

PART 1

Her story re-authored: Double-storying hope and despair with young women

This section is about re-authoring stories of young women who are suffering from the effects of hopelessness. ‘Hope’ is the central theme in these pages: experiences of losing and finding hope, and of hope waning and re-emerging. Double-storied accounts (M. White, 2006c) will be highlighted throughout. Waiting to be discovered alongside every story of hardship and despair are stories of connection to others, of hopes and longings, of dreams for a better life, of skills in living and surviving, and of cherished values.

These chapters are informed by the many adult women who have taught me so much about having reclaimed their lives from the effects of childhood abuse and trauma, and by those who continue to suffer as a result of difficult pasts. All of these women strengthen my commitment to working alongside young women. I hold on to the hope that negative identity conclusions can be disentangled earlier in life, so that they don’t dominate women’s lives in years and decades to come.

Chapter 1 sets the context of my work alongside young women who have faced ongoing injustice and oppression. In responding to stories of despair, the significance and importance of hope is explored. Chapter 2 describes how my work is influenced by feminisms and intersectionality. I share feminist narrative practices for disrupting dominant language and identity descriptions, and also explore considerations of race and culture. Chapter 3 describes the practice of double-listening and emphasises the importance of holding both the stories of hope and those of hardship, rather than privileging one story over another. It includes questions that young people can be asked to acknowledge stories of despair while creating safety, and to seek openings to subordinated stories of hope.

The last chapters in this section focus on externalising practices. Chapter 4 includes illustrations and descriptions of externalising practices that separate young women from hopelessness and depression. Chapter 5 emphasises the political nature of externalising conversations that challenge, expose and deconstruct the taken-for-granted ‘truths’ that problem stories have about young women.

Chapter 1

Setting the context

Some years ago, when I was meeting with a young woman named Lisa, she started a conversation despairingly: 'I can't do it anymore! It's all just too much. The depression ... everything since I was little, and it hasn't stopped. I'm so lost.' As she continued to catch me up on what had happened since our last meeting, I found myself wondering about hope. Had hope gone astray or become lost since our last conversation? Would it find its way back? Lisa had recently immigrated to Toronto from her home country in eastern Africa. When she arrived in Canada, her dream of a better life was greatly diminished as she experienced emotional torments and isolation from her new caregivers. She was living in poverty, and missing her family back home immensely. Adding to the challenging transition to a new country were flashback memories of sexual abuse that intruded on her during the day and haunted her at night. Despite the suffering and many hardships, over several counselling sessions I had also learnt about Lisa's hopes for a better future, the people who were precious to her, her acts of resistance and what sustained her. But on this particular day hopelessness was dimming almost all light for Lisa's future.

Through my work with young women as a school social worker¹ and in private practice, I sadly know that Lisa's expressions of hopelessness are not uncommon. Although the context and predicaments differ for every young person, I often hear similar statements of anguish: 'It's too hard to keep trying'; 'Things will never get better'; 'What's the point? It will always be like this'; 'I'll never finish school'; 'There's no way out'.

What happens to young women?

An important question in psychiatry shouldn't be 'What's wrong with you?' ... but rather, 'What's happened to you?' (Longden, 2013)

Most of the young people referred to me are young women, and many have faced difficult and harmful experiences. A lot has happened to them in their young lives: not only one-time events but ongoing acts of

injustice that have occurred in their homes and/or communities. Some have spoken of being raped, tormented daily by peers, trafficked, shoved and/or called ‘bitch’ and ‘whore’. These are only a few examples of the countless humiliations, abuses, exploitations and put-downs that have been shared. By the time young women enter counselling, many are struggling with how to proceed in life.

In many instances, I don’t learn about the unthinkable things that have been done to them until after several conversations. As trust and connection develops, they begin to share these experiences. Sometimes this happens unexpectedly during a conversation; they might say something to the effect of ‘There’s something that I’ve wanted to tell you’. They might share a ‘hypothetical’ scenario or a story about someone they know, which turns into sharing a story about themselves. I then hear about the abuse(s) they have suffered. These tellings, more often referred to as disclosures in dominant professional discourse, are accompanied by trepidation. Questions and unspoken uncertainties may arise for the young woman:

- Who are you going to tell?
 - Are you going to ask me to see someone else? (a sexual assault centre)
 - Are you going to call child protection services or the police?
 - Will you tell my family?
- What is going to happen (or not happen) to the person(s) – family member, peer, community member, traffickers, religious member – who has (have) hurt me?
- Can you handle what I am going to tell you?

Like Pederson (2015), who has worked with women who have been subjected to many forms of abuse, I want to demonstrate that I am not afraid to hear women’s difficult stories about what has happened to them. As these can be heavy conversations, some people ask, ‘How can you do this work?’ (Mann, 2004, p. 4). Although stories of suffering can invite profound sadness, the sadness is only part of my story as a counsellor.

Alongside the sorrow, I have learnt so much from young women about getting through the hardest of times. I have the ongoing privilege of witnessing young women's skills in holding on to hope, and creating platforms for their hard-won knowledges to be shared with other young people.

The significance of hope

Hope is important because it can make the present moment less difficult to bear. If we believe that tomorrow will be better, we can bear a hardship today. (Nhat Hahn, 2010, p. 41)

Many of the young women I meet with are living day by day, and at times, hour by hour. It can feel impossible to hold on to hope for a better tomorrow while living every day with insults and/or ongoing violence. But if hope stays alive, it can provide sustenance through the toughest of times.

Like Marsden (2012), when I have asked people in counselling conversations how important they think hope is, they invariably speak about hope as immensely important. Responses often echo the idea that without hope there is nothing to hold on to. One young woman who had been attending a teen anxiety support group emphatically stated, 'Oh my God, hope is everything! Instead of an anxiety group there really should be a hope group!' Another responded that 'Hope is huge! Sometimes it feels like it's all you've got when you feel like you're clinging to a thread. If I didn't have this hope with you ... I'd be toast'. Implicit is a plea: 'Please don't give up on me'.

The idea of having 'hope with you' highlights the relational nature of hope. For many years, I have had an appreciation of Kaethe Weingarten's thought-provoking reflection on hope: 'Hope is something we do with others' (Weingarten, 2000, p. 402). Her definition of hope as a verb and not a noun – we do hope together – provides a powerful antidote to isolation. When a person in the depths of darkness has even one person

who believes that they will get through, a better tomorrow feels more tangible. Thus doing hope with others involves enquiring about ‘*Who helps you hold on to hope?*’

As hopelessness takes hold of a young woman’s view of her life and future, it’s not surprising that a counsellor’s own sense of hopelessness and helplessness can grow. As ‘helpers’, it can be distressing to feel unable to help a young person to feel better. The following chapters describe narrative practices for doing hope with young women in the depths of despair. The stories woven throughout reflect the voices, lived experience and wisdom of many young women. However, before delving into practice-based ideas, it seems important to first discuss and acknowledge the ways in which my work is driven by a feminist politic.

Note:

1. My role as a social worker in an urban school is described in Chapter 6.



Chapter 2

Feminist narrative practice

In sharing ideas about feminist narrative practice, I have a great appreciation of the diverse voices and perspectives of narrative and feminist-informed practitioners from a wide range of contexts.¹ It is a privilege to be a part of a community engaged in conversations about feminisms, narrative practice and intersectionality.

Feminism has been a significant and meaningful influence in my work and life since the early 1990s (see Chapter 1 in Yuen & C. White, 2007). My version of feminist narrative practice includes a commitment to not separate gender from, or privilege gender over, other dimensions, including race, class, sexuality and ability. Kiwi Tamasese (2003) has described a kind of intersectional feminism that speaks to me:

As women from subjugated cultures we have tried to point out that gender and culture cannot be separated. Our ways of living as women and as men are always influenced by the symbolic rituals, language and relationship structures of culture. Recognizing that gender cannot be separated from culture does not mean that we are privileging culture over gender. It means that whenever we are talking about gender, cultural considerations are relevant as are other considerations of class and sexuality etc. Similarly, whenever we are talking about culture, relations of gender are relevant. (Tamasese, 2003, p. 204)

Although my work in schools and in private practice is open to all types of referrals, most of the young women I meet with have experienced violence in some form, including physical, sexual and emotional violence and harassment. I imagine being joined with Violence Against Women workers and many others in being deeply concerned and saddened at the pervasiveness of harm towards women of all ages. The prevalence of harm towards women also signifies to me that this is not an individual problem, but part of a much broader social issue that must be addressed.

Cheryl White, in her *Memory book for the field of narrative practice* (2016), described ripples from the women's liberation movement and the feminist politicising of everyday life as significant influences in the development of narrative practice (2016, p. 57). I honour these

contributions from the 1970s and 1980s, and I am committed to a feminist-informed ethic and practice. This is an ethic in which problems and lived experiences are not individualised, but rather seen in relation to social injustices such as racism, sexism, poverty and heterosexual dominance.

Disrupting dominant language and identity descriptions

Without a doubt, feminism has played a very significant part in changing and influencing the lives of women. However, decades after the rise of second-wave feminism, it is saddening that women's experiences of oppression continue to be pathologised in the culture of therapy as well as in other spheres of our lives (for example through mother-blaming and women-blaming discourses). Moreover, the harm that happens to women is seldom linked to wider politics, systemic injustices or effects of patriarchy. As Celia Kitzinger (1996, p. 93) contended in her paper 'Therapy and how it undermines the practice of radical feminism', the political has been 'thoroughly personalised' and women's experiences are being psychologised.

In their research with women who have experienced depression, and with women who have been raped, McKenzie-Mohr and Lafrance (2011) examined women's attempts to negotiate the telling of their stories. The researchers were faced with what they referred to as 'linguistic incongruence': 'dominant discourses of rape, while influenced by a significant body of feminist thought, remain heavily individualized and medicalized through the language of trauma and post-traumatic stress disorder' (2011, p. 52).

In solidarity with other feminist and narrative informed practitioners (Carey & Russell, 2003; Markey, 2015; Pederson, 2015; Stout, 2010; Yuen & C. White, 2007), I strive to disrupt dominant language that privatises and internalises the problems and experiences that women face.

Here are just a few examples of contrasting ways that problems might be described:

- the at-risk young woman / the young woman struggling with life obstacles
- depression / oppression (Reynolds, 2013)
- being bipolar / being diagnosed with bipolar / experiencing the effects of violence.

I will briefly explore each of these statements to describe how a shift in language can assist in stepping away from practices that locate the problem in young women and instead highlight the sociopolitical context of injustice and patriarchal expectations.

The at-risk young woman / the young woman struggling with life obstacles

On a stress scale where 100 is the highest, my daily average is constantly at 75. And then there are many times when the scale can get to 100 plus and it's unbearable and I feel like I just can't do it anymore. The intense stress, frustration and hopelessness combined have me thinking 'what's the point of being here? Every day is misery!' I work so hard every day to help my family because we have no money, to do good in school, help others and have hopes for the future – but only to be constantly put down again and again. (Jasmine, 17 years old)

Jasmine is just one of many young women who have been referred to me after being defined as 'at risk'. But when she shares her daily lived experience and poignantly states that 'Every day is misery!', this is an opportunity to consider the social and historical context of ongoing suffering in the face of significant life obstacles and profound injustices. Moreover, treating young women as though their struggles are the result of internal deficits can negate the influence of powerful external factors, thereby enacting further injustices against them.

Is the problem depression or oppression?

Young women living with the effects of daily oppression may struggle with profound sadness, hopelessness and a diminished sense of agency

in what they feel is an unresponsive world. It is not uncommon for young women to be diagnosed with depression and some are prescribed antidepressants. Activist Vikki Reynolds (2013, p. 276) passionately states that it's way more accurate to think about people who struggle against exploitation and domination as being 'oppressed not depressed' and further argues that 'people need justice, not just medication'.

Being bipolar / being diagnosed with bipolar / experiencing the effects of violence

Within the culture of therapy, many young women describe and define themselves by their diagnosis or 'disorder'. One young woman, whom I shall call Zoe, began our first conversation by explaining to me, 'I should let you know that I'm bipolar. You know, I've had these crazy highs and lows for a few years'. Zoe then proceeded to share with me how she was recently hospitalised after her boyfriend physically assaulted her. While driving home one evening he had punched her in the side of her face, and as she was stunned from the violent blow, he had unclipped her seatbelt and pushed her out of the car, leaving her seriously injured on the side of the road. Zoe recounted the severe pain, panic about being stranded on an unlit road in the night, and the relief when someone stopped to help her and called 911. In the days to follow, she found herself experiencing deep sadness and guilt about her boyfriend being held in custody, and confusion about feeling responsible for his charges: 'He wouldn't be in jail if I didn't report him to the police.' When Zoe attempted to voice her competing emotions and distress while in hospital, she was transferred to the psychiatric unit and her bipolar medication was increased. She was told these measures would help to stabilise her.

Based on how Zoe had started our conversation, I asked her, 'Would you like to tell me more about being diagnosed with bipolar or more about the guilt and confusion about your boyfriend being charged?' I intentionally avoided referring to her as 'being' bipolar, and instead emphasised being 'diagnosed with' bipolar in an effort to separate the diagnosis from her. Zoe chose to talk about her upset and worry about her boyfriend still being in custody.

In narrative practice, the naming of problems is understood as a political act (Druker, 2014; Findlay, 2015). It is important for young women to be able to choose how they name and describe the problem(s) affecting their lives. By asking Zoe what she preferred to talk about, I adopted a ‘decentred’ position: not centring my thoughts, but rather centring what mattered to her.

A decentred stance helps me to avoid assuming that a psychiatric label is unhelpful for a young woman. For example, a young woman I knew, who had also experienced dating violence, embraced her bipolar diagnosis. For her, having an explanation for the tumultuous highs and lows was, in her words, ‘sane-making’. By focusing on what she identified as important to talk about (her bipolar diagnosis), I was able to ask meaning-making questions to learn more about the influences of bipolar:

- Are there certain people in your life when bipolar or the ‘highs and lows’ are more likely to show up?
- When does bipolar hang around and influence you more?

In response to these questions, she answered with a look of surprise: ‘You know what’s interesting? I realise that the highs and lows show up more with my boyfriend. And I’m more bipolar when I’m at home and always being yelled at. But whenever I’m with my two best friends it’s not there’. I asked Zoe what she made of that. Zoe replied, ‘I think that my bipolar is more heightened when people hurt me’.

Although the two made meaning in different ways, both were supported in identifying the effects of violence and its social context. Thus, a therapist’s position can be decentred, but also influential (Morgan, 2006; M. White, 2005), bringing a feminist-informed lens that refuses to medicalise gendered violence and will not be complicit in reproducing individualising discourse.

Meaning-making

Narrative therapy sees all persons as expert on their own lives. They therefore have naming rights over the problems they are facing. For

some young women, ‘professional’ naming and describing may be immensely helpful and a relief: ‘It helps so much to know that this dark hole of hopelessness has a name – depression’; ‘I was relieved when the psychiatrist explained to me that I have a social anxiety disorder. Now I can explain to my friends why it’s hard for me to go out with them’. However, for others, a diagnosis may leave them feeling diminished, pathologised and/or confused.

With this in mind, we can ask questions to help the young person to give their own meaning to a diagnosis. Here are some examples of meaning-making questions in relation to diagnoses:

- What was it like for you to hear the diagnosis?
- Was that helpful to hear, or not helpful or a bit of both?
- Are there parts that you agree with and parts that you don’t agree with?
- Does that name/description fit for you? Or not fit?
- If you could name the problem yourself, what would you name it?
(from Yuen, 2014, p. 6).

In response to the last question, one young woman pondered and then replied, ‘I don’t know, My Life Sucks Disorder’, and added with a little laugh, ‘MLSD, that’s the name of my problem’.

Considerations of race and culture

I have met with several young women who have left their homes, unable to live with ongoing violence or unbearable emotional suffering. Most of them return home due to unstable and impoverished living conditions or being tired of couch surfing – some the next day, some within a couple of weeks and some after a few months.

For many young women of colour and from immigrant families, ‘leaving home’ does not feel like a viable option. Mimi Kim (2007) described conditions of violence for women in oppressed communities:

Many of us within oppressed communities seek safety within the same collective spaces which hold those who perpetrate violence against us. Leaving violent situations may not seem possible because of potential persecution from those around us, not only abusive partners but family, faith communities, friends, community members and leaders. (Kim, 2007, p. 35–36)

Young women I've met with have shared experiences of being shamed and shunned by their families and communities, and/or facing religious persecution when they have spoken out about emotional, physical or sexual abuse in the home, school or community. Many others have not reported violence because they have been concerned about their immigration or refugee status, and the risk of deportation for themselves or the family member perpetrating abuse.

A report titled *One vision one voice: Changing the child welfare system to better serve African Canadians* (Ojo, 2016) found that young people and families from oppressed communities were more likely to find outside systems such as child protection services and police unhelpful. I've met many young women of colour, for instance, who have talked about not wanting family members to be taken out of the home or to be arrested. Thus, the very systems meant to support and keep young people safe have at times been harmful, particularly to those in marginalised communities and their families. It should not be surprising that some young women have developed 'skills in not talking'² about the abuses that have been perpetrated against them. They may even wait until they are over 16 years old before they disclose because they are aware that child protection services can then no longer be involved in their lives. Others may remain in silence for fear of police involvement.

Young women's experiences of seeking help and support for the problems they face may involve complexity. These experiences are influenced not only by gender but by other factors. Thus feminist narrative practice aims to resist individualising and medicalising problems, and pays attention to the sociopolitical context of young women's lives.

Now we can delve into narrative practices

Now that I have shared and acknowledged the ways in which my narrative work alongside young women is informed by feminisms and intersectionality, we will begin to delve into specific narrative practices in the following chapters.

Notes:

1. At the end of 2017, Dulwich Centre launched an exciting project called 'Feminisms, narrative practices and intersectionality'. Information about the project is available at dulwichcentre.com.au/feminist-project/ You can view short videos of feminist practitioners from a wide range of contexts. The project is engaging in conversations about and in relation to gender diversity and intersectionality, and the challenges and opportunities these pose for the field of narrative practice.
2. Many persons have taught me in unspoken and spoken ways about 'skills in not talking'. These skills are used to provide safety for themselves and from the professional supports and institutions that are meant to protect them.



Chapter 3

Double-listening to stories of despair and hope

Lisa, whose story I began the first chapter with, will now help me describe the practice of double-listening (Denborough, 2014; Denborough, Freedman & C. White, 2008; M. White, 2006c), in which we listen for more than one story to discover openings to subordinated stories.¹ While actively doubly-listening we can consider the following questions:

- What will assist us to notice the young woman's efforts alongside her difficulties and despair?
- How can we create a listening space that richly acknowledges suffering, yet is also safe and does not retraumatise the young woman?
- Despite the influence of hopelessness, what questions can we ask to co-discover pathways to stories of hopes, values, skills, acts of resistance, commitments, purposes or dreams?
- What will assist us to hold both the stories of hope and those of hardship, rather than privileging one story over another?

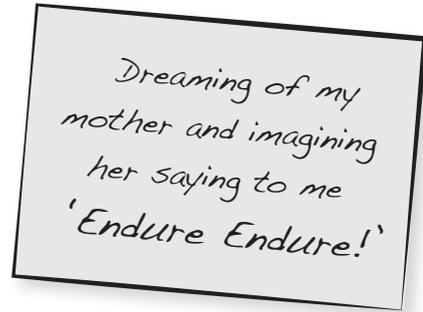
As mentioned earlier, Lisa was a young woman who left her home country hoping for a better life and future in Canada, only to land in poor living conditions where she was subjected to abuse. She expressed despair and hopelessness: 'It's all just too much! I can't do it anymore!' In seeking to elicit double-storied accounts, I was conscious of creating space for Lisa to give voice to stories of ongoing suffering, and to also talk about the past sexual abuse that secrecy had silenced. When the effects of these experiences had been richly acknowledged, Lisa was then asked, 'When it all feels like too much, what keeps you going?' Lisa responded:

A good dream. I always wish a good dream. When I feel like giving up, I dream about my mother and can imagine her saying to me 'Endure, endure', and thinking of her saying this keeps me going. Even though she is hundreds of miles away she always motivates me. I want to get out of this poverty for her.

One small question like 'what keeps you going?' can create an opening to a story of hope and connection. From here, I learnt more about Lisa's

mother and her ongoing influence despite the distance between them.

To assist Lisa in holding on to the hope from our conversation, I wrote her phrase on a sticky-note: 'Dreaming of my mother and imagining her saying to me "Endure, endure"'.² The next time



I saw Lisa, she reached into her school bag and showed me the somewhat wrinkled sticky-note, and shared how reading it had helped to keep her mother close to her.

Other simple questions can also be helpful in illuminating openings to subordinated stories:

- What sustains you?
- What helps you to hold on to hope?
- What keeps you living?

In answer to these further questions, Lisa shared an image of hope that has stayed with me: 'It's like I'm in a little box. And I see this little tiny hope where it's all going to go away and some way I can get out. But right now it's blurry.'

Listening to and acknowledging suffering: Resist rushing to construct a preferred storyline

At the darkest times, the influence of hopelessness permeates many counselling rooms. At these times we might hear a counsellor saying to a young person, 'Look at what you did' or 'it sounds like people really care about you' in their attempts to instil hope and alleviate suffering.

Even though we are always on the lookout for entry points to subordinated stories, it is important to share sadness (Pederson, 2015); to listen to and sit with young women's pain so that they feel that the effects

of what they are struggling with have been richly acknowledged. Although counsellors aim to be helpful, they may unintentionally be unhelpful when trying to give hopeful meaning to an exception to despair. This might inadvertently constrain the discovery of a young woman's skills and knowledges regarding ways to respond to obstacles. But more so, the young woman may feel unheard and misunderstood, or that her difficulties have been minimised. Although we listen for openings to counterstories, it is also important to resist rushing to construct a preferred storyline. We may need to hold back from enquiring about unique outcomes until time has been spent genuinely acknowledging stories of despair.

Asking about significance rather than imposing significance: A decentred stance

The following questions can assist in exploring the significance a unique outcome may hold for a young woman, rather than imposing the therapist's account of significance:

- You said [unique outcome].
 - Is that significant, no big deal to you, or something in-between?
 - Is that something that matters to you or not?
 - If the response is 'yes', how much does it matter to you – a little, a medium amount or a lot?
- I think [unique outcome] sounds hopeful. But I really should ask you. Is that hopeful or not hopeful to you or something in-between?

A decentred stance requires that we resist the urge to give meaning to what we think may be a sign of hope, particularly if the young woman herself has not attributed meaning to the event. Although exceptions to despair may be discovered, not all are necessarily entry points to subordinated stories. For one young woman in the depths of depression, making it to school after multiple absences might be of only slight significance: 'I only came

to school because I just didn't want to be fighting with my parents again.' But for another young woman, attending school might be considered a huge step: 'I made myself come to school today because I didn't want to disappoint my phys ed teacher. She's been very understanding and really wants me to pass her course. I also promised my best friend I would come to school today, and I don't want to disappoint her either.' In the latter, we learn that not only is the initiative of 'making it to school' highly significant to the young woman, but we also discover entry points to stories of supportive people, the value of friendship and being a caring person.

Creating a safe listening space

I am mindful that I may be the only person with whom a young person has shared how difficult life is for them – the turmoil, struggles, despair and suffering. There are many young women, like Lisa, who have been silent and fearful about speaking about sexual violence. Being aware of this, I hope to create a safe listening space that:

- honours her telling in her own way
- allows me to be a witness to what has not yet been spoken
- will not retraumatise her.

Like many counsellors, I have a commitment to not retraumatizing young people as they talk about the abuses and oppressions that they have experienced. Newman (2016) noticed that young people can be quite reluctant to speak about their experiences because some experiences are beyond words. For several years I have challenged the 'no pain, no gain' discourse of trauma healing, and have instead encouraged an alternative model of 'less pain, more gain' (see Yuen, 2009). With this in mind, it seems very important to caution that richly acknowledging hardship does not necessarily require the person to recount the specific details of the abuses they have been subjected to. Thus, I attempt to support

young women by clearly letting them know that they ‘can share as little or as much as they feel comfortable sharing’,³ and that I don’t have an expectation that they will share specific details. However, if they want and choose to share details, I seek to provide a safe listening space in which they can do so.

To this end, double-listening to young women’s stories of despair involves sitting with pain, but not getting mired in it, and all the while being on the lookout for subordinated stories of hope in the shadows.

Double-listening guide

Story of despair	Story of hope
<p>Listening to and acknowledging suffering and the effects of the problem</p> <ul style="list-style-type: none"> • What do you want to share with me about the Hopelessness to help me understand more? • Tell me as little or as much as you feel comfortable with about how hard things have been for you. <p>Creating a safe space for young women to talk about what has happened to them</p> <ul style="list-style-type: none"> • Is there anything that you want me to know that might help to make this conversation easier for you? (A common response to this question is, ‘I’m not sure’, or ‘I don’t know where to start’ – see below) 	<p>Listening for openings to subordinated stories</p> <ul style="list-style-type: none"> • What keeps you going? • What sustains you? • What helps you to hold on to hope? • Who helps you hold on to hope? • What keeps you living? <p>Being on the lookout for clues about how the young woman is getting through hard times</p> <ul style="list-style-type: none"> • You mentioned that when things are at their toughest you text your friend. Can you tell me more about that friend? • You said that you tried to give hints to your mother about ‘not being able to do it anymore’. What do you think that was about? Do you think that it’s relevant for me to ask you about this or not?

Responding to uncertainty (‘I don’t know’)

- Would it help you to know that I don’t have any expectation that you will share all the details of what happened to you, especially if it is going to make you feel worse or be too painful or really upset you?
- As I mentioned before, you can share as little or as much as you feel comfortable with.
- Sometimes young people find it easier to not say what has happened, but to talk more about the effects. For example, shame, guilt, anxiety or self-blame.
- I also want you to know that it is okay if you want to share the details – especially if you think that will be helpful and not hard for you.
- Mostly I just want you to know that you can choose what you talk about.

Acknowledging effects by asking externalising questions⁴

- What does Hopelessness/Depression whisper in your ear?
- How do you resist its voice?
- How does Hopelessness/Depression convince you that things will never get better?

Discovering unique outcomes⁵

- Was there a time since I last saw you that hopelessness was not present?
- Do you think it’s a step that you got here (to counselling) today?
 - What kind of step?
Little, medium, big?
- Even when Hopelessness tries to get you to stay in bed, what gets you out of bed? What did you say to yourself?
- Was there even one brief time this week where Hopelessness didn’t manage to bring you down? What was happening and who was with you?

School-specific unique outcome questions

- You missed every day of school last week except Wednesday? What was different on that day?
- You mentioned that you’ve only been attending your science class lately. What is it about that one class that helps you to attend despite the Hopelessness? Is it the teacher, subject/course content, other students?

Asking about significance:

- You said that [refer to unique outcome]. Is that significant or no big deal to you, or something in-between?

<ul style="list-style-type: none"> • Even though you can't resist/oppose the voice of Despair, what do you wish you could say to it? • When the Hopelessness was unbearable what helped you to make it through the night? 	<ul style="list-style-type: none"> • Is that something that matters to you or not? • If she says 'yes it matters', how much does it matter to you, a little, a medium amount or a lot? • Is that a positive or negative development or something in-between?
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Double-listening

I hope this guide helps to remind us that double-listening involves working with, listening to and responding to all stories, rather than privileging one story over another.

Notes:

1. Michael White (2006b) referred to 'subordinate storyline' development when describing the further development of the alternative stories of children's lives, which can be found in thin traces in the shadows of the dominant stories of their lives. This description seems apt, as it is not by chance that these storylines are relatively invisible at the outset of therapeutic conversations: these storylines have been subordinated in the context of the politics of disqualification, diminishment, ridicule and marginalisation (M. White, 2006b, p. 165).
2. In my work, I regularly write similar sticky-notes recording young people's own words as a way of 'rescuing the said from the saying of it' (Newman, 2008; after Geertz, 1973).
3. In a Toronto workshop with Yvonne Dolan in the mid-1990s, I first heard this respectful phrase, which has stayed with me as a way of creating safety for all persons who have been subjected to sexual abuse. See Dolan (1991) for more about this particular line of enquiry.
4. Chapters 4 and 5 provide additional externalising questions and descriptions of this narrative practice.
5. Chapter 9 more fully describes approaches to unique outcomes.

Chapter 4

Widening space between young women and hopelessness: Externalising practices

Hopelessness is notorious for isolating young women, convincing them that things will never get better, that no-one cares and that they are not worthy. Not only does it keep hope out of reach during times of despair, but it can also make its way into counselling rooms, deflating counsellors in their efforts to offer support. Hopelessness can take a grip on all involved, but the ways we engage in conversations can make all the difference to its influence.

The narrative practice of externalising (M. White & Epston, 1990) can be very helpful in loosening the grip of despair-saturated stories: stories of hopelessness that convince a young woman that *she is the problem*, and have her describing herself with identity stories such 'I'm hopeless' or 'I'm worthless'. Externalising conversations can provide an antidote to these internal understandings of identity (M. White, 2007) by objectifying Hopelessness.

Below is an example of how we can begin to shift from internalising to externalising language. I would like to note that within dominant therapeutic discourses, hopelessness and deep sadness are often interpreted within the rubric of depression. Although depression is an internalised and medicalised term that can leave out the context of young people's lives, it is also a description that fits and feels useful for many young people. Thus, some of the examples and illustrations that follow include the language of 'depression'.

Language reflecting internalised understandings of hopelessness or depression:

- I've been depressed since I started high school. I don't know what to do anymore. It's all hopeless. I feel hopeless.

Language that externalises hopelessness or depression:

- Depression entered my life when I started high school.
- Hopelessness makes me believe that things will never get better.
- Hopelessness tells you that you don't know what to do anymore? What else does it say to you to bring you down?
- What does Hopelessness whisper in your ear?

In the externalised examples, instead of the young woman being treated as the problem, Hopelessness and Depression become the problems to be examined. This allows the young woman to separate, even if only momentarily, from the hold of despair. In addition, space can be created to explore the effects and influences of the problem.

Questions exploring the effects and influences of Hopelessness or Depression:

- How does Depression affect you at school and at home?
- Does Hopelessness interfere with relationships?
(with friends and family)
- How does Depression try to convince you that things will never get better?
- Does Depression team up with Worthlessness? If yes, how so?
- How does Hopelessness convince you that things will never get better?
- How do you resist its voice?
- When the Hopelessness was unbearable, what helped you to make it through the night?

From ‘I don’t know’ to ‘I wish’

Although externalising is often helpful in conversations, Hopelessness and Helplessness are well known for overtaking young women and having them respond with ‘I don’t know’ or ‘I can’t resist its voice’. In these moments, when a sense of agency feels out of reach, I have found it helpful to ask what I call ‘wish’ questions:

- Even though it doesn’t feel possible to resist the voice of Despair, *what do you wish* you could say to it?
- Even though Hopelessness has you convinced that things will never change, *what do you wish* could happen?

I've learnt that in many instances, young people seem better able to answer 'wish' questions than 'what helps you?' questions. Young women's responses have included: 'I wish I could tell it to stop bothering me'; 'I wish I could say "I will get through this!"'; 'I wish that things could be like they used to be'. Thus, instead of allowing the 'I don't know's' to grow Hopelessness's strength, we can ask 'wish' questions because it's usually easier to imagine or wish for something different than it is to believe that things really could be different.

Externalising makes it possible to shine a light on the problem (Hopelessness, Depression, Despair), which moves away from an internalising focus on the young woman herself. This contributes not only to widening space between the young woman and the problem, but also to opening space to talk about pain and suffering in ways that are not blaming or stuck in hopelessness.

Misnaming: From experience-distant to experience-near naming

Although externalising can be very useful in creating distance between young women and hopelessness, if the problem is misnamed, or described in a way that does not fit her experience, it is likely that a therapeutic conversation will falter. For example, although 'depression' is a description that fits for many, for others, this naming can be what White (2007, p. 40) referred to as an 'experience-distant' and 'global' definition.

The following brief transcript of a conversation with Jade illustrates the negotiation of the problem name in ways that move from 'experience-distant' to 'experience-near' descriptions.

Angel: The guidance counsellor said you were depressed. Does that fit for you?

Jade: Yeah.

Angel: Can I ask you a bit about how the Depression is affecting your daily life?

Jade: I'm not sleeping and I have no energy. I don't want to do anything. I haven't been to school for weeks.

Angel: So Depression is really interfering with being able to attend school?

Jade: Yeah, I can't even get up for school and I'm failing all my classes!

Angel: Does it affect your view of yourself?

Jade: [Sighs] I don't know [pause]. I have no confidence.

Angel: Is it okay that I'm asking you these questions?

Jade: I guess. But I don't know how this [counselling at school] is going to help. I've already tried everything and honestly, I'm done!

At this point I have externalised Depression, and although Jade initially states that it is a name that fits for her, the conversation seemed to be falling flat. I then picked up on her saying 'I'm done!' and began to ask questions using her language.

Angel: You're done?

Jade: Yeah. I can't do it anymore. What's the point?

Angel: I noticed you said, 'I'm done!' emphatically. Do you know when you started to say 'I'm done'?

Jade: I don't know. Maybe about a month ago.

Angel: Up until a month ago, before you started to say 'I'm done' what were you holding on to hope for?

Jade: I don't know, I just thought that things were going to get better. I've already been to counselling and tried different medications.

Angel: Can you tell me a bit more about the counselling and different medications, to help me understand how hard it's been? Up until the 'I'm done' feeling appeared a month ago, what else were you doing to try to overcome the depression and anxiety?

By this point, I felt that an externalised description had been developed that matched Jade's fuller experience of the problem – the *I'm done* feeling. Jade was now more engaged, and proceeded to explain that over the past year she had attended several counselling sessions, had gone for a psychiatric assessment and had tried several different medications. She expressed her exasperation: 'I tried so hard ... medication after medication' only to experience many severe side effects from the meds, such as weight gain, night sweats, agitation and extreme lethargy. After months of not only the side effects, but also feeling worse, she refused to try any more meds.

Angel: What effects has the 'I'm done' feeling had on you most recently?

Jade: It makes me want to give up and just stay in bed. And it tells me why bother, nothing will work.

Angel: How do the 'I'm done' and 'giving up' feelings affect your relationships?

Jade: They make me irritable with others. I snap at my parents. [With tears] But I know they're just trying to help and are really worried about me.

Angel: Despite the 'I'm done' feeling, what helped you to come to meet me today?

Jade: There's this tiny voice I can hear inside of me saying 'Don't give up'.

Reflections on the conversation with Jade

Early in the conversation with Jade, I quickly realised that 'depression' did not capture just how tough and tiring it had been for her. Checking in to see how the conversation was going was clearly important. Asking Jade 'Is it okay that I'm asking you these questions?' gave her permission to share that she was unsure whether talking to yet another counsellor would even be helpful. This was an obvious indicator to me that the conversation was not proceeding in a helpful direction. I therefore became interested in listening for 'experience-near' and particular (M. White, 2007, p. 40) descriptions that were based on Jade's own words and phrases, and on her understanding of her struggles. What might have seemed like a little throw-away expression ('I'm done!') became a name that more significantly represented her experience. By this point, Jade was not only more engaged in the conversation, but, importantly, her struggles were also richly acknowledged.

The following offers a few possibilities for externalising in experience-near ways.

Externalising and listening for experience-near descriptions of the problem

Hopelessness is internalised for the young woman	The young woman is separated from Hopelessness using her words and descriptions
I've already tried everything and honestly, I'm done!	Before the 'I'm done!' feeling arrived, what were you holding on to hope for?
I can't do it anymore. I give up.	Up until the 'I give up' voice appeared, what would you say to yourself to help you keep trying?

<p>What's the point of trying? Even when I do, something always happens. Now I just ask myself, 'Why bother?'</p>	<p>You ask yourself 'why bother'? Is it okay if I ask you about the 'Why Bother' voice? What else does the 'Why Bother' voice' say to you? How does it convince you not to try anymore?</p>
<p>It feels like I'm in a black hole and I can't get out no matter how hard I try. Everything keeps spiralling down.</p>	<p>Can you describe the spiralling black hole more? What do you find it saying to you during the spiral? How does the spiralling black hole affect your hope? Have there been any times when you have been able to interrupt the spiral going further down?</p>

Experience-near descriptions promote primary authorship by the person describing the problem, as distinct from professional language and assumptions (M. White, 2007). When young women hear their own words – 'the I'm done feeling', 'the I give up voice' or 'the spiralling black hole' – in the questions asked, they become more involved in exploring and unpacking the effects and influences of problems. Moreover, a problem name that fits with the young woman's experiences is more likely to capture the complexity of the problem.

Externalising as much more than naming

Although naming the problem in experience-near ways is very important, externalising is not only about 'externalising the problem'. I mention this as it is not uncommon for externalising practices to be considered, by those less familiar with narrative ideas, a 'technique'¹ that finds clever names for problems. However, working with the person to identify an accurate externalised description of the problem is just the start. From this point, 'externalising conversations' create openings to preferred stories. Fuller illustrations of externalising conversations are provided in Chapter 8.

To conclude this chapter, I will reiterate that externalising is much more than naming the problem. White (1995) emphasised that 'externalising internalised discourses' is what this work is all about. With this consideration, the next chapter will focus on the political nature of externalising.

Note:

1. David Epston (personal communication, June 21, 2013) has emphasised the ethics of questions rather than the technology of questions. We ask questions to gain 'insider knowledges' that allow us to decentre professional knowledges.



Chapter 5

Externalising as political

By the time I first meet with some young women, the problem has convinced them that they are not worthy or good enough. Externalising conversations assist in exposing the so-called-truths of such problem stories.

In an interview regarding ‘the politics of therapy’, Michael White (1995, pp. 41–58) described externalising conversations:

To an extent, this activity challenges the taken-for-granted reproduction of some cultural ways of speaking about our lives and our relationships. These externalizing conversations have the effect of deconstructing some of the ‘truths’ that persons have about their lives and about their relationships. (M. White, 1995, p. 42)

The following story of Amy provides an example of an externalising conversation that deconstructed the ‘truths’ that Depression and Sizeism introduced to her view of herself and everyday life.

From Depression to Sizeism

The parents of 15-year-old Amy were seeking support for what they referred to as their daughter’s ‘major depressive disorder’ and the effects of years of bullying at school. ‘Depression’ was a description and naming of the problem that fit for Amy. It also held ‘truths’ about her.

The following questions were asked in an externalising conversation to explore the effects and influences of Depression:

- If Depression had a colour, what would it be?
- What does Depression say to you?
- How does Depression affect your daily functioning?
- How does it convince you that things will never get better?
- How does it affect your view of yourself?

In these questions, Depression was objectified as the problem; Amy was not referred to as the problem. Amy responded to the questions:

Depression is complete darkness. It tells me everyone is going to turn on me because I'm ugly, fat and worthless. It tells me 'You are so far gone!' It makes me not want to get out of bed, and gives me this overwhelming sense that I will never be happy at all. Depression makes me hate every part of myself and my life.

By exploring the effects of Depression over a few conversations, there was a gradual widening of the space between Amy and Depression's influence. Our gaze then turned to cultural and social practices. Amy was asked, 'Do you think Depression is related to injustice?' She answered emphatically:

Oh yeah! It's about how you're treated! When you're called fat every day and told to kill yourself ... that's injustice and it affects the way you feel about yourself.

Hearing Amy's response, we learn that embedded in the problem story of Depression was the taken-for-granted 'truth' of what makes a better person – that thin is better than 'fat'. Asking the externalising question 'Do you think Depression is related to injustice?' opened a pathway for further deconstruction questions:

- What does 'fat' mean in our society? Is it negative or positive or in-between?
- Why is 'thin' valued more than fat? What do you think about this?
- Have you heard of the term sizeism?

Young women often become quite engaged in these sorts of broader conversations that put problems in context. Responses are often along the lines of 'If you're not thin, smart or pretty, you're nothing'; 'Fat is for sure negative. Everyone loves skinny girls over big girls'; 'You see thin valued in magazines and television'.

Counsellor: What effects does sizeism have on young women?

Young women's responses:

It makes them feel not good enough.

It convinces them that others who are smaller and thinner are better.

It makes them feel worthless.

Sizeism makes girls call themselves 'fat and ugly'.

Counsellor: What are the famous lines of sizeism?

Young women's responses:

You should lose weight.

Why are you so big, ugly and fat?

You need to diet.

Counsellor: I've heard many young women and young men say that people laugh about sizeism. Does that surprise you or not surprise you?

Young woman's response:

No! That doesn't surprise me at all because everyone laughs at 'fat jokes'. It's okay to call someone fat but usually everyone knows it's not okay to say something racist or sexist.

Although Amy had not heard of sizeism, she was well aware of other 'isms' and discriminations: racism, sexism and homophobia. When asked how sizeism might be defined, she quickly guessed that it referred to discrimination based on a person's size.

Although the initial naming of the problem was 'Depression', once it was renamed 'Sizeism' this made visible powerful social discourses in relation to body image ideals. To this end, externalising is a political act that does not erase context, and instead pays specific attention to unpacking cultural discourses and practices.

The following further illustrates externalising practices that can bring forth the politics of experience.

Separating young women from put-down messages

Many young women live with daily emotional abuse through constant put downs. Several have shared with me the following examples of insults and name-calling that they have experienced:

- You're so stupid, worthless, useless.
- Slut, whore.
- You good for nothing bitch.
- You can't do anything right.
- You're a failure.
- I wish you were never born.

Sadly, I have heard too many other degradations that have been shouted at young women. The derogatory language used against women is all too often gender-based. It is not surprising that over time, young women get recruited into negative stories about who they are. We hear them describing themselves with similar self-put downs: 'I'm stupid'; 'I am good for nothing'; 'I am a failure'. For one young woman, the negative identity conclusion was powerful enough to convince her to cut the word 'useless' into her forearm.

Externalising practices loosen the grip of a problem by reducing shame and blame. The following provides some examples of moving internalised put downs to externalised descriptions.

From internalised put downs to externalised put downs

The put-down is internalised: the young woman is the problem	The put-down is externalised (and turned into a noun): the problem is the problem
I hate myself.	<i>Self-hate</i> has less influence when I'm with my best friend.

I'm not good enough.	The <i>Not Good Enough Voice</i> convinces me that everyone else is better than me.
I always doubt myself.	When did <i>Self-doubt</i> first enter your life?
I'm worthless.	<i>Worthlessness</i> tells me that I don't belong in this world.
I'm ugly and fat. I can't do anything right. I'll never finish school. I'm a failure.	What would you call those put-down messages you say to yourself? How often is the <i>Put-down Voice</i> firing these sorts of messages at you? Is there ever a time in the day when the volume of the <i>Put-down Voice</i> is lower?
I don't know, it's like I'm less than.	What does the <i>Less-than Feeling</i> say to you?

Once the problem has been externalised, we can ask about its effects, influences and history, thereby making it possible for broader considerations to be taken into account. Lisa McPhie and Chris Chaffey (1999, p. 49) externalise and expose the origins of self-hate in the lives of the young women who have experienced sexual assault by asking:

- What are some of the messages that society gives to women that sink them further down into the quicksand of self-hate?
- How were you tricked into believing you are not an okay person?
- How has this self-hate affected your relationship with yourself and others?
- Who gains the most when Self-hate has control of your life?

I have found these specific questions significant for revealing the tactics of abuse, thereby turning the gaze on to patriarchal discourse and the social issue of violence against women and children, rather than focusing on the individual woman.

The following are adaptations of some of the above questions for use with other common problems that overtake young women's lives:

- What are some of the messages that society gives to young women that might turn up the volume on the Put-down Voice?
- How does Worthlessness trick you into believing you are not an okay person?
- How has Self-doubt affected your relationship with yourself and others?
- Who gains the most when (the Less-than Feeling/Guilt/Self-blame) has control of your life?

Re-politicising what has been de-politicised

In this chapter I have endeavoured to expose just a few of far too many so-called truths that have the ability to get a grip on young women's lives. I hope doing so has helped to demonstrate that externalising conversations offer possibilities to disrupt these 'truths', thus 're-politicizing what has been de-politicized' (M. White, 1995, p. 48). In Chapters 10 and 11, further externalising questions and practices are suggested. These place individual problems in their political and social contexts, and bring in notions of justice and fairness.