



Creating different versions of life: Talking about problems with children & their parents

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When working with families, many parents have told us that externalizing the problem is the single most important thing they experienced in our work together. This paper describes how externalizing conversations and double-story development can assist children and their parents talk about problems and create different versions of life. Examples from narrative family therapy conversations with two Norwegian families are included.

Keywords: *narrative therapy, externalizing conversations, letters, statement of position map, unique outcomes, anorexia nervosa.*

Key Points:

1. Narrative family therapy involves co-creating rich and multi-storied accounts of life and identity.
2. Externalizing the problem is not a simple technique or a quick fix, but a practice strongly connected to a specific value system and a specific view on human life.
3. The use of 'statement of position map 1' can assist families to take a position in relation to the problem and separate their identities and relationships from the problem.
4. The use of the 'statement of position map 2' can assist families to highlight unique outcomes and solution knowledge and develop preferred storylines of identity and relationship.
5. Writing letters to families can assist to consolidate key developments within therapeutic conversations.

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INTRODUCTION

In this article I focus on how some of the most basic ideas and practices in narrative therapy, namely externalizing of the problem and double storied accounts of identity, can assist us to talk with families and to create different versions of life. It might be argued that every aspect and every practice in narrative therapy is about “double” or multi-storied experiences of life and identity. Most of these will not be presented here (for an overview, see White 2007).

When I choose to limit myself to externalizing of the problem, statement of position map 1 and 2, and double story development, it is because I have found these practices to be especially useful in my own work with families. What is more, many of the parents we have been working with tell us that externalizing the problem is the single most important thing they experienced in our work together.

Narrative therapy or narrative practice is truly the legacy of the Australian family therapist Michael White (1948-2008). This approach was first known to an international audience when White published his article “The externalizing of the problem and the re-authoring of lives and relationships” in 1988. To this day a lot of people are primarily connecting narrative practice with the externalizing of the problem. Even if this is a kind of reductionist view of what narrative practice is all about, it is certainly true that externalizing of the problem and externalizing conversations are absolute basic components in this practice. So, let's have a look at what externalizing of the problem is all about.

OBJECTIFYING PROBLEMS NOT PEOPLE

The externalizing of the problem reflects White's basic understanding of the professional theories on psychopathology, which people in our culture are regularly recruited to believe in. His view was that these theories on psychopathology are social constructions, and that they do not represent the “truth” about people's life and identity, however much people may suffer from what are called ‘mental problems’. His view was that the diagnostic terms and the psychopathological language connected to these terms make people into objects.

Externalizing of the problem is a conscious attempt to develop a “counter-cultural” language, a language that instead objectifies the problems, the suffering and the difficulties people get into during their lives. This counter-cultural language speaks of the problems as uninvited guests who are moving into people's bodies and families, like a virus or a bacteria, and which are “living their own lives”. These problems do not only influence the life of the person who is understood to be the carrier of the problem, but in significant ways also the lives and relationships of other people who are getting in close contact with it (like parents, siblings, teachers and so on). Problems behave, in this view or language, as if they have a specific plan or agency to torment people, but at the same time they often try to convince the “carrier” that they really are this person's best friend and ally. White (2007) experienced in his practice that talking of problems in this manner made it easier for people to take a position on what they

did want and didn't want in their life, and to more readily find solutions to their problems.

Externalizing of the problem is therefore by no means a simple technique or quick fix, but instead a practice strongly connected to a specific value system and a specific view on human lives (Foucault, 1980, 1988). It's also important to emphasize that externalizing of the problem is by no means a goal in itself in narrative practice, and externalizing of the problem is not always part of this practice. Michael White once told me that in more than half of his work externalizing of the problem never became a part of the conversations. Later in this article I will return to when externalizing of the problem seems to be especially useful in talking with families.

OUR IDENTITIES AS STORIED

The focus for narrative therapy/practice are people's identity stories, the stories we all have about who we are and all those things that characterizes each one of us. These stories that we tell about ourselves, and are told about us by others, have real influence and power in our lives. They structure and shape how we live our lives, and how we can live our lives. Of special interest to therapeutic practice are, of course, the stories about our identity that develop when problems and suffering enter our lives. When this happens, the stories about who we are tend to become very “thin” and problem-saturated. That is to say, that all the stories about our competence, our resources, our initiatives, our interests, what we value in life and so on, all seem to become “invisible”, to ourselves and to others. The stories about the “suffering”, the “condition”, the “illness” or the “problem” seem to completely take over. The problem or difficulty becomes not only something that bothers us and is painful to us, it becomes something that tells the “truth” about who we are, something that defines our identity and our personality.

Our lived experiences, however, are always richer than any story of identity. Actually very few of our lived experiences are “storied”, in the sense that they are included in the storyline of our identity. Jerome Bruner (1990) says what's mostly excluded from our personal stories are all the *ordinary and trivial stuff*. That is, all the events and experiences our daily lives are filled with, like sleeping, eating, dressing, going to school/work, shopping and so on. In other words, most of the things we experience remain unstoried. What stories are about, according to Bruner, are the *special* or the *unique*. A story of identity will not draw upon ordinary daily experiences in school, if nothing special happens, but a special test or exam, and definitely the education we got in the end may form a part of the story we have about ourselves. All the hard workouts we did in sports training may not feature, but how we performed in an important competition is much more likely to be highlighted.

An identity story is not likely to consist of descriptions of our daily interaction with people from the opposite – or same – sex, but whether we married, or moved in with a partner – or not, will more likely feature. All the days we get out of bed, shower, have our breakfast, and get to school or workplace in time are less likely to feature, but the days we don't – those are the days that will demand an *explanation*. If the explanation is that we have the flu or back pain, it will be okay and not disrupt our identity

story. But if the explanation is that we were too depressed to make it, too anxious to dare, or too lazy to bother, this may not be okay in the culture in which we live. In this circumstance, a negative identity conclusion will be lying in wait for us, very nearby. If the event is sufficiently short or is understood as a singular episode, we might “get away” with maintaining an okay story about ourselves. But if the event lasts for a certain time, and begins to be understood as something we *are* or something we *have*, it’s a different story.

It’s especially when we experience trouble or problems in our lives that our identity stories have a tendency to become very “thin” and problem saturated. By a “thin” identity conclusion I mean that our whole life is understood, by ourselves and others, in light of one certain “personality trait” or “disposition”. We have all experienced what it does to our understanding of people when a person is described as a ‘drug addict’, as ‘manic depressive’, ‘psychotic’, ‘anorectic’, with a ‘severe personality disorder’, ‘sociopathic’, ‘severely depressed’, and so on. You may have experienced being in a meeting in which a family is discussed, and somebody mentions, just in passing, that the mother “also has psychiatric problems”, and everybody seems to nod as if nothing more needs to be said. The whole case – and the family history – seems to have found its explanation (or narrative conclusion). Even if the family situation remains sad, it no longer seems so strange. As we humans look for meaning, as we try to understand how things are linked together, it is the stories that we create that provide this meaning. The problem is that we may contribute to very thin stories about people’s lives and relationships. We may lose sight of the multitude of people’s life experiences and complexity of relationships.

Narrative family therapists seek to contribute to “rich” or “thick” tellings and re-tellings of people’s identity stories. To do this we are always interested in those aspects of people’s personal history and experience that cannot be explained in light of the problem. Simply put, we are at least as interested in the stories of the days the person is able to get out of bed, shower, eat breakfast and get to work or school, as the stories about the days s/he was not able to do this. The small steps that people take to cope with challenges of daily life take place in seemingly trivial and ordinary landscapes, and as such they have a tendency to get lost in history as uninteresting or irrelevant. But when the experience of these small steps are talked about, interpreted, and given meaning, even seemingly trifling experiences may emerge as significant turning points in people’s lives and stories of identity.

EVEN AND BETTY

Let me now share an example to demonstrate how different a story about the same boy can be told, depending on what perspective is used, and whose knowledge is given priority.

These two stories are about Even (11). The first story is told in the referral letter, trying to get counseling help for Even and his family. The second story is told in a conversation with me and my colleague by Even and his mom Betty. In relation to the second letter, I act as the secretary, re-telling the story in a letter to Even and Betty.

Here is an extract from the referral letter:

Even lives with his mom and little brother, Thomas (5). The boys have the same father, but he has only lived with the family for a short period of time. His mother says that Even reacted strongly to the divorce. There were big fights at home before dad moved out, and the boys witnessed these. The boys visit with dad, but these visits are a bit on and off.

Present situation

In conversation with Even he says he has trouble in school. There are lots of conflicts there between him and others. As a consequence he has few other kids to play with, and for the most part he plays by himself during school hours. Other children can be frightened of him. In part he misses to have other children to play with, but by isolating himself he avoids a lot of conflicts. His teacher confirms that Even is a boy who is very challenging to people around him. He’s quickly irritated and angry and he can be very stubborn. They say he is very moody, and sometimes his eyes turn completely black. At these times the teacher keeps her distance to avoid further conflict. The teachers are afraid to demand anything from him. Often Even becomes rigid when things get difficult, and he might decide not to do anything or leave the classroom at such times. He can be very sad and because of his way of handling difficult situations he has a sense that his feelings control him too much. His teachers find it difficult to get real contact with him and his main teacher has expressed that she to some degree has given up on him. Basically he is a clever pupil, but at times he is too demanding. He has expressed to his mother that he doesn’t feel welcome at school.

Mother describes the situation at home as very difficult. Even wants to be in charge of their relationship and his mother experiences it as a struggle to stand up to him and keep a grownup position towards him. There has been, and still are, a lot of conflicts between them around boundaries and deals. Even’s younger brother is starting to take after him, and this creates more problems for their mother.

Assessment

Even is a very special boy. From the time he was quite small he has shown an uneven profile. On the one hand he is very proud, strong, and with an expectation to himself to be able to handle everything. On the other hand he is very vulnerable and easy to bother. He is very challenging in relation to adults and other children, and he wants to decide everything. This leads to a lot of struggles and conflicts with children and grownups. Both at home and in school they have experienced better periods and have seemed to adjust better. But after a while the problems start over again. As we see it now, Even is performing very poorly both at home and at school, most of the time, in spite of all the efforts to help him. His mother experiences great problems in handling him at home, and the school struggles in handling him there. He has few, if any, friends at school, and he chooses isolation to avoid conflicts. Other children and adults stay away from him.

When we received this referral letter, we had no reason to doubt this description of Even’s situation, and our guess is that the referral was really well intended to get the boy and his family some help. But even if it is a true description, it does not tell the whole truth about Even, his relationship with others, and what he stands for in life.

Even and Betty turned up at the appointment with my colleague, Ole Oeystein, and me. Even seemed to be less than happy to meet with us. He turned down an offer of something to drink, he didn't take off his heavy jacket or his cap, he just sat there looking into his lap. I asked him if he didn't want to be there at all, and he nodded his head slightly. I asked why he had decided to come, and he mumbled: "I had to. Mom said so". I asked very seriously if he always did what his mom told him to do. For just a moment he looked up and smiled, but he didn't say anything. I said that we already knew a little bit about the trouble because of the referral, and I asked if it would be okay if we started out by getting to know a little bit about what Even enjoyed and valued in his life. Even nodded again, and Betty said that it was fine with her. The following letter is my retelling of the conversation that unfolded:

Hi Even and Betty.

I want to thank you both for our conversation today. It made a huge impression on both Ole Oeystein and me. Both of you told us that you had dreaded coming to the meeting, but in spite of that, you met us with an openness and kindness that touched us deeply.

One of the first things you told us Betty was: "Things have improved for us in the last year." I asked you to help us understand how things had improved. You told us that you argued less, and that you enjoyed each other's company much more. I asked what the contribution to this development had been, and you said that Even's efforts had been very important.

"He takes the garbage out, when I ask him to. He has become much better at tidying his room." (Even, you said that you only did it once a month, but you both agreed this was much more often than before). You also said that Even had become much better at turning off his computer without any hassle.

I asked you, Even, if you recognized what mom had noticed about you. You said that you recognized about the garbage, and also about tidying your room, but not about the computer. I asked if you saw this development as positive, or negative, or a little bit of both. Your answer was: "A little bit of both, but perhaps mostly positive".

I asked what you like to do, and what you appreciate. Your first answer was that you liked to be together with your friends. You told us that your closest friends were Bodil, Jens, Fredrik, Frank and Erik. You are mostly together in school, in groups and in midsession. But you also see each other outside school, when you visit each other's homes, and when you meet online to play games together.

I asked what you did together in midsession. You said that you did lots of things, but quite often you are playing together by the swings. One of the things you are doing there is to give the smaller children a push on their swings. I asked why you did this, and you said you did it to be kind – and because it was fun.

You and your friends also liked to just walk around and talk about everything.

I asked mom if she was surprised by what she heard when you talked about what you and your friends liked to do. Her answer was "a little of both". She knew your friends, of course, because they often come to your home, and she knew you liked to play

together. But she had never heard that you all liked to play with the smaller children, just to be kind. On the other hand, she wasn't too surprised by this, and she said: "Even is good and kind, when he wants to be".

I wanted to know how she knew this about you. The first thing that came to her mind was that she always heard from the other mothers, when you had been visiting, "how polite and nice you had behaved". You eat and behave nicely, and you always say thank you for a meal, according to them.

The second example that came to mom was that you, on several occasions, had been cleaning and tidying at home, in the kitchen and living room, without her asking you or even knowing about it. "He does it just to surprise", she said.

I asked if you were a boy who liked to surprise people in a positive way. Both mom and you confirmed that this was typical for you.

Another way you liked to surprise positively was when you, alone or together with Thomas, surprised mom with breakfast in bed in the weekends. Mom said, with a smile: "I am a spoiled mother, who likes to get breakfast in bed."

Even, you told us a third story, about how you like to surprise and trick mom. You said that Thomas sometimes can be a bit slow to get up in the morning, and there can be a lot of fussing and hassle to get him out of bed. You have come up with a great idea to get him out of bed and to trick and surprise mom at the same time. What you both do is to get up very quietly, before mom wakes you. Then you put a big pillow under your blankets, for mom to think that you are still sleeping. You slip quietly into the bathroom, get dressed and brush your teeth. Quite finished, you hide and wait for mom to come. When she sees that the beds are still occupied, she starts to yell and tears off the blankets. When she discovers that there are only a couple of pillows there, you and Thomas come out of hiding, and you all start to laugh. You and mom both agreed that this stunt made a very good start of the day. There is no arguing or hassle, and you all get in a good mood.

I asked why you did all this, and you said: "It's because it is quite fun. Because mom gets in a better mood, and we all get on better together." With such a good start, the rest of the day also gets better, and it's more fun in school.

I wondered how you came up with the idea that it could be both smart and funny to surprise positively in this way. You said: "It hit me in the head that I could surprise mom, and everybody could be in a better mood".

The idea about the pillow under the blanket you got from reading Donald Duck. I asked if I could borrow this idea, and tell other children about it. You gave me permission to do that, and you even promised to bring me the magazine where you read the story, if you could find it.

This letter is getting really long now, so I will just quickly run through some of the other things we learned about you and your family.

You told us that you like to play soccer in school. You also like to play computer games in your spare time. Mostly you play with

Bodil, Jens and Fredrik. *You make appointments about when and where to meet on the net.*

That the games are all in English doesn't bother you, because you know you are quite good in English. Mom tells us that you are very good with computers. You describe yourself as average in math, but mom say you are very good at subtraction and addition. You are also fond of music, and you love to sing.

I asked what these recent developments could tell us about you. Mom said that it told her that you had become more independent and responsible. She had a lot more examples that told her so: She thought you have become better at fixing your own food. You can make noodles, sausages and fried eggs. You have become better at personal hygiene and showering. You have become better at using your cell phone less (and much better at it than mom, according to you). You have become better at taking care of your own school bag, helping with the dishes, and taking care of your keys. You have also become better at doing your homework, and now you finish the assignments in time every week!

I asked you what you thought all this said about you, and you said: "I think I have reached a new growth stage".

Mom thought that her main contribution to this development had been to stop fussing, because that works better. You, Even, agreed with mom. You said you became unfocused by fuss, and focused by no fuss. Mom agreed and said: "When Even takes responsibility himself, everything gets so much better".

At the end we talked a bit about you relationship with Thomas. Early in the conversation you had told us that there was a war going on between you and Thomas, while mom called it a power struggle. With a small smile you said that it had become quite hard to control Thomas now, because he was growing bigger. Ole Oeystein wondered if this smile said something about you and Thomas being friends as well. You told us that you two don't always fight, that you often have a lot of fun together, and that you play with each other a lot, as well. You also said that you care about Thomas, and that you never would allow anybody else to be mean to him.

This was all for now. We are looking forward to see you again. And please say hello to Thomas for us.

Warm regards,

Geir and Ole Oeystein

Neither of these two versions about Even's life tell us the whole truth about who he is and what he stands for in life, but it can't be denied that the image of him as a person changes and expands when we get to know the stories he and his mother can tell us about all the things that "have become better in the last year". Even is a boy who has been in a lot of conflicts with teachers, other pupils, his mother and his little brother. But he is also a kid with a lot of social and caring skills. He is by no means friendless, and he likes to push the smaller children on their swings "to be nice". He is well mannered and he behaves politely when he visits other homes. He is "kind when he wants to be", and he helps with chores at home, even without being asked. Together with his little brother he serves mom breakfast in bed sometimes, and he helps to get Thomas up in the morning by

"tricking and surprising" mom. These, and all the other stories we got to hear, tell us about a boy who has "reached a new growth stage", a boy who has become more independent and more responsible.

Of course, this development has not happened in a vacuum, isolated from everybody else. It is his mom Betty who is telling us most of the stories; it is also Betty who acknowledge them and gives them value. Betty has also contributed to this development through less fuss, and she has discovered that "when Even takes responsibility himself, everything goes a lot better".

In the following conversations with Even and Betty, Even identified it as a problem in his life that he easily got annoyed and upset with people, and how this has led to a lot conflicts that he doesn't like much. We invited him into an externalizing conversation about this, and he defined the problem to be "Terga" (a Norwegian word that means something like a "short fuse"). The effects of Terga was that he risked to lose his friends and become alone and sad. Terga also threatened to ruin his relationship with some of his teachers, his mother, and to a lesser degree, with his little brother. Even was determined not to let his life be run by Terga, and he already had a lot of knowledge about how to control it. But that is another story.

STATEMENT OF POSITION TO THE PROBLEM

Michael White (2007) developed a number of different guidelines or maps for us to use in practicing narrative therapy. Here I will have a look at two of the most basic maps, namely *Statement of position map 1* and *Statement of position map 2*.

Statement of position map 1 relates to externalizing the problem, and it has a very simple structure to follow. The 'map' consists of the four following stages:

1. Negotiate an experience-near and specific definition of the problem. (Or more simply put: *What would you call what has brought you here today?*)
2. Mapping the effects of the problem on the person's lives and relationships. (The point being: *What affects us, can't be us.*)
3. Invite people to evaluate these effects. (*Are you okay with this, not okay – or a bit of both?*)
4. Invite people to justify their evaluation. (*Why is this important to you?*)

KATIE AND HER PARENTS

This map was very helpful to me in my work with Katie and her family. Katie (17) was referred to our clinic because of anorexia nervosa. She is a very talented young woman, but at the time of the referral she was critically thin. She had been submitted to the hospital a couple of times for intravenous feeding. She hated it, and she didn't gain any weight.

Katie's parents, a warm and loving couple, were absolutely exhausted and at their wits end at the time of the referral. Katie came to see me and my colleague Liv, together with her parents. From the start I tried to document our conversations through letters. I sent these letters to Katie, and she chose to share them with her mom and dad.

Early on in our first conversation, I asked Katie what she called what had brought them to see us. She answered: "The doctor says I have anorexia". I asked her what she herself would call it, and she said: "I think of it simply as the problem". So, we started to talk about the Problem...

Dear Katie.

Meeting you, and your mom and dad earlier today made a profound impression on me. I mentioned that I like to write a letter after our conversation, to check with you if I have understood what you told me correctly, and your position to the Problem. I hope you will read it and tell me if I got it right.

You told me that the Problem snuck into your life two years ago, and you thought at first you had got a new friend in your life. The Problem would help you lose weight; you would be more pleased with your looks, this would help you get better self-confidence and get more joy out of life. The first year it seemed to you that the Problem could be trusted, but then everything seemed to be turned around:

- The Problem's voice started to be even more critical of you and told you again and again that you still didn't look good enough. It told you that you would be much happier if you lost even more weight, if you ate less and exercised more. After a while you discovered that this wasn't true. Instead of giving you more happiness and joy in your life, the Problem's advice led to loss of happiness and joy.
- The Problem's voice promised that by following its advice you would gain self-confidence. After a while you discovered that this was not a healthy self-confidence, but a self-confidence your body was against.
- The Problem's voice invited you to distance yourself from your friends and from your family. "You must exercise instead of talking", it said. I wonder if the Problem has realized that its influence in your life is dependent on you being isolated and you being kept away from the people that love you. What do you think?
- The Problem's voice tells you to be very self-critical and only hold contempt for yourself. It does this by spiting you and by telling you that 'an eating disorder is a luxury problem'. I think perhaps this is a tactic the Problem uses to stop you from disclosing its real intentions for your life.
- The Problem's voice tells you it is nice to be thin, getting even thinner is progress, and that you have to have a phobic relation to any shred of fat on your body. And even more; the Problem tells you that if you don't follow its instructions, you will have a bad conscience all the time. I sense a small protest against this attempt to dictate what is right for you when you say: 'I have always loved food, and I want to eat what I want, like I did before.'

When I heard your voice Katie, it became clear to me how different it was from the Problem's voice. You said you wanted to

return to the way you lived your life until a year ago. That was a way of life that was filled with joy, and by a close and loving relationship to your friends and to your family. What you want back is to be able to sit quietly down with your family and your friends, and have a good time without feeling guilty. The Problem has tried to separate you from mom and dad, and to take them away from you as important supporters in your life, but without success. In the middle of the Problem's trouble-making you are still able to say: "Mom and dad have been very good to me. Even if they get very tired sometimes, they still hang in there for my sake."

What you want Katie, is to be able to eat when you want and as much as you want to, without feeling guilty.

What you want is to exercise when you want to and because you love it, not because the Problem instructs you to do it, and makes you feel guilty if you don't.

What you want is to regain your values for your life, and those values are completely different from what the Problem values. It seems to me Katie, you have already begun to discover that the Problem is a fake. It pretends to be your friend, but it is a false friend. You say you want to crush the Problem and everything it stands for in your life. Maybe we haven't really discovered what the Problem's real weaknesses are so far, but I am looking forward to team up with you and mom and dad, to discover more about it in the weeks to come.

Warm regards from Geir.

I didn't have the time to write a new letter to Katie after our second conversation, but I will give you a short summary here. Again we looked at what plans the Problem had for Katie's life, and what tactics it used to achieve its goals. At one point in this conversation I asked Katie if she thought the Problem had any limits to how far it wanted to starve her. Her answer was "No". I asked her if that meant that the Problem had plans to starve her to death, if it wasn't stopped, and she said "Yes". I asked what she thought about this plan, and she said: "I think it's the Devil's plan. I want my life back, and I want to be on Jesus' side."

Later in the conversation we talked about what forces in society support young women to starve themselves, sometimes to death. Katie and her parents identified the fashion industry and a lot of the popular press as such forces. Katie seemed really surprised by this realization. She had thought of herself as immune to all such influences because they represented values she was totally against. She said: "I have always believed that everything really beautiful comes from within".

We met with this family again the next day. From the moment they entered the room it was quite clear that something important had happened. Katie said with a strong clear voice, "Yesterday I had three sausages for dinner and a piece of cake. And this morning I had a full breakfast. After dinner I was allowed to go for a walk in the woods. I brought my drawing pad, and I just sat there for a long time looking at the beautiful winter landscape, making sketches. I even brought a couple of them with me as a present for you".

Very rarely have I heard a unique outcome or exception be presented in quite such a dramatic fashion.

HIGHLIGHTING UNIQUE OUTCOMES OR EXCEPTIONS

Michael White's *Statement of position map 2* relates to what he liked to call unique outcomes (White, 2007). These are events in the person's life that contradict the problem story. In later years, White also used the term 'exceptions' from the problem. The *Statement of position map 2* has the same structure as *Statement of position map 1*, with only a couple of small variations:

1. Negotiate an experience-near and specific definition of the unique outcome. (Or more simply: What would you call this step or this initiative.)
2. Map the effects and possible effects of the unique outcome on the person's life and relationships.
3. (Here I like to add one extra step to Michael White's original map: How did you prepare yourself to take this step or this initiative?)
4. Evaluate the effects and possible effects of the unique outcome.
5. Justify the evaluation.

These simple guidelines were very useful to me when I interviewed Katie and her parents about the "Three sausages for dinner and a piece of cake". Below is the letter I wrote to Katie after this conversation:

Dear Katie.

Thank you for the conversations we had yesterday and today. To meet with you and to listen to your expressions of joy and happiness in your life, and how you express the values you stand for, touched me profoundly. It is very moving to me when I listen to the dreams and hopes you have for your life. It made it possible for me to recognize what I value in my own life and get me in touch with what brings happiness and joy to my life in a very special way. Like you, I am very fond of walking in the woods, and these days I go skiing with my dog Bobby every evening. You reminded me today that to really enjoy this I have to slow down. To really be able to see all the details, the stars, the sparkling snow, all the different trees and so on, I must take my time and not rush along. I will remember this on my walk this evening.

It came as a complete surprise to me when you told me you had eaten three sausages for dinner yesterday, a piece of cake for dessert and breakfast today, without the Problem's interference; without a guilty conscience, without having to do a lot of sit-ups and so on. Instead, you and mom could sit down quietly together enjoying yourselves, and you could feel mom's joy, you said.

When I asked if this was a big or a small step for you, you said it was a BIG step. 'It was a little miracle', you said. You said it was a step Jesus would appreciate, and that he was on your side. He has listened to my prayers, you said, and you wondered if He could have heard the prayers from your congregation as well.

When I wondered what this step, this little miracle, told you, you said: "I have never felt so sure. It is a lovely feeling. Now I have something to look forward to. I have regained faith that I will get my joy for life back. And maybe I even will get me a boyfriend someday".

When I asked how you prepared yourself for this big step, both you and dad mentioned the conversation we had about the fashion industry and the popular press, and their ideals for the female body. You made it clear that their ideals about female beauty are quite different from your own. They seem to want to remove all female shapes from their models and starve them. You think this is wrong. You also stated that in your opinion 'everything really beautiful comes from within'.

I was very touched when your dad talked about the confirmation speech he had given you. He had talked about your strange joy of life, a kind of joy that affects others so they get happy being with you. He had talked about your catching laughter, that makes other people want to laugh with you. He had talked about your strong willpower, a willpower he had seen in you since you were just a little girl. He hoped and believed you now were able to use that willpower in your struggle against the Problem. "I am sure Katie's willpower is stronger than the Problem", he said.

When I asked what new steps away from the Problem's influence you want to take, you told me: "That is everything ... It is my whole life". What you especially look forward to is going on summer vacation with your sister Mette and her family. You look forward to going back to school. You look forward to the spring and summer, and to go for a swim. You look forward to regaining your strength and to be able to be more together with friends, and to feel more energized. You look forward to be able to laugh again. You look forward to be acquainted with boys and to go to parties. I am sure there are lots and lots more, but this is what I recorded this time.

What mom enjoyed and hoped for was to see you go on eating more. She was sure, in time, that would make humour and fun return to your life, and that rubs off on me, she said. She also looked forward to seeing you going out more, and being more together with your friends.

I am looking forward to meet with you and mom and dad again soon, Katie. I am looking forward to hear about what new steps you have been able to take in reducing the Problem's influence in your life.

Warm regards from Geir

Katie called the unique outcome a "big step" and a "small miracle". This "small miracle" happened very recently, so it wasn't easy to know about all the effects it might have in her life and relationships, but she was able to say: "I have never felt so sure. It is a lovely feeling. Now I have something to look forward to. I have regained faith that I will get my joy for life back. And maybe I even will get me a boyfriend someday". In the speculation about the possible effects of the "small miracle", and the possible new steps this opened for, she said; "That's everything ... It's my whole life". And then she had a long list of things she looked forward to doing, things that the Problem had prevented her doing for a long time.

Katie identified our conversation about the forces in society that supported eating disorders and the Problem as important in preparing herself to take the "big step". This was not just something that happened out of the blue, it was a conscious initiative that she had decided she wanted to take.

Katie's evaluation of the "big step" was very enthusiastic, and she justified this evaluation with everything that was precious to her: "I have regained faith that I will get my joy for life back".

CREATING DIFFERENT VERSIONS OF LIFE: CHILDREN AND PARENTS TOGETHER

Even if it's not very visible in these letters, Katie's parents played a very significant role in these conversations. They supported her and stood by her through "thick and thin", even at the times when they suspected that everything they tried to do made things worse, not better. Already in the first session Katie was able to acknowledge this through her statement: "Mom and dad have been very good to me. Even if they get very tired sometimes, they still hang in there for my sake".

In the second session, Katie's parents became more active in the conversation itself, especially when we talked the forces in society that supported young women to starve themselves. This was something both mom and dad had been thinking a lot about, and their contributions helped Katie to realize how important these forces were, and how influential they had been to her personally, though she had not realized this before.

In the third session, it was first Katie's dad who suggested that this conversation could have been the preparation Katie had used to take the initiative "three sausages and a piece of cake for dinner". This suggestion seemed to fit very strongly with Katie, and helped her put the unique outcome into a new storyline for her life.

At the end of this session, I asked both parents, "Which particular things your daughter said most strongly struck a chord for you?" In his response her father, with tears in his eyes, started to talk about the confirmation speech he had given to Katie. All he had talked about in this earlier speech came back to him in a flash due to the conversation he had just witnessed: Katie's "joy for life", her "catching laughter", and her "strong willpower". He had been afraid that all these were lost forever, but now he had seen and heard that it was all still there, even though the Problem had tried to rob it from her. Through this process, hope and energy returned to him as a father.

Katie's mother supported this strongly. She had already experienced the difference the day before, when Katie returned from her walk in the woods, mother and daughter had been able to sit down together for the first time in more than a year and share peace and joy. Listening to what Katie said in the session gave her mother an even stronger hope for the future.

CONCLUSION

Many of the parents we have been working with tell us that externalizing the problem is the single most important thing they have experienced in our work together. One of them put it like this:

"It was like a heavy burden was lifted from my life. I no longer had to think that there was something seriously wrong with my child - and not with me either. What's wrong is what the anorexia does to us all".

This way of talking about, and understanding, the problem makes it much easier for families to collaborate. When they find a way to avoid criticizing or accusing each other, and instead can be

critical to the problem, this leads to new optimism and new hope. In this process, people do not only find new strengths, but also new ideas on how to deal with the problem.

While externalizing the problem with families is sometimes a lot of fun, and at times it seems to work in almost magical ways, I want to emphasize again, that this is not simply a technique or a "quick fix". Instead, this is a practice that is based on a specific value system, and a particular perspective on human suffering and problems.

To me, the real attraction of narrative practice is when we, together with families, enter into the landscape of unique outcomes, exceptions and re-authoring conversations. It is here, in the preferred territories of people's personal history that rich stories of people's lives and identities unfold. These are not stories about who a person really is, but stories of who he/she wants to be. They are stories about personal agency, about personal intentions, hopes, dreams, beliefs and values that are precious to people's lives.

At first glance, these stories may seem like wishful thinking, but they are not. The reason for this is that within narrative therapy conversations, preferred stories of people's lives are always strongly connected to and grounded in, histories of real events from people's lives. It is these histories of real events, initiatives, or steps people have taken, that provide the "gateway" into new stories of identity. It is when these initiatives or steps are given names and then placed into preferred storylines of identity that people get a new sense of what they stand for in life, and what direction they want their lives to take.

WORKING WITH FAMILIES

As the reader will have seen from the examples in this piece, I and my colleagues work with families, and we call ourselves family therapists. We do not work with families because we think of the family as the "patient" or "client". We do not think that the "family system" is the problem, or that the problem is located within the "family structure", or the "family interaction", or "repetitive patterns", or anything like this. Instead, as mentioned throughout, we like to objectify only problems: the "problem as the problem", not the child, not the family, not the relationships. We find this especially important with families, because it is so often taken-for-granted in our culture that when a child experiences some problem in his/her life that this must be due to some problem with the family.

If the problem is not the family, why do we find it so significant to work with the family? The answer to this is quite simple. When trouble comes into the life of a child or a young person, they really should not be left to deal with it all by themselves, or only with a professional stranger. When the going gets tough, and wherever a family exists or is available, we see it as our role as therapists to facilitate family support, care and love for children and young people. Young people also need the support of their family (or others who have known them a long time) to tell and represent their own history in a rich way. Parents are filled with memories and rich stories about their children from the day they were born. They might need some help to be able to tell these stories in a rich way, but we can almost always be sure these

stories are there to be told. Children, on the other hand, tend to forget. Children's narrative resources are not fully developed and they may need help to remember significant events from their own lives.

In my experience, it is a very risky business to leave children alone, and without support, in the therapeutic room. On the other hand, as the stories of Even and Betty, and Katie and her parents demonstrate, children and parents can be assisted to join in objectifying and externalizing the problems they are facing, to change their relationships with these problems, and to create different versions of life.

FURTHER READING

Externalizing the problem, highlighting unique outcomes and contributing to double story development are very basic ideas from the field of narrative therapy. There is much more to narrative practice that I have not touched on here. For readers who are curious to know more, I strongly recommend that you turn to the rich writings of materials Michael White and his collaborator and friend David Epston (Epston & White, 1992, White & Epston, 1990; White, 1995, 2000, 2005, 2007, 2010).

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