Narrative therapy is about telling our stories in ways that make us stronger. As Aboriginal and Torres Strait Islander people of this country, our stories are precious. They have survived over generations.
Aunty Barbara Wingard

This book shares stories of creative inventions by Aboriginal narrative therapists and community workers, including the 'Shame Mat', the 'Language Tree of Life', 'Conversations with Lateral Violence', and 'Narrative community gatherings'. These significant innovations are expanding the field of narrative practice, not only in relation to Aboriginal and Torres Strait Islander contexts, but also across cultures and internationally. Significantly, this book also illustrates how narrative practices are being used by Aboriginal communities to decolonise identity stories, to move beyond mental health labels, and to step out of missionary rules and closets of shame.

In these pages you will find moving stories from individuals who are finding ways to have conversations with those who have passed on, or who are undertaking profound journeys away from the effects of alcohol and abuse. You will also read descriptions of community projects in which hard-won knowledge and skills in surviving injustices are being shared across communities and oceans.

We invite you to see narrative practice through Aboriginal eyes. This is both spiritual and political practice.

This treasure of a book weaves together local knowledge and traditions of Aboriginal people, a recognition of some of the ongoing effects of colonisation, and the use of narrative ideas and practices tailored to local concerns and Aboriginal culture. It is full of heartfelt stories and new ideas. The authors show how through creativity and attention to culture, narrative ideas can be adapted and developed to respond to situations facing particular communities. Read it and be inspired!

Jill Freedman, co-author of the book *Narrative Therapy: The social construction of preferred identities.*

DULWICH CENTRE
Email: dulwich@dulwichcentre.com.au
Phone: +61 882233966 | Fax: +61 82324441
Webpage: www.dulwichcentre.com.au

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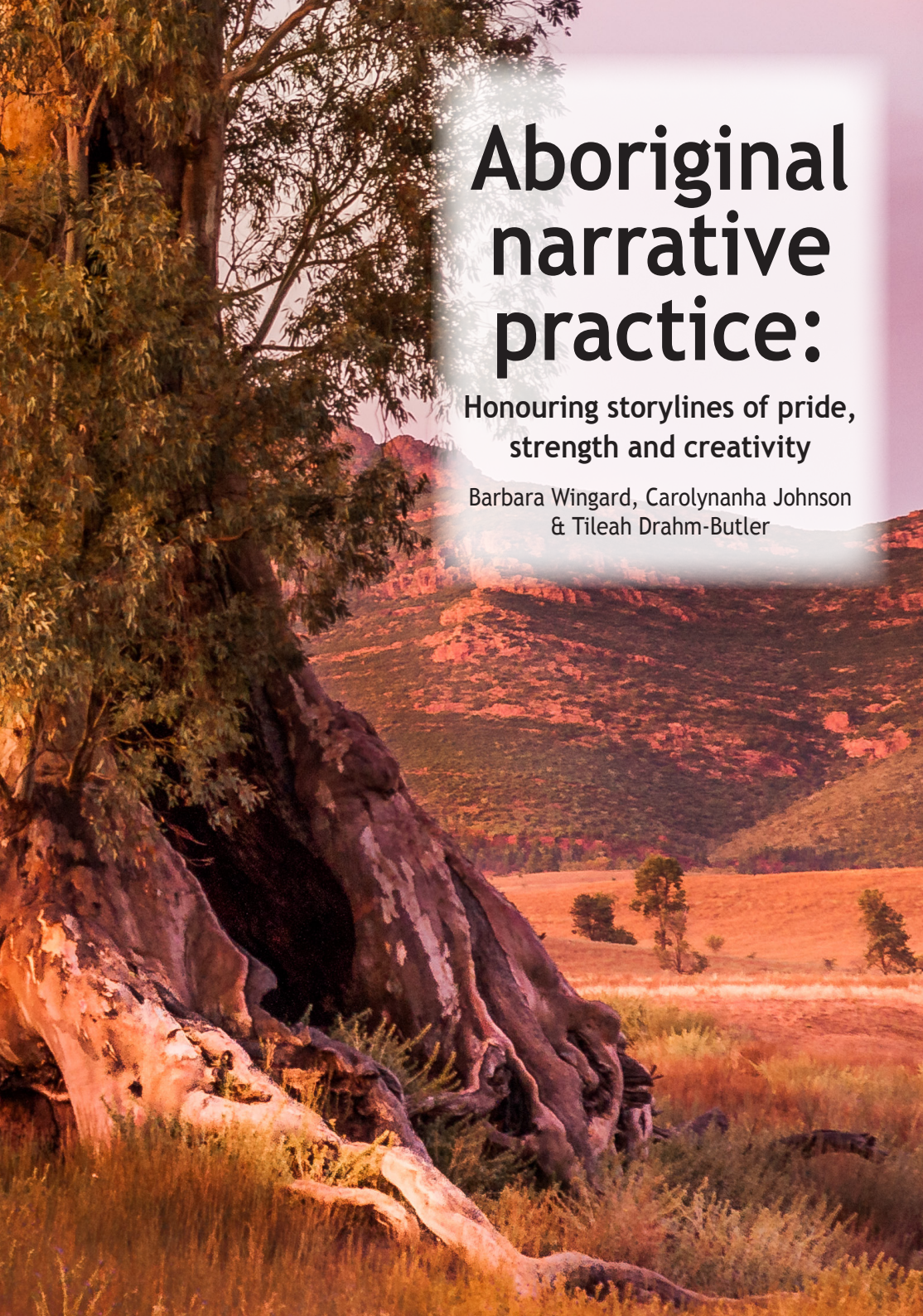
Aboriginal narrative practice

Barbara Wingard, Carolynanha Johnson & Tileah Drahm-Butler



Aboriginal narrative practice:

Honouring storylines of pride, strength and creativity

Barbara Wingard, Carolynanha Johnson & Tileah Drahm-Butler

Chapter 3

Decolonising identity stories: Narrative practice through Aboriginal eyes

Tileah Drahm-Butler

In this chapter, I describe how I am using narrative practices to facilitate counselling and community work in ways that are culturally resonant for Aboriginal people and explore my early steps in the journey of using narrative practices to decolonise identity stories.

The first part of this chapter describes some of the key principles of my Aboriginal narrative practice:

- Hearing the 'strong stories'
- Defining wellbeing in our own ways
- Yarning with a purpose
- Contextualising problems and holding shame at a distance
- Decolonising identity stories
- A de-centred position even when we are *of* the collective experience
- Yarning as spiritual practice

In the second half of the chapter, I share stories from my work about the yarns I have been sharing with others. In this way I explore some of the maps of narrative practice through Aboriginal eyes.

Hearing the 'strong stories'

Whilst acknowledging that Aboriginal Australians are not a homogenous group, it is understood that there are shared stories throughout time and across place which connect us to an experience of Aboriginality. 'Since time began' is a long story, and the past two centuries are but a snippet in time during which injustice and harm has occurred and we are continuing to live with the consequences. Aboriginal people around Australia continue to live with the legacy of discriminatory legislation that split families and culture and institutionalised people (Laycock et al., 2011). I am interested in how narrative practices can be used to enable a space in which we can think about personal and family problems within the broadest context of our Aboriginal story, and to make it possible for our people to tell our stories in ways that make us stronger (Wingard & Lester, 2001).

When people present for counselling, a problem story has often convinced them of negative ideas about their identity. This problem story might be influenced by ideas of Western normality that lead our people to feel bad about themselves. Behind this problem story though, is an alternative story, a *strong story*. This strong story tells of the ways that a person has stood up to the problem. Narrative practice is interested in what's called double-story development – finding ways to reduce the power of the problem story and to draw out and reinforce the strong story. This is true for individuals and also for Aboriginal people more generally.

Within our *collective* story is the experience of ongoing colonisation. The very systems that govern our lives are built on colonial ideals which compete against Indigenous World Views and through which racism is perpetrated and perpetuated (Rigney, 1999). There is a collective experience of this injustice and racism which has led to common experiences of hardship and makes our personal experience political. There is, however, also a collective and common experience of resistance and resilience for Aboriginal peoples across Australia. These stories are traced throughout our history and continue today. We often share these stories of resilience and survival within our families as they serve as a source of strength. Throughout Australia, against the odds, Aboriginal people continue to make changes towards collective healing in health, social and emotional wellbeing, justice and education. Wherever there are stories of hardship, there are also stories of resistance to this hardship that continue to sustain us and link us to the stories of our ancestors. Vizenor (1991) uses the term *Survivance* to discuss this, a term that includes *Survival* and *Resistance,* representing that Aboriginal people, and Indigenous people around the world, have retained spirituality and culture in resistance to colonisation. I am interested in how narrative practices can be used to connect individual stories to collective stories to sustain us through problem times.

Defining wellbeing in our own ways

Aunty Barbara Wingard describes narrative practice as 'telling our stories in ways that make us stronger' (Wingard & Lester, 2001). The words 'counselling' or 'therapy' are often not culturally resonant words for Aboriginal people as, in practice, 'counselling' often occurs within the 'mental health system' which represents a Western, bio-medical approach. Within this Western approach, Aboriginal people are deemed to be mentally ill, within a system that often separates such dis-ease, from physical health, including chronic illness; and from a myriad of social difficulties. The mental ill health of people, particularly Aboriginal people, has become an industry that holds little recognition of historical trauma or ongoing colonisation. As Tuck (2009) describes, this model portrays Aboriginal people as victims or perpetrators and the context of colonisation is rendered invisible. In contrast, rather than speaking of 'mental health or ill health', Aboriginal and Torres Strait Islanders often refer to wellbeing in a more holistic way (See Social and Emotional Well Being Framework, 2004).

Recently when talking to Rachel*, I had asked her what she would like to get out of participating in counselling with me. In her own words, she talked about her overall goal and said, 'I want to improve my health (pointing to her fractured ankle) and I want to improve my social (with her hands spread) and my emotional wellbeing (pointing to her head)'. This understanding of wellbeing is a cultural fit for Aboriginal people. In my conversations with Rachel, we discuss her story and *all* aspects of this. As with many people that I talk with in counselling, I invited Rachel to re-name the labels given to her in words resonant to her.

---

* All names in this chapter are pseudonyms.

Rachel identified the problem as a 'busy head', and said that, like cleaning her bedroom, if she could put parts of her story in its right place, she could better deal with a history of trauma. Within this, Rachel acknowledged that the problem parts of her story will not necessarily go away, however, she would like to tidy this up in order to think more clearly.

Whoever I am meeting with, I want to ensure they can define wellbeing in their own way.

Yarning with a purpose

Narrative practice allows us to facilitate 'counselling' or 'therapy' through yarning. As Terszack (2008) describes, 'yarning is a process of making meaning, communicating and passing on history and knowledge ... a special way of relating and connecting with the Nyoongah (Aboriginal) culture' (p. 90). Bessarab & Ng'andu (2010) elaborate by describing various types of yarning and their use as research methodologies. I'm interested in therapeutic yarns that allow time, free-flowing conversation, *two-way* sharing, and are guided with purpose. I believe that narrative practices can assist us to guide these yarns in ways that enable us to talk about our problems through history and draw on our own knowledges to change the impact problems have on our lives. This way of 'yarning with a purpose' (Johnson, 2014) within the contemporary political context fits with our oral traditions of storytelling.

Contextualising problems and holding shame at a distance

The personal *is* the political and our problems are never context free (Hanisch, 2006). Through contextualising problems, narrative practices can help to take the guilt and self-blame feelings out of the experience of problems. As Aboriginal people, we often talk about this self-blame as 'Shame'. Adams (2014) describes 'Shame' as stigma and embarrassment as a result of internalised oppression. Shame can stop people from fulfilling their hopes and dreams and prevent them from engaging in everyday aspects of their lives, including accessing services. Through mainstream media, political leadership and popular opinion, Aboriginal people are negatively represented and, over time, internalisation of racism sometimes occurs, thus causing 'shame'. Through narrative practice, problems can be looked at differently, and talked about as external to ourselves: 'the problem is the problem; the person is not the problem' (White, 2007). This frees us to explore and re-author our identities without shame.

Shame is often present when I talk to people about a range of problems, including relationship issues and matters to do with unemployment or substance misuse. I will sometimes start a session by mentioning Shame, and how this can impact on whether we talk to someone about problems. When someone mentions that Shame has kept them from doing something or feeling a particular way, I take time to focus on this topic. By focusing on Shame early on, I invite people to be

able to talk about changes in their lives in ways that hold Shame at a distance. I might ask the following questions to deconstruct Shame whenever it is present in a problem story:

- *Are there other things that Shame stops you from doing? What are some of these?*
- *Can you remember when Shame first came to you? Do you remember having shame there as a kid?*
- *Do you think Shame was always there for our mob?*
- *Where do you think Shame came from? When do you think it was introduced?*
- *Have there been times that our people have stood up to injustice without Shame there?*
- *Have there been times when you have not had Shame when you've done something?*
- *What did it take for you to do that, even though Shame might have showed up?*
- *What are some of the skills and knowledges that we might use when Shame shows up?*

These questions about Shame shape it as a political and societal construct. Therefore, when individuals or collectives stand up to shame, this is an act of resistance.

Decolonising identity stories

Narrative practice enables people to explore their identity as a story. We consider negative identity conclusions and place these within the broader context of societal discourses (White, 2002). This allows us to explore ideas of 'normality' and to make visible what norms we are often measuring ourselves against. In an Aboriginal context, identity conclusions may be impacted on by the experience of racism and, furthermore, ideas of *normality* are racially-based. As Rigney (1999) discusses, there is no process or structure within Australian society that is not impacted by racism. Through exploring identity as a story, and by acknowledging the impact of racism and the intersections of oppression and disadvantage that may be influencing the labels or diagnoses that Aboriginal people receive, narrative conversations can be political actions in which the intent is to decolonise identity stories.

Akinyela (2002) discusses the importance of shaping therapies from within our own cultures and how forms of decolonised therapy are anti-colonial. Bagele Chilisa (2012) explains that decolonising our minds should not only be the business of research or literature, but must take place in the practice of everyday. I hope Aboriginal narrative practice can take up this challenge and provide a framework for new ways of thinking about personal, family and community problems. I hope it can provide options for Aboriginal people to shape their identities from their own worldview, outside of the dominant structures of 'normality'.

A de-centred position even when we are of the collective experience

For many of us as Aboriginal Social and Emotional Wellbeing and Health Workers, we are not separate to the problems experienced by the people with whom we meet. We are *of* the collective experience. As an Aboriginal narrative therapist, being *of* the collective experience, shapes my *position* as a therapist, or the stance taken when facilitating conversations. The stories that we hear as therapists or workers in the health field may be close to our own personal experiences, so sometimes we might have *insider knowledge* into a particular problem.

When I do have some insider knowledge of the problems that may be presented to me, this may alter for a time my position as the therapist. We may, at times, be able to engage in yarns within an ethic of friendship as part of this collective experience.

It is, of course, at all times important to pay attention to relations of power within the therapy setting and to always acknowledge that it is the client who is the expert on *their* lives. White (1997) describes the 'de-centred and influential' posture within narrative practice. A de-centred (or not centred) stance facilitates a space in which the person seeking help is the primary author of their story; they are the experts of *their* life.

When I have insider knowledge, as an Aboriginal woman, of some of the problem stories that I am audience to, this enables me to understand and experience these stories in a particular way. However, remaining de-centred is critical. I will ask questions that centre the client's knowledge.

In being influential, it is not my role to impose the agenda of the yarn, however, it is my role to listen for the strong story, to be curious about the particular knowledge and skills that lead us to the person's strong story, and to ask *influential* questions to guide the yarn.

In considering my position as a therapist, I also maintain an awareness of the ways that I have lived with more privilege than many of the people who seek my help. The privilege of education, of being born in a particular era, of growing up in a city as opposed to remote community, are some of the considerations that I hold an awareness of. This doesn't ever mean I think I am better than anyone, or that I don't see the privilege that the other person has lived with, such as growing up with strong knowledge of traditional culture and of his or her language. Holding an awareness of the balances of power and privilege enable me to be attentive to each and every story that I hear in a way that is non-judgemental and based on compassion.

In taking a de-centred position, I understand that the people who seek my help are co-researchers (Epston, 1999) in shaping decolonised therapy processes. It is through each story that I am learning new ideas and new ways of working. This helps me to acknowledge the way that each person with whom I meet makes a difference to the lives of others.

My position as a therapist also involves considering kinship obligations and cultural protocols. These guide the types of curiosity that I can respectfully engage in within any conversation. For example Marge is an older lady, nearly 80 years old, who talks to me about grief. Marge's story has spanned over many decades and she has shared with me a layering of grief and loss, of political hardship *and* resistance. I am aware of cues when Marge is not willing to talk about some aspects of this story and therefore I remain aware of when I may be able to ask a question in another way, or when I must respect Marge's status as an Elder and not continue into that territory. Marge may express this with a particular look or a shake of the head. I am then obligated within this structure. The types of curiosity we can engage with depend on the particular kinship obligations and cultural protocols that influence any conversation.

I am interested in further exploring these ideas of our position as therapist or worker in Aboriginal narrative conversations. As we facilitate yarns, our stance and skills will be influential, however the people seeking our help, as the experts in the lives they live, will lead us.

Yarning as spiritual practice

If narrative practice is to be part of a decolonising process then the recognition of spirituality within yarning about identity will be significant. Connection to cultural stories is a spiritual practice. Understanding the interconnectedness of people within kinship systems and of people with Land and the cosmos is therefore a key part of this work (Laycock et al. 2011). When genuine relationships are built between the client and myself we may share spiritual conversations.

When talking to Pat about what she called 'unresolved grief' after losing her parents at a young age, I invited her to identify what her parents would appreciate about the actions she was taking (White, 1988). This was difficult for Pat until we were able to talk about *visits* she was experiencing in her dreams, which she understood through a spiritual understanding that her parents are still with her. By inviting conversation about these spiritual experiences, Pat was then able to re-member her parents in particular ways. I asked Pat if she remembered what it felt like to get advice or praise from her mother. Pat spoke of what it felt like to be hugged, describing that she always felt encouraged because of how safe these hugs felt. I asked Pat to describe what these hugs felt like in a way in which she re-experienced such a hug through the telling of it. We then talked about the intent of these hugs, which Pat described as respect, nurturing, love, and hope. I then returned to my earlier question to ask Pat, in light of these values, what her parents might appreciate about the actions she's taking in her life. Now Pat was better able to describe this. As two Aboriginal women, this yarn was culturally appropriate. When conversations are shaped by cultural understandings, yarning in this way is a spiritual practice.

In the first part of this chapter I have described the ways in which my Aboriginal narrative practice involves:

- Hearing the 'strong stories'
- Defining wellbeing in our own ways
- Yarning with a purpose
- Contextualising problems and holding shame at a distance
- Decolonising identity stories
- A de-centred position even when we are *of* the collective experience
- Yarning as spiritual practice.

In the second half of this chapter I will offer examples from my work and look through Aboriginal eyes at the narrative practices of externalising conversations, re-authoring conversations, making documents, saying hullo again, and migrations of identity.

Externalising problems: The 'Thing' and the 'Rebel'

Externalising conversations help people to separate the problem from the person: 'the problem is the problem, the person is not the problem' (White, 2007). When we talk about problems in ways that externalise them, it helps us to explore the problem and to understand it from an objective perspective. When we can hold the problem in our hand, we look at it and talk about how it came to be, about its history and the effects that it has on our lives. But while the problem is in our hand, we are also able to talk about a different side of the story. We can talk about strong stories, including stories from our history that make us who we are. To think about and talk about problems in externalised ways can be an act of resistance to dominant structures. In my experience, it comes naturally to many Aboriginal people to talk in externalising ways in a therapy setting, for example, talking about 'the diabetes', 'the drinking', or 'the worry'.

Sharna's story demonstrates how externalising conversations have enabled a young Aboriginal woman to identify 'the problem' within the context of a layering of identity conclusions.

In our initial meeting, after unpacking the word counselling and mapping possible kinship connections, I asked Sharna what the problem was that she had come to talk to me about. I let Sharna know that I had a referral with some detail, however I wanted *her* account of this. I was aware of the importance of overtly de-centring professional knowledge from the outset and conveying that our conversations would privilege her voice. Sharna stated that she did not know what *the* problem was that she wanted to talk about. I asked Sharna to tell me about herself

and explained that as she told me about her story, we would inevitably come to talk about any difficulties. In talking about school, Sharna explained that her good friend had moved schools, and now she keeps to herself and that she feels different about this. As we talked more, Sharna described that she had a feeling that would come over her when she was in groups and when she felt angry. Sharna explained that she was told that she had a panic attack some time ago and that since then, and pointing to her chest and throat, she told me that she experienced anxiety.

Noticing body language, I asked Sharna where this feeling sat, and she was sure that it was in her chest and throat. I asked her to describe what the feeling might look like and whether it had a colour. Sharna stated that it was not a colour, and it was 'random in shape'. I asked Sharna to name this feeling, now that she had an image for it. After some discussion, Sharna decided to call her problem 'The Thing', as now she felt that it was something external and tangible, rather than something that was wrong with her.

I guided Sharna to identify places that The Thing came to her, or to identify if it was just always there. Sharna was able to list a range of places where The Thing was with her, however she also identified that The Thing was not with her at home. I asked Sharna why this was, and she identified that she feels comfortable with her family and that she knows that she is loved at home and that she won't be judged. Here, I heard a *unique outcome* (an occasion when the problem is not present, or is less influential). This unique outcome was a possible pathway to a story of the ways that Sharna can deal with The Thing. I wrote this down on my page to talk about later, because at this stage, it was important to continue to map the effects that The Thing was having on Sharna. Sharna's problem now had an image and a name, and we were then able to talk about the effects that this problem was having on her life.

Firstly, we talked about the physical effects on Sharna. I asked if The Thing was *in* her chest or *on* her chest, and after taking a moment to consider this, she replied that it was *in* her chest. Sharna explained that The Thing could increase her heart rate, make her mouth dry, and can make her feel sick in her stomach. Through this discussion, we were able to externalise The Thing so that now I could talk about other ways that this problem impacted on Sharna's life and, in particular, how it stopped her from connecting with her preferred identity story.

Sharna described that The Thing was stopping her from having fun with her friends and from hanging out with people, and it was also impacting on her schoolwork as she felt uncomfortable in a group setting. Sharna also discussed in a positive way that before The Thing she was a rebel and a bully, but The Thing now meant that she kept to herself and was not bullying any more. In this, I identified another unique outcome – Sharna was here speaking of her preferred identity of not being a bully. Being influential, I externalised 'The Rebel', so that we could richly describe the positive and negative impacts that it may have on her life, in order to seek access to the strong story that was sitting in the background. I discussed with Sharna my understanding of the word 'Rebel' and that, for me, a rebel could represent someone who stood up for justice, and together we named some 'rebels' who have made significant changes in the world, such as Nelson Mandela. Sharna agreed that rebels have also been involved in changing the world; however

she went on to discuss her idea of the word. This conversation invited Sharna to consider ways that she could draw strength from The Rebel, rather than seeing this only as a problem aspect of her identity.

I asked Sharna to tell me about 'The Rebel' that she had identified as a problem aspect of her life before The Thing. Sharna described that this Rebel made her a bad person and, when asked what kind of behaviours this included, she described a story where she hit a teacher, and since then she's had a bad reputation. Here, I followed my instinct and enquired into the situation where she hit a teacher. Sharna explained that she felt that the teacher had been inappropriate with Sharna and her friends by invading their personal space and touching them inappropriately. Sharna described this as sexual assault. After acknowledging and agreeing with Sharna that her hitting was an act of violence, I guided Sharna to explore the values that led to this action and she identified it as 'standing up to injustice'. Sharna acknowledged that this should not have been her action, however now, through externalising The Rebel and the impact on her actions, Sharna could identify that in fact The Rebel could be a source to draw on down the track as it helps her to stand up for justice. The conversation then challenged Sharna to work out ways to appropriately evoke The Rebel, so that it is not used with violence, but in the context of continuing to stand up for justice.

By scaffolding the yarn with Sharna using externalising practices, I guided her to identify the problem that led her to seek my help (The Thing) as separate to herself and as something that was now tangible, as an image experienced in particular parts of her body which 'shows up' in certain places. This yarn also guided Sharna to consider a character of her identity (The Rebel) that she had previously thought of as only negative, in order to examine how it is helpful and how it is not helpful. These themes then guided future conversations.

Over time, Sharna and I talked about ways that she had found to calm The Thing when it had arisen by drawing on knowledge and skills that she had already demonstrated at home where The Thing did not arise. Sharna was able to identify when she could feel The Thing coming on, and described that having named it and given it an image, she could now think about what was going on to prevent it. Externalising the problem helped Sharna to hold the problem in her hand and to connect with her strong story.

Re-authoring strong stories: Kelly getting her groove back

Re-authoring conversations or yarns invite people to consider that their stories of identity have several pathways. People who seek help through counselling often have negative ideas of their identity because this is what dominant problem story is making them conclude. For Aboriginal people who I yarn with in counselling, this dominant story is often influenced by negative representations of Aboriginal people in society. The dominant story also often intersects with disadvantage and trauma.

We embark on re-authoring conversations as these yarns help to *name* negative identity conclusions and to *deconstruct* these in order to bring forth alternative storylines (White, 2007; Russell & Carey, 2004). I call these strong stories. The purpose then, is to work towards helping people to identify with these strong stories, to believe them, and to take these forward in their lives for when they may face difficulties in the future. Let me offer an example.

Kelly was referred to me with a diagnosis of depression and panic disorders and at the time was dealing with an addiction of substance. When I first met Kelly she named herself a 'no-good junky' and explained that other people had referred to her as this and other similar names throughout her life. I spent some time de-constructing the label 'junky'. We talked about what could be interpreted from this word, such as junk, or rubbish. I offered an example to Kelly of possible wording, I suggested 'people who use amphetamines', and Kelly replied with 'a person who *used to use* amphetamines'. We were now embarking on the yarn with a particular perspective to the conversation, whereby Kelly's knowledge and understanding was the primary focus. Being influential, I asked Kelly what it said about her that despite being told and believing that she is a 'no-good junky', she had stopped using for four weeks, hoping that this would lead to an opening to the strong story of resistance. I asked Kelly to describe to me the story of how she came to stop using. Kelly described a detailed story over a four-day period. It was in the detail that Kelly *experienced* her story again. Kelly described that she had made the decision and taken the steps to stop with little help. The angle of her telling of this story was the problem story, with detail of the obstacles that had presented on this journey. Kelly explained that she was on the clock to find somewhere to stay as on day four, payday, she would lose temporary accommodation and she knew that, if she didn't have a place to stay, she would use again.

In the telling of Kelly's problem story, I listened for the *absent but implicit* – for the untold story that sits in the background (White, 2000; Freedman, 2012). I heard act after act of Kelly taking back her life. Included in this story, Kelly mentioned several acts of kindness that were shown to her. After she had told me the detail of the problem story, I invited Kelly to go through the story again, but this time focusing on these acts of kindness. We talked through the story again and tallied up the obstacles and the acts of kindness. There were seven obstacles to twelve acts of kindness. I invited Kelly to think about what it said about her that strangers would do these acts of kindness towards her. We talked through each act, and I queried Kelly on what she thought each person would have seen in her. Initially Kelly's response was that they would have seen that she had the shakes. After exploring some common stereotypes and what people *could* think about seeing someone with the shakes, Kelly could identify that they may have seen something else. Kelly guessed that they might have seen determination, strength and commitment.

I invited Kelly to reflect on the ways that through this story she had demonstrated determination, strength and commitment. Kelly was now telling a new story. This was demonstrated in her body language and in the way she spoke her words. Kelly now spoke about this story like she was commentating the Amazing Race (a television show). In order to now guide Kelly to connect this four-day story over her lifetime, I invited her to tell me another time in her life that she had demonstrated determination, strength and commitment. Again, Kelly gave detail of her life story, year by year, based on major events in her life. Together, we have drawn a timeline of Kelly's

life and we are continuing to map her story (see Appendix A), however, now Kelly is practiced at considering her strong story as well as the problem story.

This process of finding different events through Kelly's life-time that fit with the alternative story, the strong storyline, of determination, strength and commitment, is what re-authoring conversations are all about (see White, 2007, for ways of mapping these re-authoring conversations through both landscapes of action and landscapes of identity).

Kelly describes how the telling of these stories from her past, that had been hidden by the negative feelings towards herself, are now serving as a source of determination for her. Kelly seeks many ways of staying motivated and she shared with me that she decorates her room with pictures and poetry which makes her feel strong. With this in mind, I began to write letters to Kelly after our sessions as a means of ongoing motivation as well as a way to keep a record of our times together. I wrote the following letter to Kelly as a reflection of one of our early yarns:

> *Dear Kelly,*
>
> *Thank you for talking with me the other day. I really enjoyed it and I learnt a lot from your story and your perspective on your journey.*
>
> *I was really struck with how you had overcome many obstacles to get to where you are today, but it was great to count all of the continuing acts of kindness that have helped you along the way. I would really like to know what you think it says about you that so many people have acted kindly towards you lately; and it makes me curious about what noticing these acts of kindness makes possible for you?*
>
> *I was just amazed though Kelly, that even when these obstacles have been present, you finished our yarn by saying that you would like to help others on their journey. You talked about your Mum being proud of you, and I would like to know what your guess is about how she'd feel to know that through all of this, you want to help others?*
>
> *You said that you can see when other people are in worse predicaments than you and that this helped you think about your situation. This will really help me in my life and my work also Kelly as it's another reminder that even when I'm finding things tough, I'll remember that there are always people in a worse off predicament.*
>
> *I look forward to talking to you about these things and I will be proud to witness your journey of 'Kelly getting her groove back'.*
>
> *Warmly,*
> *Tileah.*

In this letter I pose questions to Kelly which act as a way of continuing the yarn for the next time we see other. The re-authoring conversation map, applied in this culturally specific way, links actions that Kelly has taken to what this says about who she is. Kelly now describes that she feels more connected to her strong story.

Sarah's *own* way of grieving – saying hullo again

Michael White's (1988) 'Saying Hullo Again' metaphor provides guidance around working with grief and loss, and challenges the dominant Western 'saying goodbye' metaphor, which may not be culturally resonant to Aboriginal experience. Sarah's story describes how I invited her to remember her loved one who had passed away in a particular way that guided her to continue to have a relationship with them, while feeling sad for her loss.

Sarah had been diagnosed with anxiety and depression after tragically losing someone very close to her. It had been identified in the referral that Sarah had been having 'hallucinations' of her loved one, particularly at night. It was explained that this had been the cause for Sarah's anxious feelings as she had felt that she was being called to join in death. Sarah also experiences a range of physical health problems including diabetes. Using externalising and re-membering practices (White, 2007) I facilitate a yarn with Sarah to help her understand the grief that she feels and to help her find her own way of grieving.

I first invited Sarah to name the problem from her point of view and she identified that deep sadness is a problem in her life. I worked to externalise this feeling with Sarah, and she described the feeling as a cloud that made her constantly feel very sad. Sarah made it clear from the outset that she did not want to forget her loved one and she did not want to stop feeling sad for them, however she wanted the effects of the cloud to get easier so that she could do things that she used to do. Sarah was seeking from the counselling relationship her own way of grieving, rather than to be silenced into not grieving or into grieving in silence (Wingard & Lester, 2001).

My conversations with Sarah were held within a cultural framework. From a Western framework, Sarah's dreams/visits/'hallucinations' could be seen as a side effect of either medication or of depression. However to centre Sarah's knowledge, this was a spiritual experience for Sarah and it was therefore important that I understood it as such. From a decolonised Aboriginal framework, Sarah's dreams were *normal,* and my role was to facilitate a space for her to talk about the effects of the cloud on her life in a way that allowed her to feel sad for her loss and to miss family.
If I were to persist with trying to rid Sarah of her grief, or undermine the 'reality' of the visits, this could continue to isolate her and further exacerbate her feelings of failure (White, 1988).

I talked with Sarah about the dreams/visits and she was able to speak of them with fondness. Rather than making Sarah feel as though she was having 'hallucinations', we were able to better use our time together to talk about what the visits *could* mean, and this led to many conversations which honoured special times.
I asked Sarah particular questions which helped her to remember her loved one, and which allowed her to talk about the impact that they'd had on her life, but then I also asked Sarah about the impact that she had on *their* life (White, 2007). Here are some of the key questions I asked to scaffold the conversations so that Sarah could richly remember and speak fondly of her loved one passed (James):

- *Can you tell me about James? Was he a happy person?*
- *What kind of things made him happy?*
- *What was a fun time that you remember?*
- *Was this time fun for you also?*
- *How did you make this and other times fun?*
- *What do you think it meant to James that you made fun times?*
- *What are some of the other ways that you have made a difference to James' life?*
- *Can you tell me a story about a time when you did this?*
- *With this in mind, what could be some of the reasons James is coming to visit you?*
- *Could you guess what James might like you to hear with the visits? What might the message be?*

This led us to list a few reasons for the visits which we then discussed.

Through externalising the feelings of deep sadness, which Sarah named 'the cloud', and through mapping the effects of the cloud, Sarah was able to separate 'the cloud' from the grief that she feels and that culturally she is obliged to feel. Sarah was also able to give herself permission to miss her loved one, while looking at the problem effects of 'the cloud'. In re-membering conversations with Sarah, she spoke fondly of her loved one and not only did we evoke his presence within the counselling context, but we respected, and sometimes overtly acknowledged that James was *in* the room. Through this practice, Sarah decided that James' nightly visits were telling her that he wanted her to be happy again, to go to church, to start getting out of the house, and to go meet up with other people as she used to.

Importantly, through these conversations, Sarah also discussed the ways that she has made a difference to her family's life. Such conversations can add to the richness of the descriptions that we make about ourselves. When I asked Sarah, 'What do you think it meant to James that you made fun times?', she was able to think from someone else's point of view about the value that she brings to the lives of others. In the context of there being various negative identity conclusions and ideals of normality put on Sarah, she was here able to identify parts of her strong story and to think about the impact that she has on others. This led me on to ask, 'What are some of the other ways that you have made a difference to James' life?' Here I was being influential in seeking to get Sarah to further describe her strong story to me, in a way that is non-threatening, looking at this through the eyes of another. These questions aimed to create a context where

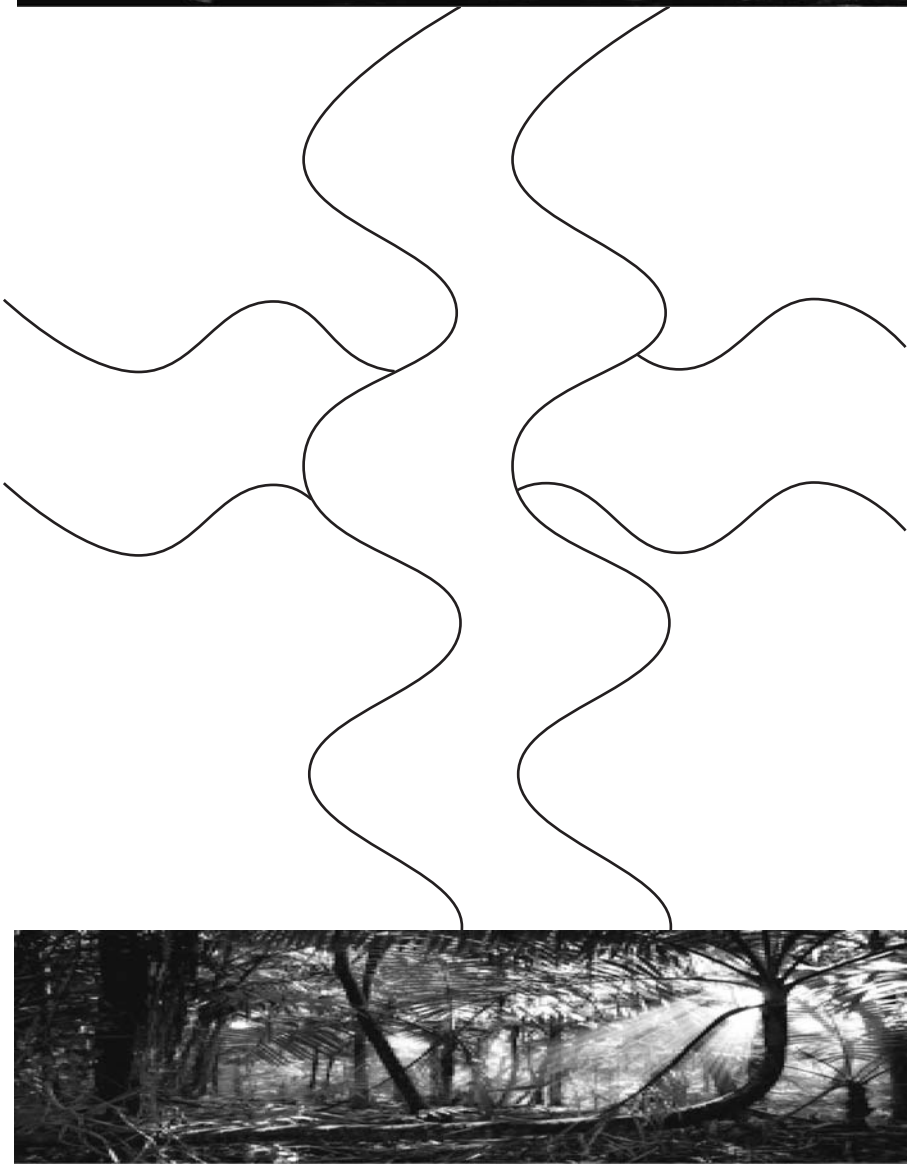
Sarah can have a relationship with her loved one, while missing them, as she is not being asked to 'say goodbye'. As Sarah has felt stronger through finding her way of dealing with grief, she has been better able to manage her physical health concerns.

Journey of change

White (1997) discusses a journey of change, particularly in regards to overcoming addiction, in terms of a *rite of passage*. This *Migration of Identity* journey is identified as having three stages of change. The first phase is described as the *separation* phase, in which a person lets go of their life as they know it. The second is the *liminal* phase where the way a person knows the world is questioned. The third is identified as the *reincorporation* phase, where one finds their new way of being. As one journeys through these phases, it is known as a migration of identity.

Etta sees me for support with worry and grief. Etta sleeps rough and has a problem with drinking. In my work with Etta I have adapted the Migration of Identity map in a culturally specific way. I use this map to guide each session I have with Etta and to use as a document of communication to Etta's support people. I first introduced this map after several conversations with Etta in which she gave detail of her problem story. After several sessions, Etta expressed to me that she would like to stop drinking. I acknowledged the significance of Etta's decision and explained that by expressing this and seeking support, she had begun her journey. I began to draw a rough map of a pathway, describing to Etta that we could document her journey. At our next visit, Etta was prepared to begin to map this journey and in fact identified *that* as the first day of her journey.

The following image represents the migration of identity map that I presented to Etta at this visit.



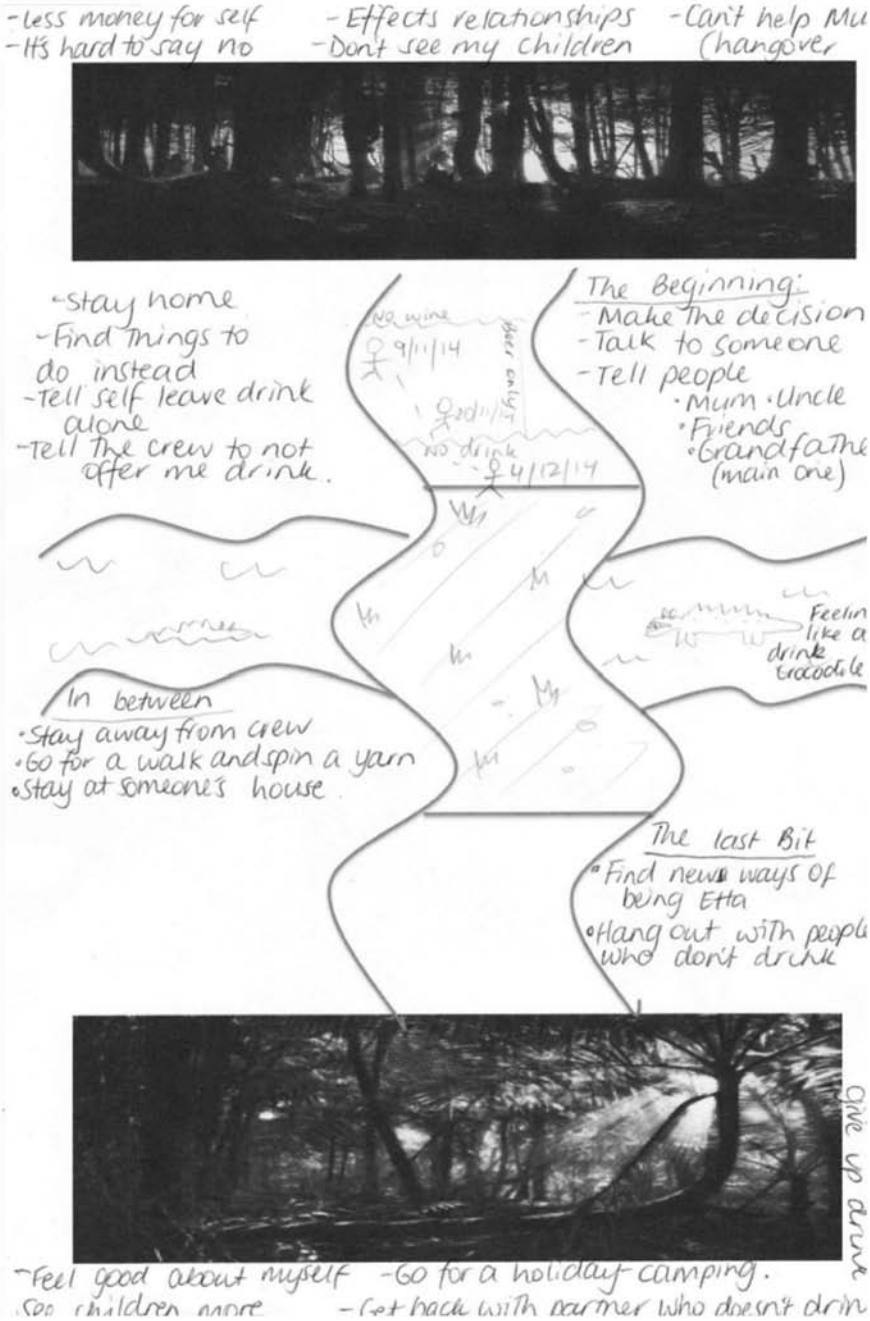
Both pictures on this map are of a beautiful rainforest. One rainforest is represented at night which Etta knows can be a dangerous and scary place. The path leads to the same rainforest, however this one is represented with rays of sunshine. In the middle of the journey is a saltwater creek. Etta and I spoke about how both rainforests are beautiful as a way of representing the strong story that is present in both, and we acknowledged that the sunny rainforest is the destination of not having a problem with drinking.

We talked together about the three different phases and how each of them may be difficult in their own way. I introduced the first stage to Etta, explaining that this is where she will make the decision to stop drinking and start the journey. I asked Etta what we would call this and she called it 'The Beginning'. I then explained that the middle phase might be particularly difficult, because this is where she would need to make changes to her life, and that this could be alongside feeling like a drink. Etta called this 'In Between', and drew a crocodile in the saltwater creek to represent the 'feeling like a drink crocodile', which might lurk in the water. I explained that the final stage, representing the reincorporation phase, was where she would find new ways of being Etta. Etta named this 'The Last Bit'.

While I was particularly influential in the design of and the use of the map, throughout the storying that took place around the map I remained de-centred, always using Etta's words to place her knowledge as the driver of the journey.

We started adding to the map by writing on it some of the effects that the drinking has on Etta's life. We then wrote some of the things that giving up the drink would make possible for Etta in the sunny rainforest. We then documented some actions that Etta may need to do in each phase of the journey. On the back of the map we listed all of the people who Etta could call on for support. I then invited Etta to draw herself on the pathway where she thinks she is. She drew herself just past the start. When Etta did this, she said to me 'I could still just have a couple of beers couldn't I, instead of Moselle?' This led to clearing up some expectations and to reiterating the importance of this being *Etta's* journey. We talked about the effects of both drinks and why they were different, then Etta recognised that sometimes having a few beers led to her feeling like wine. I suggested that we mark on the journey where drinking both wine and beer would stop, and then where drinking beer only would stop and where 'no drinking' would start. This document represents Etta's journey, therefore her rules:

(This journey map has been adapted to protect privacy.)*



I then copied the map in colour so that we both had a copy that we could continue to refer to when we met. Etta said that she would show this map to talk to her family about her decision. This map has therefore continued to serve as a document of Etta's journey, but also as a source of communication between Etta, her family and myself. This map is used throughout my conversations with Etta as a guide to where we are at as we talk through re-authoring conversations. Through this, the problems that have led to Etta drinking are also discussed which has helped to take any shame out of the experience of these. When Etta feels comfortable with where she is on the journey, I might invite her to share her map with others who are thinking about undertaking a similar journey.

Final thought

Storytelling and storylines are an integral part of Aboriginal culture and of oral traditions around the world. When stories are told within such traditions they are told with detail across time and place. Uncle Russell Butler (personal communication, 2014) describes that when we tell stories, these are told in a way that we can picture them in our mind. It is in the detail of stories that we create an image and therefore *experience* the story.

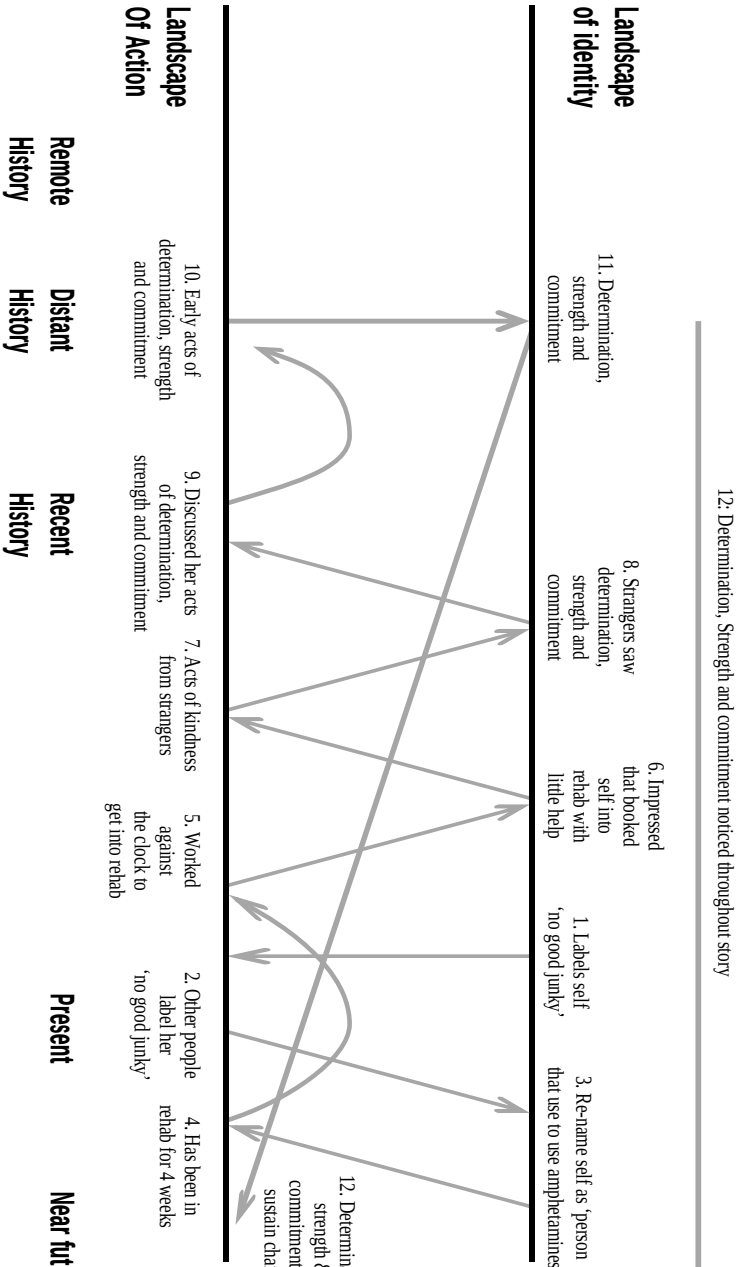
In this way, Aboriginal narrative practices encourage us to seek detail within our people's strong stories through distant history, recent history, and the present and even in the future. This way of telling stories can enable the storyteller to experience strong stories again, in new ways.

Throughout Aboriginal history, the use of mapping has also been, and continues to be, a practiced skill. When we meet each other, we map possible connections and place ourselves within a broader mapping of history. Similarly, mapping can guide narrative practice. We can be guided through the territories of people's stories by particular mappings through history and across time.

It is through the journey of connecting narrative therapy practices to Aboriginal cultural ways that we engage in decolonising therapeutic conversations. By applying an Aboriginal gaze and contextualising these practices to fit within my own culture and history, I am working towards decolonising the way people can tell their stories within therapy settings.

Significantly, through sharing the strong stories of individuals I hope these practices can contribute towards collective healing.

Appendix A


12: Determination, Strength and commitment noticed throughout story
Landscape of identity
11. Determination, strength and commitment
8. Strangers saw determination, strength and commitment
6. Impressed that booked self into rehab with little help
1. Labels self 'no good junky'
3. Re-name self as 'person that use to use amphetamines'
12. Determination, strength & commitment will sustain change
Landscape Of Action
10. Early acts of determination, strength and commitment
9. Discussed her acts of determination, strength and commitment
7. Acts of kindness from strangers
5. Worked against the clock to get into rehab
2. Other people label her 'no good junky'
4. Has been in rehab for 4 weeks
Remote History
Distant History
Recent History
Present
Near future

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