

Research as Retelling: Capturing Pivotal Moments in Therapy and Training¹

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Introduction

Two of the authors (JD, EK) have been providing training for professionals in brief and narrative therapy for approximately 20 years. They developed and operate a *Brief and Narrative Therapy Training Program* in Toronto. Out of a desire to expand their approach to training and a commitment to conduct research and evaluation on a narrative approach to therapy, they contacted two professors at the University of Toronto, Faculty of Social Work, who agreed to jointly develop research. The aim of this project was to further develop narrative research activities as part of the program. A Research Associate position has been funded for the project. Despite the popularity and recent proliferation of literature on Narrative Therapy, there is a lack of research on this approach (Freedman, 2002; Freedman & Combs, 1996, 2002; Morgan, 2000; White, 1995; White & Epston, 1990). Thus, the focus of this collaborative research effort has been to begin to empirically examine the therapeutic processes and outcomes and to contribute to the development of research on Narrative Therapy.

This chapter presents and discusses concepts relevant to therapy informed by social constructionist thinking and narrative therapy. We briefly outline the research process and findings thus far, and identify critical process features that emerged as a result of the research collaboration. We provide a clinical example.

Key Concepts of Social Constructionist And Narrative Therapy

The following assumptions are foundational underpinnings in the training program:

1. The most significant factor in producing change consists of what the person seeking therapy brings to the process. This assumption builds on meta-analysis research that measured the common factors across models that contribute to positive outcome in psychotherapy (Lambert, 1992; Miller, Duncan & Hubble, 2001).
2. A natural process for eliciting people's abilities and preferences is through their stories. Establishing a storyline consists of using a conversational map that captures the dominant and preferred meanings in people's stories (Labov & Fanshell, 1972; White, 1990; Riessman, 1993; Eron and Lund, 1996). The storyline map includes six primary elements: 1) points of stories; 2) backstory; 3) pivotal events; 4) evaluation; 5) resolution summary; and 6) moral of the story (see illustration).

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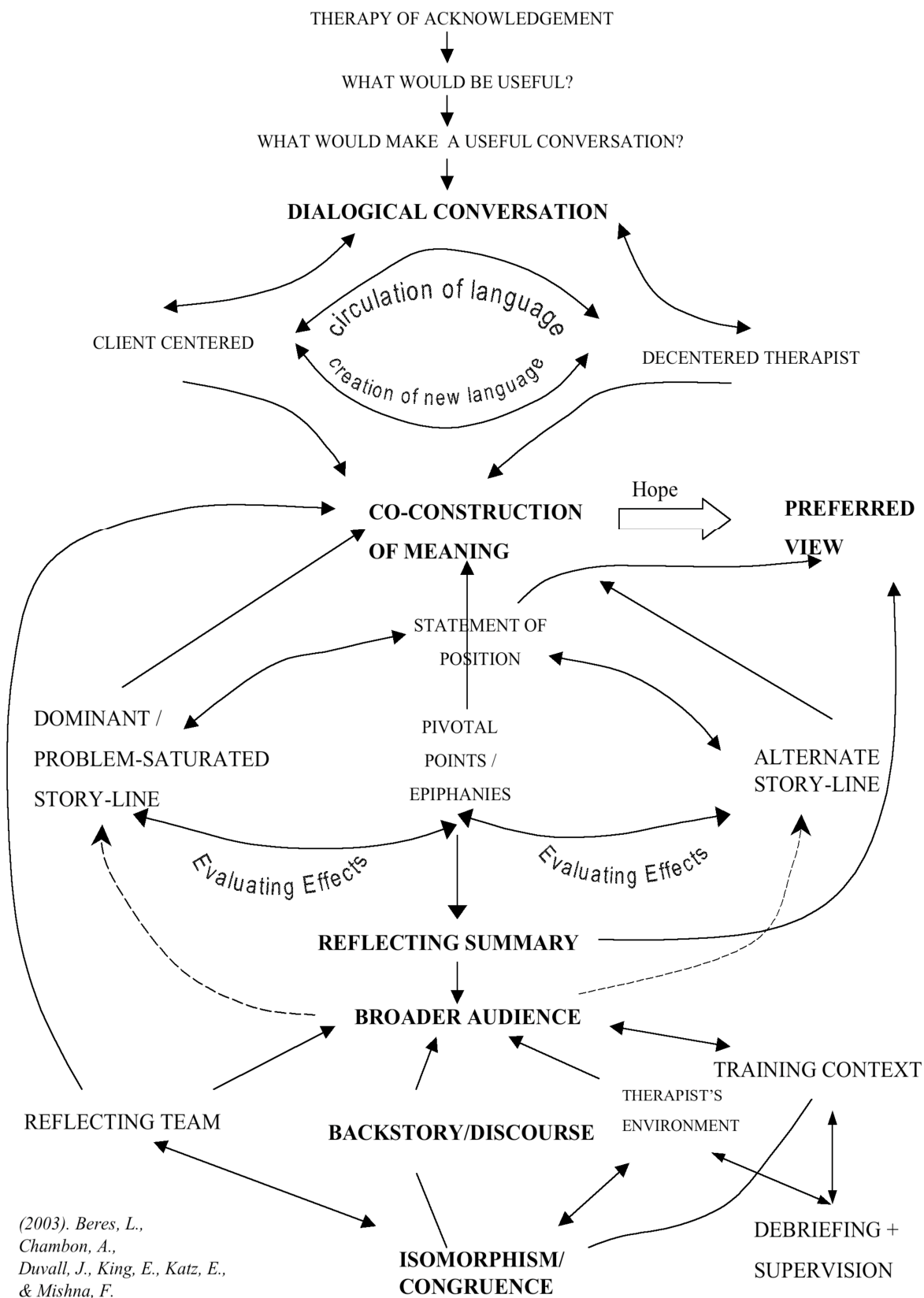
3. A conversational format is considered better suited to eliciting and retelling stories than an interviewing format. Whereas interviewing tends to use more linear questions to gather and explore information, in a conversational format the reflexive questions are posed as invitations to explore meaning. This conversation is a collaborative, generative process mutually constructed between the therapist and the people seeking help.

Description of Research Process, Methodology and Findings

The first phase of the research was a non-intrusive, naturalistic, anthropological approach which attempts to stay close to the actual practice. The logic of the inquiry was to be congruent with the approach used in therapy. The Research Associate acted as a participant-observer of the clinical/training process in the training program, and included participation in didactic sessions, group supervision sessions, family sessions, and debriefings. Field notes were generated from those experiences. As a result of discussions in the research team, community journaling was introduced, whereby at the end of each training day, the group reflected on their key learning moments. These reflections were documented in a group journal.

A main outcome of this phase of research was the creation of a concept map that represents a beginning interpretation of Narrative Therapy and the Narrative Therapy Training. This map illustrates the concepts used recurrently in the research project and reflects the process of the “Narrative Therapy” developed by our team. The map attempts to capture the involvement of family members, therapist and the reflecting team as well as the broader context and institutions. Conceptually, it is hierarchically organized so that it differentiates between general assumptions, operating principles and methods of practice.

NARRATIVE CONCEPT MAP



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In the research team discussions, three elements emerged as particularly meaningful and worthy of more in-depth examination in the next research phase, which we have recently initiated. These are: 1) the circulation and precision of language; 2) pivotal moments in therapy and training; and 3) reflecting team / outsider witness practices.

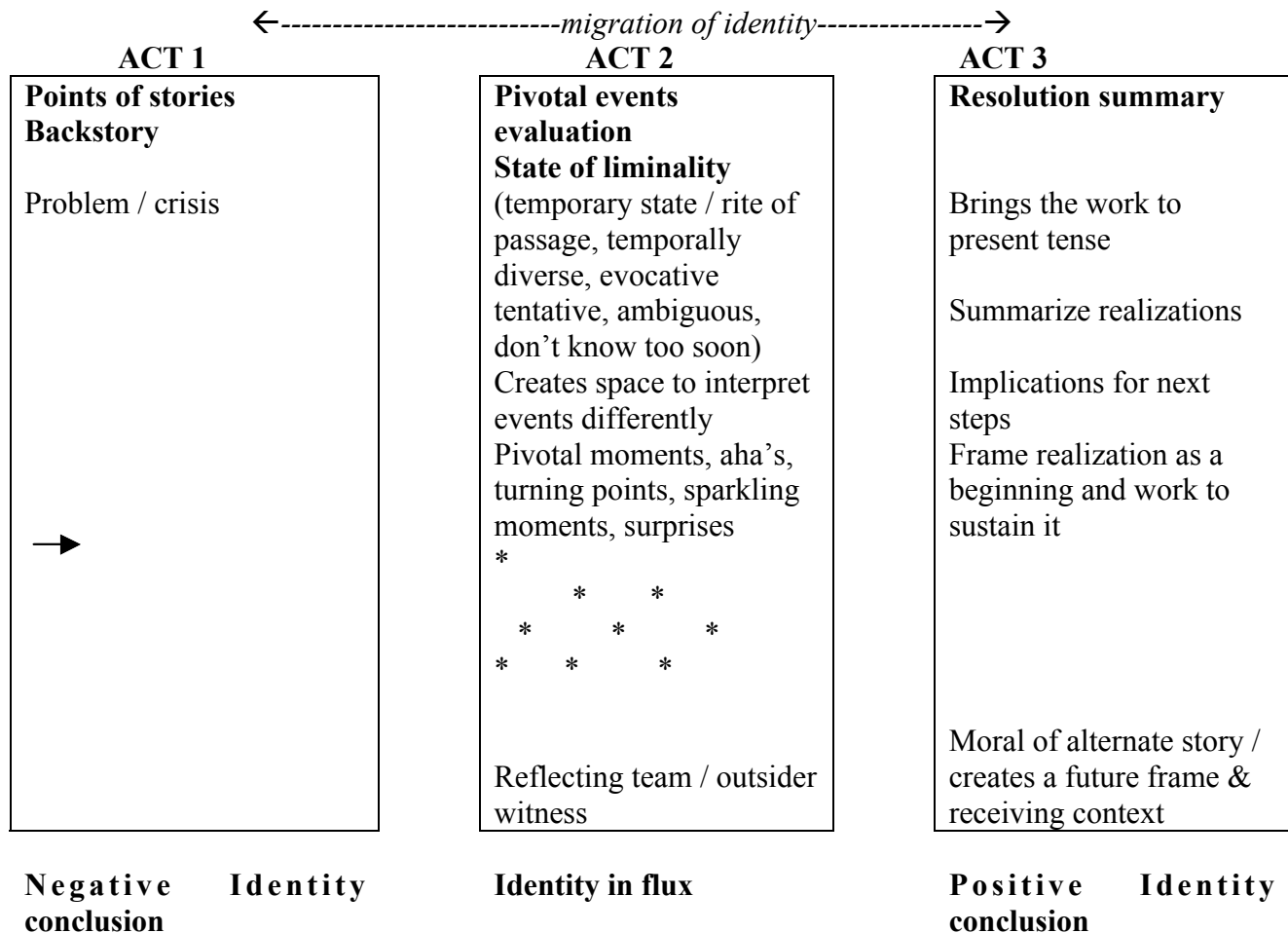
Clinical Example: A Storied Process Utilizing Storyline, Language, Pivotal Moments and the Reflecting Team

We offer an illustration of practice, to render the therapeutic process. A storied approach to therapy provides opportunities for the interpretation of experiences that represent a person's preferred ways of being and relating in the world. Within a storied structure, therapy has a beginning, middle and an end. This is not a static or finite interpretation of a story structure, but segments of time that contain stories within stories. They provide a liminal² space in time for re-telling and reconsidering the effects of particular events in people's lives and how those events have shaped their beliefs about the world and their sense of identity and purpose. A Narrative approach supports the development of personal agency and the encouragement of imagination. This subjectivity and personal uniqueness, which is embedded in critical moments and events over time, is acknowledged and developed through therapeutic conversations. In reconsidering the effects of particular events people often experience realizations or alternate interpretations that lead toward more positive identity conclusions about who they are. These emerging realizations provide people with a platform for alternate ways of viewing their circumstances, the possibility of more positive identity conclusions and subsequent actions more congruent with the emerging view.

The following example presented as a three-act play illustrates this process, whereby therapy can be viewed as a story containing a beginning, middle and end, each phase governed by a purpose and mandate.

² The term liminal is situated within the context of story. It refers to an emphasis on the subjective state through a span of time where tentativeness and ambiguity are preferred over taken-for-granted ideas of certainty. This liminal state allows for reinterpretation and reconsideration of past events creates the possibility for new realisations and new possibilities.

Storied Therapy as a 3-Act³ Play



Act 1: Points of Stories and Backstory

A primary consideration for Act 1 is the negotiation of a beginning understanding of the point of the story. Similar to an introduction to an article, the point of the story announces what the story is about. When people seek therapy they are typically experiencing some problem or distress with themselves and/or others. They may have come to negative conclusions about themselves and/or others and describe a problem or a theme. Although it is necessary to understand their view of the “problem”, or their circumstances, at this beginning stage of the therapeutic conversation it is important to take people *seriously*, but not *literally*. At this point, it is the job of the persons seeking help to state the problem in whatever way makes the most sense for them and the job of the therapist to facilitate a helpful conversation that brings forth other possibilities.

³ This figure has been adapted partly from Michael White’s Migration of Identity Map, (1999), and from Bradford Keeney & Wendel Ray’s example of therapy as a Three Act Play, Resource Focused Therapy (1993).

The person's focus on the problem may distract them from other ways of understanding their relationship with the problem, implications about themselves, and any subsequent actions. The issues that are most important must be negotiated between the therapist and people seeking help. This is accomplished by continually eliciting feedback from the individuals by checking with them and providing frequent summaries of the discussion.

According to constructionist theory, the use of language is a critical dimension in a storied approach to therapy. It is intricately tied to therapeutic practices. Traditionally, language is viewed as stable, a medium for reporting on the objective singular reality that exists "out there" (Anderson, 1997; Bruner, 1986; White, 1993). A constructionist perspective challenges this assumption and posits instead that language is constitutive of people's lives. One cannot stand outside of language. Language is evocative and brings forth realities. Therefore, vigilant attention must be paid to the use of language from the very beginning and throughout the therapeutic conversation. Our concern is not only how people interpret language and circumstances, but also, how we interpret their interpretations.

During Act 1 of the storied therapy process it is essential to elicit a rich backstory. This becomes a backdrop, or a context that provides meaning for the therapeutic conversation. To ask someone how he or she feels without understanding the context in which they are feeling creates a meaning impoverished conversation. The backstory provides an intelligible frame through which to understand people's experiences. This includes relationships that inhabit their story; not a mere list of who's who, but rich detail that breathes life into the significance of various relationships. Questions concern the history of the relationships, their significance in the present, and the person's hopes, concerns and preferences for these relationships in the future. Other aspects of the backstory essential in developing a rich understanding of people's stories include a person's cultural heritage, gender preferences, age, race, and language. These elements of Act 1 remain ongoing areas of concern throughout the therapeutic process. As change occurs, they may need to be re-negotiated and relocated within the emerging preferred story.

Act 2: Pivotal Events and Evaluation

Now that the stage has been set, it is useful to further thicken the story through the exploration of various events. This exploration introduces an inherent characteristic of Act 2, which is the liminal quality of the process, which provides space in time to recognize and acknowledge movement. It makes it possible for people to consider understandings different from those they had previously been taken for granted. The tentativeness, ambiguity, and not knowing features of this liminal state provide fertile ground for curiosity as therapists invite people to reconsider the effects of their life circumstances. However, since we have been traditionally trained from a positivist orientation to arrive at certainty and take action quickly, this ambiguous process is counter-intuitive to the thinking of many therapists and people seeking consultation. Indeed, in an effort to be helpful, therapists are often compelled to "do something," which ironically runs the risk of closing down space for the exploration of people's abilities and preferences. Therefore, managing the therapeutic conversation through a position of curiosity becomes a primary focus for therapists during Act 2. People's stories require the overall narrative structure of the therapeutic conversation to contain them.

During Act 2, therapists facilitate the conversation through various structures e.g., *Statement of Position Maps 1 and 2*, which help people explore and evaluate the effects of the problem and their efforts to stand up to the problem (Michael White, 1990). These structures and *invitational questions* are intended to thicken the story, separate people from their association with the problem, and introduce other possibilities. In so doing, events are lined up chronologically, providing themes for an overall dominant story that leads people to understanding how they view themselves and how they see others viewing them (Eron & Lund, 1996). While guiding this exploration some events appear more meaningful than others. These events are often more emotionally loaded and offer particular significance to the story. They may represent turning points in people's lives, with strong effects on their beliefs and perceptions of constraints and possibilities. These points in time are unpacked, explored and evaluated. It is essential that the people seeking consultation evaluate the effects rather than the therapist, and that this take place as early in the therapeutic process as possible.

As people recount the circumstances of their lives in these narrative conversations, they often experience moment-to-moment realizations. These "aha" moments might at times be experienced by the people seeking consultation, at times by the therapist, and at times by both. People's realizations are privileged over therapist realizations. Therefore, therapists must be careful not to impose their realizations as "truths." These "aha" moments, also called sparkling moments or realizations, can provide turning points in the therapeutic process. They are moments that provide windows to preferred identities.

As an example, we recently saw a separated couple in therapy who wanted to work together to co-parent their five year old son. They had recently experienced conflict in their relationship and had arrived at negative attributions about how they viewed themselves and each other. They recited examples of inconsistent routines in their households. Although their intention was to "take the high road" by going to therapy and working together for their son, there was tension and blame in their discussion.

Finally, at one point the man, Sean, said, "I really don't know how to parent. I don't understand Timmy and his anxiety and needs when he comes to my house. I overreact to his behaviour and create more problems. I need to be more sensitive and understand him better. I suck as a dad and I just make things worse" [eyes defocused, looking away]. At this moment the woman, Karen, said, "Sean, that's just being a parent. We all have days like that. I think Timmy is fortunate to have you for a dad. I think you need to cut yourself some slack. The fact that you are here and working so hard to improve things for Timmy makes me feel so much more hopeful." Sean didn't seem to hear Karen's response. Minutes later Sean, Karen and their therapist went behind the one-way-mirror to listen to the reflecting team, who took their place in the interview room. As the reflecting team spoke of their impressions of the session, one woman expressed being moved by Karen's comment to Sean (repeating what she heard Karen say) and wondered what it was like for him to hear Karen say those things. When the therapist, Karen and Sean returned to the therapy room, the therapist asked, "So, what caught your attention as you listened to the reflecting team?" Sean responded quickly [tears in his eyes], "I have never heard Karen say anything like that to me. You have no idea how much that means to me. It was very powerful." Karen responded, "This *is* very powerful! I feel like there has been a shift. If we could have talked like this years ago we might not be in this spot right now" [couple looking at

each other calmly]. The therapist asked, “So, this is different”? The couple responded, “yes.” The therapist asked if this “shift” or realization would be important to talk about. Both Karen and Sean expressed a strong desire to talk more about this “powerful shift” in the way they were relating to each other.

In this case a reflecting team member was moved by the woman’s comment to her ex-husband and reintroduced the comment, which he then heard. The nature of the involvement of the reflecting team, the therapist and Sean and Karen created a context for the possibility of a pivotal moment. What Sean was able to perceive was in large part based on how he participated in perceiving it (Keeny, 1985). It was then necessary for the therapist to support and sustain the emerging meaning and key words that were transformative in the Sean and Karen’s language, i.e., “shift” and “powerful.” To be significant, it is not sufficient for the people involved to believe that this moment is merely new and different; the moment must also be considered meaningful. If Sean and Karen now believe there is new meaning in their situation, their continued search for it will construct more of it, because they will be able to pay attention to the new aspects. In a sense they will find what they are looking for. The therapist works with their ongoing descriptions, explanations and preferences to develop the alternate story that evolves from the pivotal moment.

Witnessing practices and outsider witness teams

A social constructionist view holds that our identities and ways of being in the world are shaped by our relationships with others. In other words, others in our lives participate with us to generate the distinctions we call ‘reality.’ The trainees and trainers in our program are all involved in reflecting team practices. A key concept is that outsider witnesses serve as ‘meaning attractors,’ highlighting images or alternate perspectives on the stories and experiences they have witnessed in the interview (Kriz, 1998).

When the therapist and family are ready, the reflecting team members enter the room and the family members and therapist go behind the mirror to hear the re-tellings of their telling. Such witnessing practices connect strongly to the circulation of language. The discussion can illuminate the emergence of new language, meanings, and possibilities. The team members’ purpose is to remain tentative, conversational and generative. They aim to offer views that are “appropriately unusual” (T. Andersen, 1989). This does not entail summarizing what was said which could be simply be “more of the same.” At the same time, the comments must not be so unusual such that they have little meaning for the observers.

It is often evident from the family and therapist’s responses when they switch places and return to the family room that the re-telling conversation has been generative. As this example illustrates, the reflecting team can generate pivotal moments that can lead to realizations on the part of the family members and the therapist. The reflections on the team’s re-telling bring closure to the therapy session and incorporates the summary of the session with the therapist. It is in this conversation that preferred identities and ways of being are thickened, and new possibilities are held up to the light.

Act 3: Reflecting Summary and Moral of the Story

This final act brings the session into the present tense. The work of the session thus far is summarized and considerations for next steps are discussed. The therapist might say something such as; “When you first arrived you said that you and your family have been having difficulty with this problem for a while. We discussed some ways you have been able to make headway in standing up to this problem, explored some effects of the problem, as well as a number of other ideas and possibilities. Then the reflecting team offered their impressions. You said that you felt acknowledged by that process, and that you were particularly moved by something one member of the team had said. My understanding is that you are interested in taking some further action against this problem and may recruit one of your friends into working with you as next steps. Is this your understanding”?

The point of this summary is not to be right, but to provide people with the opportunity to correct any discrepancies and regulate the direction of the therapy. In a sense, the statement becomes a ‘straw dog’ for them to take down. It is a way of soliciting people’s feedback and ensuring that we are working collaboratively. After the summary is established, we conclude with a discussion about next steps.

Following the resolution summary the therapist and clients work to develop the *moral* to the new emerging story. This story is juxtaposed with the problem-saturated story in order to draw distinctions and acknowledge movement. In the example of Sean and Karen, the therapist might say, “When you arrived you described the effects of conflict and self-doubt on your relationship with each other and as parents of Timmy. Now you describe a “powerful shift,” and acknowledge each other’s intentions and efforts. What does this say about your hopes for working together as Timmy’s parents? What words would you put to this “powerful shift”? This creates a new frame of intelligibility, which becomes the moral of the alternate story and the receiving context for future understandings and action.

Conclusion

This chapter has described our exploratory research thus far and the clinical approach to the training program. The first part addresses the anthropological and naturalistic approach to the research that attempts to stay close to the practice and the training. The second part describes our therapeutic approach, illustrated through a case example. Our approach to Narrative Therapy aspires to collaborate with people, keeping them at the centre of the therapeutic process. A storied approach provides a naturalistic gateway to the circumstances, abilities and preferences in people’s lives. The therapeutic conversation becomes the central medium for holding people’s stories. It is the glue that holds the story together. The therapeutic conversation both searches for and generates meaning. Storyline was developed as a conversation map to help scaffold people’s stories to open up space for new possibilities and reinterpretation of past events. A transitional liminal space is developed to encourage tentativeness and to allow for new realizations and moment-to-moment change through the re-interpretation of pivotal events. This liminal space encourages movement from a problem saturated negative identity conclusion to a beginning consideration of a positive identity conclusion.

References

- Anderson, H. (1997) *Conversation, language, and possibilities: a postmodern approach to therapy*. New York: Basic Books.
- Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Chambon, A. (1994), The dialogic analysis of case materials. In E. Sherman, & W. Reid (Eds.), *Qualitative methods in social work research* (pp. 205-215). New York: Columbia University Press.
- Denzin, N.K. (1989). *Interpretive biography: qualitative research methods*; Volume 17. Newbury Park, CA.: Sage Publications.
- Duvall, J.D., & Beier, J.M. (1995). Passion, commitment, and common sense: A unique discussion with Insoo Kim Berg and Michael White. *Journal of Systemic Therapies*, 14, 57-80.
- Eron, J.B., & Lund, T.W. (1996). *Narrative solutions in brief therapy*. New York, The Guilford Press.
- Freedman, J., & Coombs, G. (1996). *Narrative therapy: the social construction of preferred realities*. New York: W.W. Norton.
- Friedman, S., (1995). *The reflecting team in action: Collaborative practice in family therapy*. The Guilford Family Therapy Series: Guilford Press.
- Hubble, M., Duncan, B.L., & Miller, S.D. (1999). *The heart and soul of change*. Washington, D.C.: American Psychological Association.
- Keeney, B.P. (1985). *Mind in therapy: Constructing systemic family therapies*. New York: Basic Books.
- Kohler Riessman, C. (1993). *Narrative analysis. Qualitative research methods series*. Newbury Park, CA: Sage Publications Inc.
- Labov, W., & Fanshel, D. (1977). *Therapeutic discourse: Psychotherapy as conversation*. New York: Academic Press.
- McNamee, S., & Gergen, K. (Eds.). (1992). *Social construction and the therapeutic process*. Newbury Park, CA: Sage Publications.
- Monk, G., Winslade J., Crocket, K., & Epston, D. (1997). *Narrative therapy in practice: The archeology of hope*. San Francisco: Jossey Bass.
- Morgan, A. (Ed.) (1999). *Once upon a time...Narrative therapy with children and their families*.

- Adelaide: Dulwich.
- Morgan, A. (2000). *What is narrative therapy? An easy to-read introduction*. Adelaide: Dulwich.
- Ray, W.A., & Keeney, B. (1993). *Resource focused therapy*. London: Karnac Books.
- Ricoeur, P. (1991). *From text to action: Essays in hermeneutics, II*. Evanston, IL: Northwestern University Press.
- Riessman, C.K. (1993). *Narrative analysis. Qualitative research methods series*. Newbury Park, CA: Sage Publications.
- Riikonen, E., & Madan, G. (1997). *Re-imagining therapy: Living conversations and relational knowing*. London: Sage Publications.
- Rosenwald, G.C., & Ochberg, R.L. (1992b). Introduction: Life stories, cultural politics, and self-understanding. In G.C. Rosenwald, & R.L. Ochberg (Eds.), *Storied lives: The cultural politics of self-understanding* (pp. 1-18). New Haven, CT: Yale University Press.
- Toukmanian, S. G., & Rennie D.L. (1992). *Psychotherapy process research: paradigmatic and narrative approaches*. Newbury Park, CA: Sage Publications.
- White, M. (2003). Statement of position maps 1&2, therapeutic posture, re-authoring conversations, re-membering conversations, definitional ceremony and outsider witness responses, attending to the consequences of trauma, distinctions between traditional power and modern power, addressing personal failure. Adelaide, AU *Dulwich Centre website, www.dulwichcentre.com.ca*
- White, M. (2001). Narrative practice and the unpacking of identity conclusions. *Gecko: A Journal of Deconstruction and Narrative Practice 1*, 1-17.
- White, M. (1999). Migration of Identity Map in Narrative Therapy. Three day training workshop. Toronto. Brief Therapy Training Centres – International (*a division of the Hincks-Dellcrest Institute*).
- White, M. (1995). *Re-authoring lives*. Adelaide, AU: Dulwich Centre Publications.
- White, M. (1992). Deconstruction and therapy: In D. Epston, & M. White (Eds.), *Experience, contradiction, narrative and imagination* (pp. 109-47). South Australia, Dulwich Centre Publications.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W.W. Norton.