nearly
six years ago, just a few days short of her 66th birthday. I was once told that the heaviness of your grief represents the magnitude of the love you shared. Viewing grief through a narrative lens has helped me realize that letting go is not the only way to move forward.

White (1988) explored the metaphor of ‘saying hullo again’. By being invited to say hullo again to the loved ones we are missing, we are presented with an opportunity to re-connect to them and see ourselves, “once again through their loving eyes” (Denborough, 2014, p. 207). The idea of embracing those we have lost is supported by Barbara Myerhoff (1982) as she writes:

Freud…suggests that the completion of the mourning process requires that those left behind develop a new reality which no longer includes what has been lost. But…it must be added that full recovery from mourning may restore what has been lost, maintaining it through incorporation into the present. Full recollection and retention may be as vital to recovery and wellbeing as forfeiting memories. (p.111)

White (1988) introduced questions to invite “persons to reclaim their relationship with the lost loved one” (p.18) offering a sense of liberation and providing space to move forward in their healing. Questions that Michael White found to be most helpful are those that were designed to support others by resurrecting and enriching validations of self, such as “reaching back into experience, alternative and previously lost knowledges [which] can be located and re-performed” (White, 1988, p.18). An example of the questions White (1988) posed to a man who lost his mother at a young age included the following:

“What did your mother see when she looked at you through her loving eyes”?

“How did she know these things about you”?

“What is it about you that told her this”?
“What can you now see in yourself that had been lost to you for many years”? 

“What difference would it make to your relationships with others if you carried this knowledge with you in your daily life”? 

“What could you do to introduce others to this new picture of yourself” (p.21)? 

Reflecting on these questions in relation to my own experience of grief and loss helps me appreciate the aspects of myself that at times become difficult to recognize. My mother had a kind heart and nurtured this in me. She was proud of the career I chose and believed deeply in my dedication to helping others. Today after re-cultivating my mother’s vision of me, I see these qualities more clearly which helps me feel more confident, grounded, loving and loved by others. My relationships today are nourished by the love we shared, she challenges me to laugh and love deeply, to give freely and forgive. It is truly amazing to re-connect with my mother in a way that enriches my life and my relationships today. Reflecting on this journey in my own life provides me with a sense of confidence to support others as they explore grief through a narrative lens and begin to give light to the idea of “saying hullo again.”

A practice example of saying hullo again.

A few weeks into my practicum, I accepted a referral to see a woman I will call Samantha. Samantha was experiencing the heaviness of grief after the tragic loss of her 3 year old granddaughter whom I will call Zoe. Samantha shared that she was struggling to say good-bye to Zoe and felt a deep sense of guilt for not being able to attend her funeral which was held out of province, due to financial constraints. Samantha’s willingness to view grief and loss through an alternate lens reinforced the fact that a relationship can continue to be enriched even after loss. Below is a segment of the transcript recorded during our last session when we
reflected upon Samantha’s journey of saying hullo again rather than taking a traditional approach to the loss of her granddaughter Zoe.

Samantha: “Right…But, it makes sense to me. … It’s part of my life still. She’s not really gone. And I am seeing her again, so we’re all going to be together again and (pause), I just love her to pieces, and I look at her pictures, and I laugh…”

Anjeanette: “Absolutely… I have to say, I know this is our last session but I am so grateful for you to have allowed me to be introduced to Zoe and to be able to see her in the pictures, and come to know her love of Winnie the Pooh and Nemo….And how you have just been so brave to look at her in a different way. I’m really inspired by the work that you have done here in such a short time”

Samantha: “I know but, every idea that you gave me I saw the value of it. … You know or I would have bucked you on it. Really I would have, I would have bucked you. I would have said, oh no, I don’t want to, I don’t want to say hello, I want to say goodbye. And I was confused that first day when you said that to me, I thought (pause) oh, this is something new to me. Can I do this? And the more I thought about it, then you sent me that first email (letter) and I read it quite a few times and I thought, this is so true, like this is like in everything that you wrote, I mean yeah, there’s still is going to be sadness, and sadness is okay”.

Anjeanette: “yeah, sadness reminds us how much we love them”

Samantha: “hum, no really, I am going to miss you. …Everything that you’ve taught me, I am using those skills, and, (pause) I’m happier. I’m a happier person than when I first came here…you know, really. I mean, I’m gonna cry when I leave. (pause) how lucky I am to have had someone first off, because like I was scared to come…”

*How lucky I am.*
Samantha shared the profound loss of her granddaughter Zoe and within only a few months, paved a remarkable and inspirational path of healing. Near the end of our time together, Samantha proudly displayed a new tattoo as a symbol of her enduring love for her granddaughter. Inscribed above a small red balloon were the words Samantha associated with a friend who never left Zoe’s side, “How lucky I am to have something that makes saying good-bye so hard”. (Winnie the Pooh)

This quote resonates in my heart as it reminds me of the deep and enduring love I will always share with my mother. The words Samantha chose to honour her granddaughter inspired me to forever cherish the beautiful memories I have of my mother, rather than feeling consumed by her illness, her suffering and her death. I am so blessed to have shared 37 years with a fabulous woman who continues to live within and around me today, and how lucky I am to have met Samantha who has inspired me by her willingness to say hullo again.

**Learning Objective 4: New Areas of Practice Counselling Children, Couples and Families**

In this next section I present my experiences related to learning objective number four. This objective was designed to challenge myself to explore new areas of clinical practice such as counselling children, couples and families. I begin with a reflection of my introduction to working with children and follow with my work with couples.

Opportunities to work with children throughout my practicum proved to be limited due to a specific barrier to service delivery. In order to proceed with counselling children, the agency requires written consent from both parents/legal guardians or in some cases, a copy of legal papers proving sole custody. As legal consent is ethically necessary in working with children, the absence of this consent often leaves those most vulnerable without needed services and support. I found myself wondering how an abusive parent might refuse consent in an attempt to avoid
accountability, or maintain a sense of power and control. As in most ethical dilemmas this situation holds great concern for children and numerous questions but few obvious answers.

The delay in receiving written consent from both parents was a concern I observed when I was given the opportunity to participate in a few co-therapy sessions with a seven year old boy, and his mother. By the time written consent was finally received from the father, it had been six months after their initial request for service and the crisis had passed. Therefore, the immediate need for support had dissipated. Due to the amount of time that had passed, the counsellor requested the first session alone with the mother in order to review present concerns, and discuss her goals for therapy.

In the initial session, the mother shared a sense of dread as the school year was fast approaching and without support, she feared her son’s difficulties with temper and attention would quickly set him up with a reputation as a bad child. Reflecting upon the mother’s fears that her son would be seen as a bad child, reminded me of the danger of a single story. The danger of a single story becomes apparent when children who are confronted with challenging life circumstances, are labelled as difficult and disordered.

**A Practice Example of Working with Children**

My first interaction with the young 7 year old boy was in the waiting room just prior to our first family session. While waiting for the other counsellor, I decided to introduce myself and was immediately greeted by a blonde haired, blue eyed “villager” as he called himself while bowing before me. In that moment, I realized what my Professional Associate meant when she said children speak a whole different language of their own. Standing before me was a Minecraft character that my own children had been quite obsessed with. I quickly racked my brain for any details about this recent craze of a computer game; searching for even one thing I might impress
this small villager. The offer of some “Minecraft juice” seemed to peak his interest as his eyebrows rose with curiosity. I felt quite proud of myself until moments later when I found myself frantically searching the kitchen having no idea what Minecraft juice was or might look like. I attempted to present this villager with a coveted diamond in his juice, but this quickly failed when he informed me it was nothing more than an ice cube, he proved to be a difficult villager to fool.

**Play therapy.**

Through an informative presentation, and supervision sessions, my Professional Associate introduced me to play therapy, describing play as the primary way children explore self, others and their environment. My Professional Associate spoke about a child’s desire for a sense of agency, and how play therapy can provide a safe place to support children in mastering feelings, and situations they are confronted with. When describing her role in play therapy my Professional Associate said, “My work is to not bump in their way…we are not to inquire or examine but rather enquire through being curious and asking questions” (personal communications, July 28, 2015). My Professional Associate stated that the role of the therapist when working with children is to establish safety in order to begin to understand the child’s world, to encourage emotional expression, support the child’s decision making capacity and sense of control, to set limits where necessary, and to follow the child’s lead. An example of following the child’s lead was described when she said, “I will join in the play only when invited, and always ask, where would you like me to be” (personal communications, July 28, 2015)? My Professional Associate described the goal of remaining open during play therapy, suspending opinion and judgement in order to allow opportunity and space for the child to create
their individual reality, reminding us that what we think isn’t always what the child experiences (personal communications, July 28, 2015).

My Professional Associate acknowledged various models of play therapy, but particularly focused her presentation on the child-centered work of Garry Landreth. Landreth (1993) described toys as offering children a means to “transfer anxieties, fears, fantasies, and guilt to objects rather than people. In the process, children are safe from their own feelings and reactions because play enables children to distance themselves from traumatic events and experiences” (p.17). In a series of videos, Dr. Eliana Gil, director of Starbright Institute for Family and Play Therapy, describes her use of puppets to help children give voice to their experiences, create a safe distance from difficult topics, objectify problems, and work towards resolve through the creation of a story (Gil, 2014). Therapeutic play offers an endless array of options creating a unique experience and impact upon the helping relationship and process of healing.

Since children have become enthralled with video and computer games, I find myself intrigued and curious about the relationship between electronic games and therapy. This aspect of a child’s world of wonder undoubtedly holds many insights possibly found within their choice of games, their character creations, gaming names, missions accepted, and alliances or enemies. A discussion of how video games can be used to help children is introduced by Learning Works for kids. The title of the online article is Minecraft & Autism: Teaching Self-Control in Combat and Defeat. The article speaks to the open concept of the computer game Minecraft which allows children to create an individualized world providing a safe backdrop to explore, learn flexibility, problem solving, and enhance self-awareness, and self-control (Learning Works for kids, 2014).
Working with children comes with the obligation to work with those responsible for their care. Parents or guardians are often struggling with their own stressors which can contribute to or complicate the child’s experience. Being a support and resource to parents, guardians and teachers can help reinforce positive changes for children.

**Working with Couples**

During my practicum, my knowledge and interest in counselling couples was enhanced, leaving me with a strong desire to know more. In 1997 David Epston shared his thoughts on counselling couples in one of his many unpublished papers, he wrote:

> Often when people seek my counsel on behalf of their relationship, it is in a very poor state of affairs. In fact, I doubt if there would be any other ‘object’ of roughly the same importance to people that would be neglected to the same extent before some remedy was sought. (Epston, 1997, para.1)

There is no doubt that culture and social discourses have a dramatic impact upon intimate relationships. Childhood stories often hold narrow views of relationships, painting a picture of problems melting in the presence of love, and couples living happily ever after with the perfect mate (of the opposite sex). Today although we are seeing a much broader, inclusive understanding of love and relationships, we have also been convinced to look out for number one, and to accept the ‘fact’ that love does not last. It is important to consider how these social and cultural messages enter the counselling session through the experiences, and expectations of the couple, as well as the therapist. Gottman, Driver, and Tabares (2002) researched marital conflict and found that 69% of couples’ conflict stemmed from individual expectations, differences, and needs. Beckenbach, Patrick, Sells, and Terrazas (2014) discuss the phenomenon of individualism in couple relationships as they explore the idea of creating a *statement of us* as a
deliberate, overt process assisting couples in reauthoring their problem-saturated story toward a preferred relational story” (p. 52).

Supporting the idea of a statement of us, Carlson and Haire from North Dakota State University are dedicated to working with couples from a narrative perspective, and co-wrote a powerful article on relational accountability (2014). Carlson and Haire state the inspiration for their work stemmed from the words of Michael White:

If we acknowledge that it is stories that have been negotiated about our lives that make up or shape or constitute our lives, and if in therapy we collaborate with persons in the further negotiation and renegotiation of the stories of persons’ lives, then we really are in a position of having to face and to accept, more than ever, a responsibility for the real effects of our interactions on the lives of others. (White, 1995, p.14)

Building upon this powerful statement of professional responsibility, Carlson and Haire began to recognize the impact of these words within their own personal relationships. Carlson and Haire (2014) state, “…in our everyday interactions with those we love, we are responsible for the ways our actions shape the stories of their lives, whether or not the effects of our interactions are intentional…we are always and inescapably accountable” (p. 2).

The belief that we are always and inescapably accountable for how our actions impact the stories others hold of self is a powerful realization. This realization alone has had a dramatic effect on my interactions with those around me and I have become more mindful of how my actions and inactions impact others. Through careful consideration, I now often reflect upon my role (intentional or not) in the stories my children, and my partner hold of themselves. Carlson and Haire (2014) ask us to reflect upon how our actions or inactions enrich or impoverish the stories others hold of self.
A practice example of relational accountability.

I began to explore a sense of responsibility, and relational accountability with a couple I worked with throughout my practicum that I will call Rick and Sophie. After 20 years of drifting apart, competing priorities and acts of infidelity of both their parts, Rick and Sophie were now in my office with the mutual desire to reclaim the love they once shared. It was as if their relationship had become frozen in time, focused only on the hurt they felt and the disappointments they experienced. Rick and Sophie had begun to identify their relationship through betrayal, and had forgotten how to remember any other aspect of their marriage. With their support we began to externalize their love relationship, and I intentionally used language to reinforce the relationship as its own entity. Keeping the statement of us in mind, and the social and cultural influences that trick couples into focusing on individual needs, when Rick or Sophie began to blame self or other, I supported them to place an intentional focus upon their relationship.

The following internalizing statements heard throughout our initial session, represented a sense of personal failure. “I don’t think we tried hard enough to stay connected”, “I will never forgive myself for how I have treated her”, “His work always came first”, “I ended up just like my dad, I promised I never would”. These internalizing statements of shame, blame and inadequacy kept this couple locked into a stalemate, contributing to feelings of hopelessness about the future of their relationship.

Carlson and Haire (2014) describe a sense of irony as most approaches to couples counselling relies heavily upon an individualistic understanding of self, focusing on what each person has done to contribute to the problem, and what each person is prepared to do to repair the concerns. Carlson and Haire (2014) state this approach is “doomed to fail” even before it
begins, as it is “based on an individual notion of the self….it is not a lack of communication skills by the individual partners that is the problem; rather, it is the very notion of the individual self that is the problem” (p. 4).

Through a narrative lens, the relational accountability perspective leads couples away from individualized discourses, and invites them into conversations focusing on shared experiences, “values, beliefs, ethics, and emotions that are based on notions of love, concern, and appreciation for the other” (Carlson & Haire, 2014, p. 7). The importance of accountability is highlighted within counselling sessions, as day to day interactions are reflected upon with great detail, examining the messages each action or inaction sends to their partner, and how these messages impact the stories they hold of themselves as a person, a partner, and in many cases, a parent (Carlson & Haire, 2014).

White (2007) speaks of the landscape of action questions which explores specific details of a couple’s shared story plot, such as who, what, where, when and how. While landscape of identity questions explores the message and meaning each person attaches to what has occurred. The use of landscape of action and landscape of identity questions helped Rick and Sophie to re-member, re-connect, and begin to re-author their relationship identity. As witnessed through the practice example seen below, questions within narrative couples counselling are often presented in a layered fashion, alternating back and forth between the couple to help deepen the experience and enrich the meaning of what is shared.

Anjeanette: “Rick, you shared that you often flirt with Sophie’s friends, even though she has said it doesn’t really bother her, what do you think this might be inadvertently saying to Sophie about how you feel about her as your wife”? 
Rick: “I don’t know, but probably nothing good. Maybe this says I don’t love her, desire her, or it could have been telling her she isn’t good enough for me”.

Anjeanette: “Sophie, can you speak to how you feel hearing what Rick has shared about how his action could make you feel about yourself”?

Sophie: “I guess it does make me feel this way, hearing him say it tells me that he is starting to see my point of view and care about how this can be hurtful to me”.

Anjeanette: “Sophie, when you interpret Rick as caring about your point of view, how does this leave you feeling about yourself”?

Sophie: “Well, I feel understood and important to him”.

Anjeanette: “Rick, what is it like for you to know that your words here today help Sophie feel a sense of validation, and importance in your eyes”?

Rick: “Words are powerful I guess, I didn’t realize how I was hurting her and now I do. I like it when she feels good about herself. It feels good to hear I can help her feel valued”.

Although this type of questioning can feel thick and drawn out at times, it can help couples find common ground, understand their impact on one another, and begin to enrich their preferred relationship story.

A practice example of thickening alternative stories of the love relationship.

Narrative therapists often request permission from the couple to explore their relationship and love prior to their experiences of distance or hardship. Madigan (2015) purposely starts at the beginning of the relationship and avoids the common question of, “What brings you here today”, as he states this question only reinforces the problem saturated story. Through a genuine sense of curiosity, Madigan (2015) asks the couple questions about the beginning stages of the relationship such as, “Can you tell me how you met”?, “Can you tell me about what it was that
drew the two of you towards another in the first place”?, “Can you tell me what courting looked like, or can you bring me back to your wedding day”? By encouraging the couple to offer rich details of these shared experiences, these moments can be re-performed and begin to shape and thicken alternative stories of their love relationship.

Rick and Sophie refused to talk about their wedding day and described it as a “gong show”, so we veered away from that question, and focused instead on their courtship. Rick spoke of a sense of excitement when he was near Sophie, and recalled literally chasing her through a field as they laughed. We spent some time reveling in these moments, and for a few minutes it was as if they had turned back time. Sophie shared that they would sit and talk for hours and Rick would be completely focused on her at this time, rather than being distracted by his work.

These memories led us to explore what Rick and Sophie miss most in their relationship, honouring a shared experience of loss while wondering what it might look and feel like if those things they missed most were infused back into their love relationship. This curious questioning proved to be a non-threatening and non-blaming path to help the couple identify what their marriage relationship was missing, and why these aspects of their love meant so much to them. Although tentative at first, Rick and Sophie committed to continuing couples counselling with my Professional Associate after the completion of my practicum. I think of them often and hope our time together was helpful to them. Their willingness to seek support and their courage to share motivates me to continue learning, and advancing my skills in narrative couples therapy.

**Unique outcomes or sparkling moments.**

*Unique outcomes* (White 1990) or *sparkling moments* (Besley, 2001) are exceptions to the problem saturated story present within relationships that over time become overlooked and taken for granted. A good bye kiss, a morning coffee made with just the right amount of cream, a
thoughtfully packed lunch, or scrapping the frosted windows of your partner’s car are simple acts of love which can become clouded by the dominant problem saturated story. Carlson and Haire (2014) state that their intention is to look out for these sparkling events and when spotted they will help the couple “rewind” their story, highlight these simple gestures of love and bring them to the surface for examination. Through slow reflective and layered questioning, these gestures are celebrated as they begin to support new stories, and shape a preferred relationship identity (Carlson & Haire, 2014).

**The couple’s love relationship in relation to other relationships.**

Another interesting aspect of a narrative approach to couples counselling is to explore how the couple’s love relationship currently relates to other relationships. Madigan (2015) spoke about the value of understanding how a couple’s love relationship relates to their parental relationship, to their extended family relationships, or to their friends or community relationships. By witnessing these relationship dynamics, Madigan states the couples can begin to see how their love relationship is either nurtured or depleted by its current relationship to others, and to acknowledge the demands their intimate relationship is often under. Coming to the realization that a couple’s intimate relationship is often full of demands from others can help to reinforce a shared experience and create common ground, rather than falling to internalized messages of blame or failure (Madigan, 2015). Coming to terms with the stress and demands that their love relationship has been under, can help the couple feel validated, and possibly even align together as a couple maybe for the first time in a long time. This alliance can be used to help the couple begin to prioritize their relationship, appreciate positive aspects within it, and strengthen boundaries around their love to protect it from wear and tear (Madigan, 2015). As I conclude the
discourse pertaining to my learning objectives, I move into a reflection upon the elements of narrative therapy which reinforce my ardent support of this approach.

**Rewarding and Inspiring Aspects of Narrative Therapy**

Through an intensive introduction to narrative therapy, I have achieved my goal of embracing a new therapeutic approach to counselling. In identifying the most rewarding aspects of narrative therapy, I am drawn to highlight the integrity and humility of its original creators, the collaborative and strength based approach to supporting those in need, the reflective nature of this approach, the creativity embraced throughout its design and the natural way in which it honours social work values.

**Collaborative Effort and Impact**

Narrative therapy celebrates collaboration as it sees effort and impact as “…a two-way phenomenon. We get together with people for a period of time over a range of issues, and all our lives are changed for this” (White, 1995, p.7). Reflecting upon this perspective, Epston (2008) says “Michael always assumed that we were the lucky ones and I know he certainly considered himself to have always been the lucky one in such meetings. In fact, I think Michael looked up to those he met” (p.4). Epston’s words resonate with me, as I often find myself overwhelmed by a sense of gratitude and admiration for the conversations I have shared with those who seek my support, I am continuously inspired by their courage, insights, and resiliency.

Our work is often heavy, weighted by the hurt those who seek our support experience, and the responsibility we hold to help. I believe narrative therapy lightens the weight I carry as a social worker through its creative approach and meaningful conversations. Re-membering conversations hold the potential to touch many lives, seeing self once again through the eyes of
those who loved them re-connects people to aspects of themselves that have become overshadowed by problem saturated stories, helping them to nourish their preferred identity.

Narrative therapy has been said to provide counsellors with “an antidote to burnout” (Dulwich Centre, 2015). I believe there is merit in this statement, as studying and practicing this approach to counselling feels rejuvenating as witnessing the positive impact of this perspective is truly rewarding.

**Creative Means to Therapeutic Ends**

New life, energy, and hope are infused into narrative therapy and accented by the countless creative approaches that can be used to strive towards therapeutic ends. Throughout my practicum, creativity was embraced in numerous ways such as within the art of therapeutic letter writing, through a client’s artwork as she shared her rough sketch of an externalized problem, and through the wonder and imagination of a young *villager*.

A client who found herself leery and insecure regarding a new life without her partner found comfort and hope within her passion for photography. We embraced creativity through co-designing a homework project where this talented client captured images representing new terrain as she continued to move forward despite her fears.

I witnessed and enjoyed creativity through homemade recipes made with pride, a meaningful tattoo representing the depth of love for another, and colorful celebratory certificates recognizing personal victories. Other creative projects which were well received by clients included the creation of a colorful *club of life circle* highlighting social support networks, and adorned scrolls which we designed together to thoughtfully capture and celebrate a client’s core values and strong family legacy.
Honouring Social Work Values and Ethics

Narrative therapy was created and shaped by social workers; it is no wonder that narrative therapy is so gracefully aligned with this profession’s values and ethics. A narrative approach respects the inherent dignity and worth of all persons, believes deeply in providing professional support with integrity, sees the client as the center of service, and believes in the pursuit of social justice and social change (CASW, 2005). Values and ethics are the foundation of social work practice and are wholeheartedly embraced through narrative ways of being.

The Foundation for Change Found within Personal Values

Therapeutic conversations from a narrative perspective commonly include, identifying and understanding the significance of personal values. Meaningful dialogue dedicated to the exploration of and reconnection to values, offers people a sense of stability when re-authoring a preferred identity. These value centered conversations are re-shaping the way we approach people and problems including the epidemic of men’s violence against women.

Tod Augusta-Scott, a social worker from Truro, Nova Scotia has spent the last decade dedicated to helping men move away from intimate partner violence, and re-author a preferred identity based upon their values. Augusta-Scott (2008) states, “The narrative approach privileges the re-authoring of men’s identity by focusing on their values, knowledge and skills to stop abuse and build respectful relationships” (p. 248). Augusta-Scott (2008) shares a pivotal moment in his work when he realized that talking with men about their goals seemed to only reinforce the idea that their efforts had a targeted end date, however, “…when framed as ‘values’ and ‘preferences’, men often assume that to live one’s values takes effort everyday” (p. 250).

During my practicum I was invited to participate in a few initial individual sessions with clients preparing to join the Men’s Narrative Group, a program created by Todd Augusta-Scott
and facilitated by Family Service Saskatoon. The initial sessions include a series of questions designed to explore the client’s values in a meaningful way and provide an opportunity to explore whether violence contradicts the values he holds for his intimate relationships. Augusta-Scott sees hope in this challenging line of work through a narrative lens which exposes social and cultural influences perpetuating men’s abuse against women, and supports men to take their own stance against violence, seeing this as a powerful and effective way to provoke change (Augusta-Scott, 2007).

**My Preferred Identity of Therapist as Host**

During my practicum, I stumbled upon an article written by Jodi Aman (2006) entitled, *Therapist as Host: Making my guests feel welcome*. Aman was first introduced to the idea of *therapist as host* at a workshop facilitated by David Epston, inspiring her to thoughtfully explore the role of *hospitality* within her work as a therapist.

Aman’s words instantly touched me as they sparked my own experience of re-membering, and undeniably gave shape to my preferred professional identity. As I began reading Aman’s article, my mind flooded with special memories that until that moment had been forgotten. As a young girl, I recalled the smell of fresh cucumbers as I stood on a chair beside our kitchen counter rolling pieces of white bread to a thin paper-like consistency. Always trying something new, my mom had taken on the art of making English tea sandwiches, as we prepared for one of her many fabulous parties including birthdays, engagements, baby showers, anniversaries, retirement celebrations, and Tupperware parties. Regardless of the theme, my mom spent days preparing for each event, paying close attention to every detail to help ensure her guests felt comfortable and special.
As a nurses aid, my mom spent most of her career caring for elderly people. When working at a group home for clients with Alzheimer’s, she would pack her handmade floral bouquets, scented candles, shiny gold cutlery, and her Royal Albert china as she hosted birthday celebrations, an annual Valentine’s Day Dance, and family Christmas parties for the residents and their loved ones.

Today, my husband often shakes his head when I prepare for a gathering, as he struggles to accept that when hosting an event the words simple or understated appear nowhere in sight. I always had a great appreciation for how my mother has influenced me to be a fantastic host in my personal life, but had never contemplated the impact of being a good host in the way I work.

I thought that it just came naturally for me to pay close attention to the client’s preferences which seemed to help them feel more comfortable in my presence. Without really noticing it, I often carved out time and attention to remember which chair each client preferred to sit in, which mug a client mentioned reminded her of home, or to add an extra splash of fresh cream to a client’s coffee which she commented on looking forward to it as a treat each week. An epiphany is the only way I can describe it, therapist as host is a perfect fit for me, honouring my mother’s influence upon my professional self and my way of being deepens my bond with her while strengthening my connection to clients. Embracing the idea of therapist as host helps me to appreciate that a grand impact can come from even the simplest gestures. Reflecting upon my interactions with clients and the responses I received, the impact appears to be linked to what we all desire, which is to feel worthy of the care and concern of another.

**Challenging Aspects and Criticisms of Narrative Therapy**

I mentioned earlier that one particular challenging aspect of narrative therapy for me was the goal of remaining neutral, keeping my personal opinions to myself. After working in
Corrections, I tend to be quick to praise positive behaviours and challenge negative ones, explore resolutions through skill development, and yes at times, even lecture. Winslade and Hedtke (2008) described Michael White’s approach as carefully avoiding “practices of applause” which reinforce clients’ behaviours. They state that he remained neutral to “a person’s negative self-assessments….Instead of giving positive affirmations, he is present with his curiosity and his trust that the subordinate stories of her life will prove remarkable” (p.9). Profound moments of recognizing personal strengths appear when a client comes to their own realizations through hearing and reflecting upon their own words. While I believe a true sense of neutrality is unrealistic, I do see value in monitoring my opinions, bias, intentions, and ego and strive to be more attentive, patient and trusting in the stories I become witness to.

Another challenge I experienced with clients was the unique language and structure of questions. At times, I found the questions to be double barreled, loaded with complex ideas, suggestive and difficult to understand. Some questions seemed to be cumbersome, complex, highly philosophical, and confusing. Narrative therapy has been criticized for creating its own language resulting in “psychological rhetorical overkill” (Flaskas et al., 2000, p.126). While I agree that the use of language is pivotal to our understanding of self and others, at times the narrative use of words and questions can complicate this understanding making it difficult to comprehend.

Narrative therapy has been criticized for lacking a clear formula or recipe to follow making it largely subjective, inconsistently represented, and almost impossible to measure. “How does one measure the transformation of a personal story” (Gibbs, 2007, para 10)? As a fairly new approach with limited empirical data and barriers to assessment, narrative therapy remains vulnerable to criticism and debate.
Seeing Change in the Mirror and Beyond

The decisions to advance my education at this point in my career and to focus on narrative therapy led to a rewarding clinical practicum at Family Service Saskatoon which has contributed to an outstanding journey of self-discovery. I am excited to learn more about what narrative therapy has to offer in the area of family counselling. I plan to continue learning about the philosophy of narrative therapy and look forward to incorporating this knowledge into my work and my life.

I have recently been invited to co-facilitate the Narrative Men’s group as an intern with the hopes of contracting with Family Service Saskatoon in the future. I believe deeply in using a narrative approach to men’s violence and look forward to the opportunity to learn and support men in building respectful relationships.

Within a few years, I will retire from Corrections after 20 years of working in this field. I now recognize and appreciate how my career holds its own story, and how my professional identity is forever evolving. I look forward to working in the community again, balancing my time between a small non-government organization, and contract work, while striving towards my goal of a successful partnership in private practice. I also plan to explore teaching positions in social work with hopes to design and teach social work courses related to narrative therapy, group work and the field of forensic social work practice.

Conclusion

When I initially decided to venture towards a graduate degree, I was focused on my professional goals to advance my knowledge and skills in clinical counselling. I had no idea this experience would impact me in such a personal and profound way. The academic leadership and clinical mentorship I received throughout this journey has shaped each challenge into an
achievement. Through endless support, critical thinking, deep reflection and dedication, I achieved much more than the initial learning objectives I designed. These thought-provoking and rewarding experiences have re-ignited my passion for serving people, and refined my personal and professional identity. I am impacted by narrative work, and by all those I have been privileged to know and collaborate with. As I continue to learn and explore new ideas, regardless of the theory or practice, I will always be influenced by a narrative way of being.

I conclude with David Epston’s (2008) memorial piece in honour of Michael White where he sheds new light on a concept first introduced by the feminist scholar, Marilyn Frye. Frye (1983) introduced “the opposite viewpoints of the arrogant eye versus the loving eye.” Epston describes an arrogant gaze of a therapist as seeing their own standpoint, opinions understandings and projects as being central to the therapeutic relationship. The arrogant eye privileges the therapist and as a result often dismisses or degrades those they see, this view is contradicted by the loving eye which knows and appreciates the independence of the other. “It is an eye of one who knows that to see the seen, one must consult something other than one’s own will and interests” (Epston, 2008, p.6). When describing his beloved friend, Epston shares that he has no doubt that Michael looked upon others with a loving eye. “To fall under Michael’s loving gaze you felt the utmost in respectworthiness, which was in absolute contrast to the blameworthiness of so many of the psychological and psychiatric gazes” (Epston, 2008, p. 6).
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