

Narrative therapy approaches in single-session trauma work

by Amelia Batrouney



Amelia is a social worker and counsellor interested in the intersection of narrative ideas and feminist practice, particularly in a trauma context. She lives in Sydney on the land of the Gadigal people of the Eora Nation. Amelia can be contacted via email: ameliabatrouney@gmail.com

### Abstract

This paper outlines opportunities to incorporate narrative approaches in singlesession telephone counselling, with a particular focus on working with women who have experienced sexual violence. Practices described include externalising the problem, deconstruction, re-authoring, double listening, double-story development and re-membering conversations.

Key words: trauma, assault, narrative therapy, single-session, telephone counselling

#### Introduction

This paper suggests opportunities to introduce narrative practices in single-session trauma work. It draws on experience of using narrative approaches in telephone counselling at Rape & Domestic Violence Services Australia, a feminist non-government Rape Crisis organisation. A trauma-informed approach<sup>1</sup> is central to this organisation's work. Counsellors work carefully with people who have experienced assault, trauma and injustice, and their approach focuses on safety, connection and trust. Blue Knot, Australia's national centre for excellence for complex trauma, emphasises that narrative memories of maltreatment and abuse become a central part of a survivor's life story (Kezelman & Stavropoulos, 2012). Making sense of abuse and its meaning, and undoing unhelpful narratives, is therefore central to work undertaken with survivors. This provides openings to integrate narrative approaches.

There are limitations to the application of narrative practice in single-session work. Alternative stories are most richly described over time. When working with people who have experienced trauma, long-term therapy that develops and maintains a positive, consistent therapeutic relationship is often encouraged and preferred. However, funding has been cut and services are increasingly squeezed. There are fewer opportunities for accessing long-term, face-to-face counselling, and single-session telephone counselling is the only counselling available to some.

This paper outlines ways that narrative practices, such as externalising the problem, deconstruction, reauthoring, double listening, double-story development, and re-membering conversations, can be adapted and applied in single-session telephone counselling. These narrative approaches do not work in isolation; they are interwoven. To illustrate this, examples from telephone counselling sessions have been included in this paper. For confidentiality and ethical reasons, these have been anonymised. The women whose stories are told are at once unique, and also linked to a broader collective of women who have experienced interpersonal abuse and survived.

# Practice context, limitations and framework

The counselling examples in this paper took place at Rape Crisis, a feminist nongovernment service with a health and justice focus. The examples show singlesession phone trauma counselling with survivors of sexual violence, often in response to a crisis. Singlesession counselling can be an opportunity for those not ready to engage in ongoing therapy, for those who cannot access therapy for a range of practical reasons, and those for whom therapy is not something that fits into their frame of reference. Many people reach out for a single session of trauma counselling with the knowledge or assumption that they won't engage in an ongoing therapy process, and this can lead to unbridled engagement in the conversation. A phone-based option is helpful for those who wish to access counselling in a space that is comfortable and safe for them (often their home), and at times they choose.

Within single-session telephone counselling are opportunities for externalising the problem, and for acknowledging and exploring its effects. There are also openings to richly describe other and preferred stories. As Michael White (2004, p. 47) indicated: where there is violence there is always response and resistance, the acknowledgment of which helps to open up alternative story lines.

The framework for practice in this paper is feminist, and the application of a feminist analysis will be seen throughout. Rape crisis centres were developed, across the world, by women responding collectively to the violence they were experiencing. They have a legacy of (initially unpaid) women making the personal political (Murray, 2002). The victims of domestic, family and sexual violence are overwhelmingly women and children, and the perpetrators are overwhelmingly men (Australian Institute of Health and Welfare, 2018). This reflects what we now know about these forms of violence: they 'reflect inequalities in the distribution of power, resources and opportunity between females and males' (Australian Institute of Health and Welfare, 2018, p. 11). The statistics are now well documented: one in five women have experienced sexual violence by the age of 15; one in two women experience sexual harassment in their lifetime (Australian Bureau of Statistics, 2017). And on average, one woman a week is murdered in Australia by her current or former partner (Bryant & Bricknall, 2017).

For the purpose of this paper and the practice explored, feminism is understood as a tool for examining and critiquing power and its impact on gender, equality and violence. The feminist framework informing this paper acknowledges patriarchy and structural inequality as producing, perpetuating and condoning male violence. Increasingly, feminist understandings of power and violence are being used to examine

society in intersectional ways that consider the complex interrelations between race, class, sexuality and gender (Crenshaw, 1989). Narrative practice is a feminist-informed approach that understands people's relationships with the problems they face to be shaped by history and culture. It seeks to 'explore how gender, race, culture, sexuality, class and other influences of power have influenced the construction of the problem' (Russell & Carey, 2004, p. 4).

## Externalising the problem

In single-session work, like in longer-term work, people present with dominant understandings of the problem, which they have often largely internalised. These stories, built up over time, have very real effects (White, 2006a, p. 25). For survivors, these stories might centre on a pervasive feeling that there is something intrinsically wrong with them, that the problem is located within them. They may be ruminating on one of the most basic survival questions: why me?

When women survivors seek counselling in the aftermath of violence, they come as members of a society that reinforces victim blaming discourses: 'Why were you walking alone at night?' 'You must have led him on.' 'If he was so abusive why didn't you leave?' 'You let people abuse you.' Internalising these discourses, people often come to sexual assault counselling with concerns about shame, trust, self-esteem, identity and relationships (Kezelman & Stavropoulos, 2012). A trauma counselling approach would seek to normalise these effects. A narrative practice approach seeks to create some distance between the problem story and the person's identity. This 'externalising' approach marries well with a feminist framework for practice in that it 'can be understood as small "p" political action, putting back into culture and history what was created in culture and history' (Russell & Carey, 2004, p. 7). Externalising makes it possible to trace how problems have been shaped by broader relations of power.

When Amy called for phone trauma counselling, she stated that 'the storm' was coming. Asked to describe this storm, she said that she was feeling overwhelmed, with racing thoughts that had 'lots of energy'. I asked a series of externalising questions about these thoughts, starting with what Amy might call them. Amy quickly decided that she would call them 'the Self-Blame'. I asked

some questions about how the Self-Blame was operating:

- How often is the Self-Blame around?
   All the time, or just sometimes?
- · What does the Self-Blame sound like?
- Are there times when the Self-Blame is stronger, when it is around more, or times when it is around less?'

Amy responded that the Self-Blame was around nearly every day, for a few hours at a time. It sounded like other people's voices, and challenging it or going outside her house made it stronger. It was less strong when she was lying in her bed with the door closed, lights off, windows drawn, and her eyes closed.

Through more exploration, Amy connected to another time when the Self-Blame was less strong: when she was listening to her favourite singer sing her favourite song. This would give her four minutes of respite from the Self-Blame. When she went to the singer's concerts, she would get longer periods of respite, which could last days at a time. Seeing the singer live, among her fans, gave Amy a sense of belonging and self-acceptance. These positive effects were explored further and also named and externalised. This process of externalising avoided these experiences being thought of as 'inherent', and also created openings for tracing the histories of both the problem and exceptions to the problem, adding richness to these newly developing alternative stories.

## De-centered practice

Central to narrative approaches is providing space for reflection on the power relations. A de-centred practice (White, 1997) responds to the operations of power and privilege in therapeutic relationships. De-centred practice places the person seeking therapy as expert, not the therapist. Sue Mann and Shona Russell (2003, p. 7) describes their use of the 'Statement of Position Map' as a way of centring women's knowledge and experience. They describe this as particularly important in work with women who have survived sexual assault as they continue to be affected by the operations of power that lead to abuse, and that silence or condone it.

Single-session work is a fine balance. It is always important to hold on to hope as a therapist, particularly when someone presents as hope-less at a given moment in time. And yet it is vital for the therapist to remain de-centred, to avoid pointing out positives and strengths, to avoid giving 'expert advice'. It is harder, but more rewarding, to create the context, the scaffolding, to enable the person to make their own new meanings. The exploration of the problem and the woman's responses to it may allow light to shine in areas previously hidden. The person finds the gap for hope themselves. Abuse takes away power; it silences. This approach gives some power back, and brings the woman's voice to the centre.

## Deconstruction in single-session work

Externalising conversations opens possibilities for deconstruction by providing space for the person to take a position in relation to the problem (White, 2006a, p. 43). Michael White described deconstruction as stemming from a 'critical constructivist' perspective, in which a person's life is seen as being shaped by the meanings they ascribe to their experience, informed by their place in sociocultural structures, and by the language and cultural practices they are recruited into (2006a, p. 24). Like externalising, deconstruction provides a space for survivors of sexual violence to dismantle societal assumptions, attitudes and structures that shape and sustain harmful and internalised beliefs. Deconstruction invites a person to consider how they may have been recruited into a certain view of themselves, and how this view is maintained or strengthened.

Deconstruction was used to tease out dominant ideas that Kim had internalised and that were causing distress. Kim had survived multiple interpersonal traumas (complex trauma). She had also recently received a diagnosis of OCD (Obsessive Compulsive Disorder). She had been linked with a new OCD 'expert' counsellor, and felt troubled by a recent session with them. The OCD counsellor had told Kim many things about her diagnosis that contradicted the knowledge Kim had developed through trauma counselling. She felt adrift from her knowledge and felt that she had been doing 'everything wrong'. This had spiralled into thinking that she was a 'bad mother' and was also experiencing feelings of isolation.

I did not wish to undermine another professional's way of working. Holding a de-centred position, I directed my curiosity around the following questions:

- How, did Kim feel that she had been recruited into this view of herself?
- What did she think allowed or facilitated this recruitment?

Once Kim had gained some distance from the idea of herself as 'someone with OCD', she was able to better access her existing knowledge about dealing with the symptoms of OCD. For example, she was able to link the 'OCD loop' with the notion of the 'punitive parental voice' that she had come to an understanding of through trauma counselling. This helped create some distance from the image of herself 'doing everything wrong', and gave her some agency. By opening space to critique the dominant power structure that positions therapists as experts, and patients the recipients of their diagnoses and treatments, Kim's own knowledges and skills could be accessed, elevated and honoured.

A feminist approach to deconstruction can link women together as a collective. Feminism has a way of illuminating issues that are made very difficult to see within the patriarchal structures under which we live. Naming these issues within the therapy space, and working to locate, illuminate and push back against them, can also be seen as deconstructive practice. A woman might be asked about ideas in society that might tell women survivors certain things about their experience, locating their individual experience within social cultural structures.

Kim had felt recruited into a view of herself as 'doing everything wrong' precisely because of structures that had historically made her feel that the violence she had experienced was 'her fault' ('I should have said something', 'I should have stopped it'). Her work with trauma counselling had, over time, allowed her to name these structures as victim-blaming. By using deconstruction in a single session, Kim was able to tune back into an understanding of herself as a survivor, and to access what she had learnt

about herself over time. She was also able to link with a collective of women survivors, which disrupted the sense of isolation she had been feeling.

It is important when considering the deconstruction of harmful structures of power that the person is not overwhelmed by the immensity of it all, that the enormity and pervasive nature of structural and intersecting inequalities do not render the person powerless or feeling as though 'there is no point'. This is aided by the turning tide when it comes to women's issues. The #MeToo movement, for example, has demonstrated the power of women's voices being heard and joining together collectively. Some of the ways of ensuring that a person does not become overwhelmed by the illumination of inequalities are demonstrated below, in relation to re-authoring and re-membering practices.

# Re-authoring

It is not the role of the therapist to rush towards desired outcomes. Rather, single-session counsellors let the person go at their own pace, giving them control in the therapeutic space. Re-authoring conversations draw on the notion, borrowed from Jerome Bruner (1986), that stories are made up of two landscapes: one of action and one of identity (White, 2004, 2007). The landscape of action holds events linked over time. The landscape of identity is comprised of skills, knowledges, values, beliefs, hopes, and dreams.

Opportunities for re-authoring and double-story development were described by Michael White as being enabled early in the therapeutic process by a focus on that which people give value to (2004, p. 46). For people who have experienced multiple traumas, a shrinking of the 'territory of identity' has often occurred, making more difficult to locate that which they value, that which gives meaning to life (2004, p. 46). Trauma is restrictive. Managing trauma effects (nightmares, flashbacks, dissociation) limits opportunities to live life fully outside of trauma. Landscapes of action and identity are interlinked and when traumatic experience and patriarchy combine, survivors' identities may come to be defined through a storyline dominated by the prevailing question of 'Why me'? Behind this question is a dominant belief that the person is in some way deficient, that they were abused because of who

they are. This is reinforced by the colluders of abuse: secrecy, shame and guilt.

Laura is a survivor of multiple traumas, including childhood sexual abuse. When she called for single-session counselling, she was having difficulty fighting urges to self-harm by restricting eating, cutting and purging. Laura was able to externalise these urges, describing them as 'The Monster'. Laura stated that she had been dealing with The Monster since she was 14. She was now in her 30s. It was therefore suggested that she must have a lot of experience in dealing with The Monster and how it operates. Through questions, a unique outcome was discovered. Recently, her sister had visited her from interstate, following the breakdown in her relationship. Laura spent a weekend caring for her sister, and during this time, The Monster was 'not so loud'. It was there, but its effects were limited to just being present. Curiosity was expressed about this, and I sought to explore this unique outcome and to link it to other events over time. Only by linking events do second stories become richer. I asked:

- Have you done or experienced something like that before, where The Monster became quieter?
- What do you think made this possible?
- What do you think was guiding you during this time?
- What do you think made The Monster less present?
- Have there been other times when caring for others has made The Monster less present?

An alternative picture began to emerge from the shadows. Through these gentle questions, Laura was able to recall a time when she was in her 20s when she had been discharged from an inpatient unit and had gone to live with a close relative. This relative had an old dog which they would take to the park every day. The dog didn't require much walking, but required a lot of love and care. This was a time in which The Monster was not really around, when she was looking after someone else. Further questions were asked about this unique outcome:

- · What do you think made this possible?
- What do you think was guiding you during this time?
- What do you think made The Monster less present?
- · What was it that you were hoping for?
- What does it say about you, do you think, that you were able to evade The Monster during that time?
- It was important to ensure that questions were asked about the landscape of identity to highlight that which Laura gave value to:
- What does this say about what you give value to?
- · Why do you think this is important to you?
- What do you think it says about what you care about?

These questions were asked in a bid to thicken this story, while also inviting Laura to reflect on what might be possible in the future based on what she had discovered about herself in the conversation. As a way of linking back into trauma-informed practice, the session ended by exploring ways in which Laura might find it possible to reflect some of those values, like care for others, back on to herself.

In single-session work there is less time to dedicate to deconstruction. With counselling in response to trauma, a large part of the work can focus on grounding, to allow a person who is dissociated to feel safe and present. But when someone is grounded, there is all the more reason to highlight and develop second stories about resistance to trauma, and the values that underpin both resistance and survival. Double description allows for events to be described in different ways, opening up new possibilities, and working against dominant beliefs that come from patriarchy (victim-blaming) and psychiatry (the person is the problem) (Kamsler, 1990).

# Double listening and double-story development

Double listening was described by Michael White in his work with trauma survivors (2004). It involves listening not only for the effects of the hardship/injustice but also for a person's *response* to trauma, for what it is that they value. People are always responding to trauma, in a variety of ways. Sometimes it is very difficult for them to access or see these acts of resistance because of other dominant themes: shame, quilt, hopelessness, fear. Double listening was described by Michael White as a 'posture' in conversations which allows a second story to be more richly described (2004 p.46). Because a single session may be very content driven, double listening is particularly important in order to draw out the person's responses to trauma, which in turn helps to highlight the knowledges and skills that underscore these moments of resistance. Michael White described people's responses to abuse as a form of 'counterpower' (2004, p.56). For survivors, these responses are often hidden, and are rarely developed into a storyline, even though they demonstrate incredible skills.

When Emily accessed phone trauma counselling, she expressed feeling extremely low. Negative self-talk had been present all day, and by the evening she was not feeling able to cope. She had been triggered recently by an argument with a friend in which they had told her she made herself 'emotionally unavailable'. Through questioning, it was discovered that being unavailable was a tool Emily used when she was feeling vulnerable. It was a tool that she had used as a child when she was being abused by an older family friend. In response to enquiries about this 'unavailability', Emily describe it as like 'an armour'. Through exploring this notion of 'armour', different modes of resistance to abuse were uncovered, as were ways in which some of these responses had been adaptive, helpful and protective, and ways in which they had also negatively affected relationships in other areas of Emily's life. Through identifying her practices of resistance, Emily was able to unlock a view of herself that had been inaccessible: a vision of herself as fighting back against abuse. By shining a light on this alternative narrative, Emily could then begin to identify other ways in which she resisted, and her skills in resistance, which further enriched the second story.

# Re-membering conversations

Re-membering was described by Barbara Myerhoff (1982) as a 'special type of recollection ... the reaggregation of members, the figures who belong to one's life story' (White, 2006b, p. 109). Michael White (2006b) adapted Myerhoff's ideas to invite exploration of a 'club of life' metaphor, in which the people in one's life have parts to play, with varying degrees of centrality and involvement. In single-session work, it is hard to elicit a full description of a person's 'club of life'; however, re-membering practices can be an important part of exploring relationships illuminated by unique outcomes, enabling us to elevate or draw closer those who have been helpful to or supportive of the survivor. This process hands control over to the survivor, offering them a greater say in whose voices are recognised and the ways in which they contribute to the person's identity. There are a number of ways to approach and incorporate re-membering in single-sessions, one way is by tracing the history of the person's skills.

Raidah accessed a single-session of phone counselling after the death of her stepfather who perpetrated sexual abuse against her from the age of six. Her mother, who experienced physical and verbal abuse at the hands of Raidah's stepfather, had been unable to do anything to protect Raidah, and blamed his behaviour on his alcohol abuse. In later years, once he sobered and not acknowledging the extent of the abuse, her family had encouraged Raidah to make amends with her stepfather, to 'put it behind her' and to 'move on'. Raidah felt sure that she was unable to attend the funeral, and found herself feeling isolated and triggered. Many emotions had resurfaced, such as feeling let down by her family, unsupported, not heard, and wronged. She was experiencing high levels of anxiety, flashbacks and nightmares. Raidah felt that at this time, the coping strategies she had developed over time were overwhelmed, rendered inaccessible.

By asking Raidah to describe the problem ('The Black Wave'), its effects and whether there were times when it was more or less present, she was able to identify that she felt grounded when she played the Celine Dion song 'My heart will go on'. This was her and her best friend's favourite song when they were children, from their favourite film. She always felt safe at her friend's house. This

was explored in some detail. I asked about what made her feel safe, and explored times when she had felt safe at her friend's house. Raidah was able to recount happy memories such as sleepovers and 'movie marathons'. Lingering here strengthening the notion of a safe, separate space where Raidah felt supported, protected and cared for.

Raidah said she had been playing the song frequently since her stepfather died. Questions were then asked around this skill, of knowing that when she felt triggered and isolated, the song would soothe and ground her. She said she had developed the skill because a teacher at her high school had encouraged students to use music to tune into their emotions. Through this conversation, Raidah was able to connect to safety through her friend, and a skill she had developed through a caring teacher. These relationships were reinstated and elevated in Raidah's 'club of life'.

Another way of using re-membering in single-sessions is by bringing people into the conversation. Re-membering practices are based on a poststructuralist understanding that our identities are forged through our relationships with other people. Sexual violence is isolating. It is a violation that occurs in secrecy, bound by silence, and reinforced by shame. Re-membering is contrary to this, actively breaking isolation by pulling an individual or individuals into the space, and connecting the survivor to others.

Raidah spoke of telling her childhood friend about the abuse she had been experiencing at home (disclosure, as Kamsler (1990) suggests, is a unique outcome in the face of secrecy). This was an opportunity to invite re-membering. I asked:

- What made it possible to tell your friend about the abuse?
- What was that like, to speak and be believed?
- I then sought to invite this friend's perspective on what was currently happening in Raidah's life:

- What would your friend think about the way in which you're managing at the moment?
- Would your friend be surprised that you're using the song in that way?

This conversation not only gave life to a third person as witness, but Raidah was also able to richly describe, in her own way and using her own words, a narrative that was outside of the dominant discourse of secrecy, isolation and shame.

### Conclusion

This paper has sought to explore some of the ways in which narrative approaches can be used in single-session telephone trauma counselling work. Some people face barriers in attending ongoing face-to-face therapy. We must therefore highlight opportunities to be therapeutic in other spaces, in other ways. The following narrative tools were explored in relation to single-session work: externalising the problem and exploring its effects, using deconstruction to allow a position to be taken on the problem, tuning in to 'counter-power' or resistance, re-authoring and re-membering. These tools allow for a second story to be developed, and unique outcomes to be explored and enriched.

#### Note

1. Rape Crisis England and Wales has defined a traumainformed approach as one that sees survivors' reactions as normal responses to trauma (Rape Crisis, 2015). This is important as it normalises symptoms and behaviours that have historically been pathologised or seen as signs of weakness, deficiency or deviance (Kamsler, 1990). By declining invitations to medicalise a survivor's response to trauma, or to 'treat' them, one is able to walk alongside the individual as they regain a sense of control, safety and connection to others, and move towards their own notion of recovery. Blue Knot explicitly details in their clinical guidelines the importance of understanding symptoms as adaptive (Kezelman & Stavropoulos, 2012, p. 4). It is important to work with the person impacted by trauma in a way that empowers them to recognise their existing resources. These resources are based on the expert knowledge of the person, which fits with narrative ways of working.

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