Integrating narrative practice into alcohol and other drugs counselling

by Heidi Bosch

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Abstract

This paper reflects on integrating narrative therapy practices into an alcohol and other drugs context. It includes examples of these techniques with clients, highlighting externalising conversations, re-authoring conversations and the migration of identity concept. It also describes how therapeutic letter writing has been used in this context to provide an opportunity for people recovering from addictions to tell and develop their own stories.

Key words: narrative therapy, AOD, alcohol and drug addiction, externalising, re-authoring, migration of identity, therapeutic letter writing

In some of the contexts in which I have worked as an alcohol and other drugs (AOD) clinician, I have been required to use Cognitive Behavioural Therapy (CBT) and other prescriptive strategies to assist clients to overcome addiction. This has included teaching people about relapse prevention, harm minimisation methods, coping strategies, stress management, the desire to change, emotional regulation, problem-solving and how to set goals. The Transtheoretical Model (Prochaska & DiClemente, 1983) with its five stages of change is used to categorise people according to their readiness to change; whether they are in the pre-contemplation stage (not yet thinking about benefits of change or consequences of use), contemplative stage (considering consequences of behaviours), preparation stage (ready to take the first steps to recovery), action stage (changed behaviour with intentions of continuing change) or the maintenance stage (maintaining change and actively working to prevent relapse). I have at times been required to give clients a handout about these 'stages of change' and to ask them where they see themselves in these terms.

These practices carry operations of power into the therapy room (Bess, 1988). Harm may be caused by categorising people without considering their specific life experiences and social contexts, and by neglecting to honour their own understandings and values in relation to what's good or appropriate for them (Unitarian Universalist Association, 2012). We need to find ways to acknowledge the influence of social problems and the power relations that penetrate our work in the AOD field. If we fail to do so, we risk further isolating, marginalising and discriminating against people, and moving them further away from opportunities to realise their own dreams and desires. Instead, as we walk alongside our clients as they separate from addiction, we can draw on insider knowledges of survival, resistance and courage grounded in personal, historical and/or cultural values (White, 2000b) to provide a non-pathologising basis for supporting desired change. Narrative practices can support this.

Over some years, I have been working to find ways to integrate elements of narrative practice into prescriptive AOD practice contexts. I began by introducing externalising practices: naming problems, listening for alternative stories and exploring clients' agency and resistance to the effects of problems (White, 2007). These practices fit within the CBT concepts of 'harm minimisation', 'coping strategies' and promoting 'desire for change'. I found the 'migration of identity' (White, 2000a) metaphor was particularly resonant during these conversations as I became aware of stories of movement, they reminded me of childhood holiday preparations and journeys. I also started to introduce therapeutic letter writing (White, 1995a), not only as a means to document people's stories but also to co-research possible new meanings with clients. I found that clients, especially those mandated by courts to consult with me, who were hesitant to open up in person were more likely to respond to questions posed in letters, as they were less confrontational and more aligned with their own life experiences and skills. These practices, and their adaptation to the AOD context, are described below.

Migration of identity

Introducing the migration of identity metaphor (White, 2000a) as a road trip, I often begin by inviting a client to tell me about a holiday experience they have had, and what their preparations for this trip entailed. I use their story to demonstrate how separating from a problem, may be viewed as a journey of sorts. We consider the preparation that may be needed for this trip, the experience of separating from the familiar and moving into unfamiliar territory, challenges that may be encountered along the road, and the possibility of turning back for a time. I also introduce the three phases that constitute a rite of passage – separation (from problem), liminality (in between) and reincorporation (moving forward) (Turner, 1969; van Gennep, 1960) – and map this out visually on a whiteboard. My clients have told me that the migration of identity metaphor has been helpful to them. It has helped them to be 'on the lookout' for challenges, reminded them of their support networks and their own skills for living, prompted their thinking about different possibilities, and provided a sense of being 'normal', knowing that others have gone before on similar journeys.

I recently had the privilege of working alongside two unrelated clients; Dave and Mary.1 Both had self-making stories (Bruner, 2003) that included narratives of 'worthlessness', 'looking bad', 'feeling ashamed' and experiencing pangs of 'guilty conscience'. Dave had started using alcohol at gatherings and celebrations. He did not experience any adverse effects until he experienced relationship problems and the pain of being separated from a child born after several years of IVF treatment. Mary also understood the pain of losing a child, having experienced miscarriage. She was given morphine for the physical pain and found that the

medication also numbed her grief. After the prescription ran out, Mary continued numbing the grief with over-the-counter opioids. Both had decided that they needed help with substance dependence. They had been on the addiction train for between four and 12 years, trying to disembark at key stations in their lives, but finding life more familiar back on the train. Dave had been court mandated to attend AOD counselling. Mary had been 'forcefully' encouraged by family and friends to seek help.

Dave and Mary had strong family support, despite addiction having run riot in their lives causing all kinds of mayhem including recruitment of stealing, lying, withdrawing, isolating, crying, die thoughts, anger, swearing, out of control, and manipulating, which they identified and named. Mary named her problem 'the numb'; Dave called his problem 'scared to be alone'. Both had reached places in their lives where addiction was being exposed. During consultations, we examined some of addiction's effects on their lives. Mary spoke about lying and stealing from her family while addiction was around, and about her voluntary admission to a psychiatric hospital to chemically withdraw from her addiction.

Heidi: What did you know about yourself when this was going on?

Mary: I knew that I was a disappointment to my family.

Heidi: How did you know this?

Mary: My family told me they wanted the 'old' Mary back.

Heidi: What does this speak to, for you?

Mary: I know my family loves me.

Heidi: Was the old Mary the same Mary who checked herself in to hospital for help, or was she different?

Mary: I just knew it was time to do something. I couldn't go on like that.

Heidi: What would you call this skill of doing something?

Mary: Getting back up, I guess.

I then asked Mary why this was important, and we explored how she had learnt this skill of 'getting back up' and how she might use it in her journey.

Dave spoke about addiction's effect on his life during the 'forced' one-year separation from his child.

Heidi: Can you tell me more about this?

Dave: Alcohol mostly kept me company during that difficult time.

Heidi: When alcohol was around, what was it like?

Dave: My behaviour wasn't helpful to others or myself. It made me look bad.

Heidi: What did you know about 'behaviour' making you 'look bad?' Do you know others who have also struggled with this problem?

Dave spoke about witnessing 'behaviour' (related to alcohol) affecting other adults when he was growing up, and described knowing that it was wrong. I followed up with scaffolding questions.

Heidi: How did you know it was wrong?

Dave: It's just one of those things that you know.

Heidi: What hopes might be linked to this idea of looking bad – and can you tell me more about the knowing, and what this means to you? (my intention of externalising 'know' into 'the knowing' was to remind Dave that this 'knowing skill' was linked to his own values).

Dave further described about his childhood experiences and values, and also spoke about his hope to avoid repeating old family habits. I asked, 'is the "knowing" a skill that you could use in the future, and how would you use it?' We discussed Dave's hopes of being reunited with his child and how the 'knowing' of past experiences might help him reach this goal.

When we considered the reincorporation phase of the migration of identity map (White, 2000a), Mary and Dave spoke about their preferred ways of being. Both identified their team of support people and made plans to counter the lost, the worthlessness, the emptiness and the negative thoughts, which may challenge them along the way. During my initial session with Dave, as part of explaining the migration of identity process, I had drawn a toolbox on the whiteboard. He jumped out of the chair, pointed a finger at the whiteboard and said 'That's it! I need a toolbox!' Both Dave and Mary identified tools for continuing their journeys. The tools included connecting with family, taking the dog for a walk, meeting with a counsellor, swimming, going to

the gym, writing poems, playing golf, going to work and keeping the end goal in sight. Mary saw her destination as 'being believed and accepted back into the family'. Dave's objective was being reunified with his child and feeling free to move on to a new relationship.

Below is a collective migration of identity example co-created by clients and myself to demonstrate shared knowledge of journeys away from addiction.

<table>
<tr><th>Separation phase</th><th colspan="2">Liminal phase</th><th>Reincorporation phase</th></tr>
<tr><td>Separation from opiates and alcohol.

Externalised naming: 'the numb', 'the hidden', 'the scared to be alone'.

Planning the trip.

Thinking about potential challenges and the tools needed to reach the destination.</td><td>Missing familiar things and deciding that things were easier before.

Returning to the separation phase</td><td>Reflecting on all the work done so far. Using the 'toolbox' of strategies to counteract the challenges and move towards a new future.</td><td>Reunification with child.

New relationships.

Drug and alcohol-free.

Getting life back together.

Trying for a baby.

Buying a house.

Being believed.

Being accepted back into family.</td></tr>
<tr><td colspan="4">Challenges
Worthlessness, emptiness, negative thoughts, cravings, temptation, peer pressure, Facebook, lonely, bored, life problems, grief.</td></tr>
<tr><td colspan="4">Toolbox
Keeping significant people in thought; connect with family; walk the dog; attend counselling; swim; go to the gym; write poems; play golf; go to work; keep end goals in sight; self-discipline; God; industriousness; build self-knowledge; practice self-care.</td></tr>
</table>

Mary and Dave participated in counselling for 15 or more sessions over a period of a year. Following up with them after they stopped attending counselling, they told me that they had learnt a lot about themselves and found the counselling useful, particularly the migration of identity concept (White, 2000a) and the therapeutic letters (White, 1995a). Dave said that the questions I had posed in the letters 'helped me think outside the square'. Both had enjoyed abstinence from substance use.

Therapeutic letter writing

AOD clinicians are familiar with case notes, which we write up after consultations with clients, and with referral letters, court reports and intake and assessment forms. Most of these documents are prescriptively structured and typically focus on 'expert' knowledge (White & Epston, 1990) and use 'medicalised' language. The more I read these documents, the more I became aware of the ways in which they represent people's identities; they are focused on the experts' assessment of their deficits.

The socially constructed narratives of some of my clients contain 'shirt sleeve to shirt sleeve' knowledges (handed down through families) and experiences shared by others in the same boat. They are products of specific histories and cultures. Some of these ways of thinking may have remained unchanged for several generations. Other knowledges may have been modified through experience and imagination, sometimes giving birth to an 'encyclopaedia' of unhelpful culturally embroidered ideas. Without considering where these ideas come from, 'experts' may inadvertently produce case notes situating people's difficulties in the context of personal deficits rather than social contexts and lived experience. Through language such as 'client has delusional thinking', 'client is in denial', 'dependant alcoholic', 'violent drug offender', practitioners deprive people of their uniqueness, enacting a form of discrimination through a kind of passive judgement. Sadly, such labels seem to follow clients from service to service.

My clients are so much more than the 'truths' documented by experts. Attending to the neglected narratives of people's experiences can lead to multi-storied conversations that take the focus away from

negative self-stories. Therapeutic documents arising from these conversations can open up exploration of new narratives about what people hold dear (Freedman, 2012; White, 2000b). Early in 2017, I started using clients' own words (White, 1995a) instead of AOD terms in my case notes. I discovered that my notes were capturing more of the contexts of people's lives. This prompted me to write my first therapeutic letter. It was handwritten and included several words and phrases that the client had used during our first session together. It posed tentative questions in the hope of finding 'golden threads' of a new story.

Following is an excerpt from a conversation that followed the writing of a subsequent letter posing questions to a client.

Heidi: I was curious to hear you talking about your ability to 'keep on going'. Why is this important to you?

Trevor: I've always been able to keep going. Ever since I was 14 and on the street, I managed to keep going. There's no-one else going to do it for me.

Heidi: When did this become important in your life?

Trevor: Probably first when my 'step-parent' used to hit me across the head with a poly pipe. I knew I had to keep going but now I know that if I don't keep going, I'm going to die.

Heidi: Who else knows about 'keep on going'?

Trevor: My worker and my grandmother, they know.

Heidi: What might this mean for your future?

Trevor: I want to keep going for myself, and I want to do my grandmother proud.

At the start of the session, I had given the letter to Trevor: and asked if he would mind reading it out loud, as I would appreciate feedback on the accuracy of what I had understood and written down. Trevor looked shocked and said, 'I have never received a letter from anyone before, not even when I was in jail'. Full of emotion and teary, he commented that 'that's exactly what I told you'. He said, 'I feel acknowledged as a human being'. This was a profound experience for me as I realised what enormous power words have. It also reinforced the significance of accountability to the people I work with in relation to my notes and other documentation.

Documentation is a very scary word
When it's used by a system to oppress
But the unspoken words that cry to be heard
Can be rescued for upliftment and redress

Collectively embracing change of thoughts
From draconian laws to gentle of mind
To write and invite, perhaps we might
Succeed in developing 'kind'

De-centring our work with combined living docs
And adding care teams to the mix
Some songs would be good too and laughter and food
To outsmart that bag full of tricks

Adding power to our journeys
Through collective ideas
The learnings of strength, joy and courage
This knowledge will grow and Inform us to know
Alternative stories to forage
Heidi Bosch 2018

After my initial therapeutic letters, I revised the process slightly. Instead of asking clients to read their letter aloud, I ask them if they would like to read the letter or if they would feel comfortable for me to read it. Another modification I made with ethical practice in mind was to stop posting letters to clients, due to confidentiality issues if others intercepted their mail. These revisions resonated with my commitments around ethical practice; and on reflection, a response to dominant ideas and experiences of mandatory counselling, thus challenging the existing power imbalance that penetrate the work in the AOD field.

Therapeutic letter writing has become a way to document and then reflect on sensitive issues. I have found that this supports externalising practices – even the letter is outside of 'the problem'. Letters also create tangibility for people who understand things physically and visually. Having a written story to reflect on provides uninterrupted access to rich explorations of what the client has said, beyond the one or two issues that I may have responded to during the session.

Following are samples of the therapeutic letters I wrote to Dave and Mary, whose stories were introduced above. I have omitted identifying details in order to preserve their confidentiality. They have given me permission to share their stories.

Letter to Dave

Hi Dave,

Thank you for coming in to see me today and for sharing the past few years of experiences with me. I could see it wasn't easy for you to re-live some of those experiences.

In my work with people I share what we speak about in what is called 'therapeutic letter writing'. My intentions for doing this are to maintain transparency in my work and to be accountable to the people I work with for what I record.

I'm inviting you to read how I interpreted what you told me, and I would like you to change anything or explain further if I've got things wrong. I might include questions in this letter if something you've said pops up for me.

The letter continued on to describe what Dave had told me of his life story and what we had discovered through using the migration of identity map to plan his journey. It outlined the discoveries we had made about challenges Dave might face along the way and the toolbox of supports that he had identified to overcome them. We discussed some elements of the letter during the following session.

Heidi: I'm wondering about 'looking bad' when 'alcohol' is around?

Dave: I've seen other family members using alcohol. 'Looking bad' doesn't sit right with me. I want to be a good role model to others.

As we spoke further, we discovered other values that were important to him and I asked:

Heidi: If you could choose something of value or some words of wisdom shared with you from someone, what would it be?

Dave: My ex-boss said 'be an observer, don't just react'.

Later, Dave commented that he intended to keep our letters as a reminder of the opportunities for life that transported us when exploring his story.

Letter to Mary

Dear Mary

[An introduction to therapeutic letter writing and my ethical intentions]

Thank you for coming to see me and bringing some of your family members to support you. Your family were hoping to find a CBT practitioner as one of them was employed in the medical profession and thought that it would be most helpful for you. I explained a bit about how the context of people's lives are important and how underlying problems may have influenced how a person moves forward in life. I gave you a few CBT handouts about harm reduction and coping strategies.

You and your family immediately started talking about the grief that came into your life. Your family said that was when the addiction problem started. I asked you if you could name the problem. You looked a bit confused about the question but said 'I would probably call it "numb" because it numbed my pain'. I asked you if you could tell me more about 'numb'. You spoke about the emotional pain you felt after your loss. You said you didn't believe that your family understood your pain. At that stage of the session, we all had tears in our eyes.

Your family talked about the effects that the numb had had on your life. They said the addiction had caused havoc on relationships within the family, and had interfered with finances, trust and respect. You quietly started speaking about the guilt, hopelessness, shame and suicide thoughts that live with you every day. [Externalising]

I asked your family what had sustained them through these several years of the numb being present in your life. They collectively agreed that 'we just want the old Mary back in our lives'.

I asked you what these things speak to you of, and you replied 'I have the love and support of my family. I want to get my life back. I would like to have a job again, be independent and in the future maybe have a child'. [Double story development]

You then spoke about the huge step you had taken to find help with the addiction, and you said that you are taking prescription medication to help reduce the cravings. [Tools for the toolbox]

It was a long and emotion-filled session but we all felt that everyone had been acknowledged and heard, and your family were happy for us to continue our sessions on your own.

I'm looking forward to meeting with you again next Tuesday.

Warm regards,
Heidi

Letter to my mother

I would now like to introduce the reader to my mother, Ellen, who has been teaming with narrative ways of working to influence my practice:

Ellen passed away unconventionally, taking her own life after addiction re-entered her life in 1992. I recently became aware of a 20-minute radio interview about my mother Ellen's 'addiction'. I believe that, as she shared her story publicly, I have an obligation to pass on her thoughts and experiences about her long journey with alcohol. My intentions for writing a therapeutic letter to her were firstly as a personal cathartic exercise, secondly to demonstrate narrative techniques used in the therapeutic letter, thirdly to find out how AOD treatments may differ/be the same since the '90s, and lastly to pass on her story in the hope that her suffering might provide a sense of courage for others, and perhaps contribute to changing the methods that are used in treatment services for people suffering the effects of addiction.

Dear Mom,

It has been 26 years now since you left this world. There is so much that I would like to tell you about my life and the wonderful grandchildren that you knew, and those who came along after you were gone. I have met some wonderful people along my journey, especially my husband, Will, and they have supported me through some of the tough times.

For a very long time, I could not bear talking about you or even looking at photos. The family photos were hidden for many years. It was just too painful.

When I was doing my placement after I graduated from university, the psychologist I was working for asked me what type of counselling I had not yet experienced. I replied, 'drug and alcohol'. He said, 'Great, we'll get your little hands dirty in AOD'. I was horrified. All the memories of how alcohol had affected our family in the past flooded back. I was afraid of how my judgemental attitude to addiction, set in stone at this stage, was going to work in an AOD context.

My introduction to AOD work included facilitating 'drink driver education' courses. As I became aware of some of the contexts of these people's lives, I started developing new understandings and I became less judgemental. I also started thinking about the position of power and influence clinicians have over the people who consult with us. I am curious about whether you experienced this.

One day, quite randomly, I received an email with an mp3 attachment from Eric [my cousin]. It was a 20-minute recording of an interview that you had given. I was really scared to listen to your voice, but it was good to hear you again. I have learnt many new ways of helping people to understand their journeys with addiction, and I have now added your story to a collective case study in the hope that I am able to find knowledges, past and present that may bring about change in current treatment methods for people journeying with addictions.

The interviewer asked, 'when did your problem start?' You said that you grew up in a home where alcohol was never used. The first time you consumed alcohol was champagne on your wedding day. You mentioned that you enjoyed a relatively active social life, but not overly active. You went on to say that you started to 'drink innocently at social occasions', when it was usual to have wine served at table. (I am wondering what the origin of this experience is 'to drink innocently', is this your idea or where might this idea have come from?)

You reflected that drinking alcohol had not become a problem that you were aware of, until you felt that you were unable to cope or did not want to cope with life's stressors. You said it was easy to have a few drinks as it helped you to relax, it helped you to forget your immediate unhappiness. When you had a problem, it was easy to think 'oh well, let me quickly have a drink'. Sometimes, however, this did not achieve the required effect and you would have another drink. You would then think 'well, now I feel so much better, I'll just have one more drink'. That's how it carried on and on.

You described this as a means to escape; it was after the birth of your children, when they were still school aged. You believed that your family was aware that you were using alcohol to deal with problems. You said that you did not drink every day, but when you began to drink, then you just kept on going as it did not matter. Whether it was two or three drinks depended on how you felt emotionally. You described it as 'a chain reaction'. Mom, you added that you used to drink at home but never over-imbibed at social events. On these occasions you 'kept your pose', and therefore not many outsiders knew that alcohol was a problem. I'm having a guess that if I asked you what you would call this problem related to alcohol, you might say 'the hidden'.

You said that as you went through different phases in your life, you realised that drinking alcohol had become problematic. You had often tried to quit. At times you managed sobriety for three to six months and then you would start over again, drinking alcohol every day or every second or third day and then you would quit again. This pattern was repeated over a period of 10 years during which you believed that you were not in any threatening danger. Mom, you said that you believed that you were still in control and could quit at any time, and you did, often. I'm wondering about how you managed to quit so often.

You did not believe that you were in denial. You realised that there was a problem because of your religious upbringing. You said that you were ashamed and experienced pangs of guilty conscience and this motivated you to stop drinking and try again. I'm wondering if this guilty conscience and religious upbringing were helpful, unhelpful or something else. I would ask more questions to deconstruct false 'truths' like the lies that 'ashamed' talks to us about while it loiters with intent (White, 2007) to support 'the hidden'. I would look for unique outcomes and inner values that motivated you when 'ashamed and guilty conscience' wasn't around. Courage perhaps.

When the interviewer asked if anyone else knew about your drinking problem, you said that one or two of your friends, specifically one female friend, knew about the problem. They never spoke about the problem to you and you thought that your friends may have regarded the topic as a bit sensitive. Because you were such good friends, you thought that your friend may have assumed that you would work the problem out on you own. You reflected that perhaps if one is truly a good friend, one might be more active in trying to support a person with an alcohol problem. However, you also believed that not 'any person' can actually help someone with an addiction. I wish I could ask you to talk some more about 'not any person can help', I think this could have been important knowledge to share.

Mom, you said that you were lucky that your family helped you. They confronted you and said that things could not continue. At that stage, you realised that you could not go on as you previously had. You understood that you could go no further. I remember the confrontation included a legal order by the doctor of a 'no choice option' of going to an alcohol rehabilitation clinic in Cape Town, South Africa. You agreed to go.

You described the situation as strange. You said you had to leave the 'protection' of your home, where you were safe to hide away. I noticed you talking about home being a safe place to hide away and I'm wondering if 'the hidden' also knew about home being a safe place to hide away because it wasn't around much when you were in public places. You left this place of protection to be among strangers, and this was very scary for you. You felt exposed and said it took a lot of courage to go public and to say 'here I am'. I wonder how you found this 'lot of courage'. How would you describe it? What name would you

give it? What does it look like or feel like? What would it look like, sculptured in clay?

You said at that time you thought about how other people might see you and what they might think of you. You also wondered how you would be treated in a place for alcoholics. You admitted that you felt rebellious in your heart and soul. Was 'rebellious feelings' something that supported 'courage' or was it something else?

The treatment program ran for a period of five weeks and it was very structured. The days were filled with activities. People would get up, get dressed, make coffee, make their beds, have breakfast, watch videos and movies and do relaxation exercises. There were work therapists available, teaching people crafts such as needlework, woodwork, pyrography, glass printing and other things.

Mom, you said that you began to learn how to use your free time in more meaningful ways. You said self-discipline was important in recovery. You admitted that you felt irritated by the ringing of a bell to signal activities but realised how important it was, especially as you believed that you had lost control of your life. You said it taught you that there are times for eating, times for sleeping, times for exercise and times for rest.

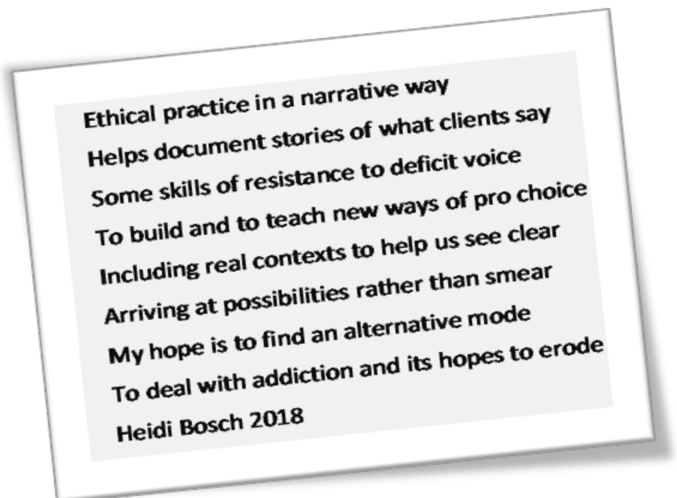
You said that instead of using alcohol to deal with your problems, you had peace of mind to go to God with your problems, even though you said that your problems had not changed. You concluded the interview by saying 'God is now here to do it for me, because he promised. I was just too dumb to see it'.

Thank you for sharing your story so publicly. Your brave fight against secret struggles over so many years really stood out to me as acts of courage, as well as love and kindness for your family, because you just kept on trying.

Lots of love,
Your daughter Heidi

I think the letter shows that Ellen had a similar story to others suffering addiction. Writing a therapeutic letter was incredibly meaningful to me in terms of asking the narrative type questions, it opened up new meanings and possibilities that I had not thought of before. It has helped me work through unacknowledged grief and it has encouraged me to continue finding new ways of working with others.

This paper discussed clients' contexts, current 'best practices', hidden agendas for the construction of power, ethical considerations around practices of accountability and responses to operations of privilege. It also demonstrated the use of therapeutic letter writing and the migration of identity concept. Historically, AOD counselling and support groups have followed prescriptive practices. Some of these practices have been biased towards research drawn from the principles of CBT; having assumptions that prescriptive strategies will be effective in changing behaviour regardless of life circumstances. It is my hope that people may be invited by this paper to think about new ways of asking questions, new ways of walking beside clients, and new and authentic ways of documenting stories and 'knowledges' in different and unique contexts.



Notes

1. Pseudonyms are used in this paper.

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