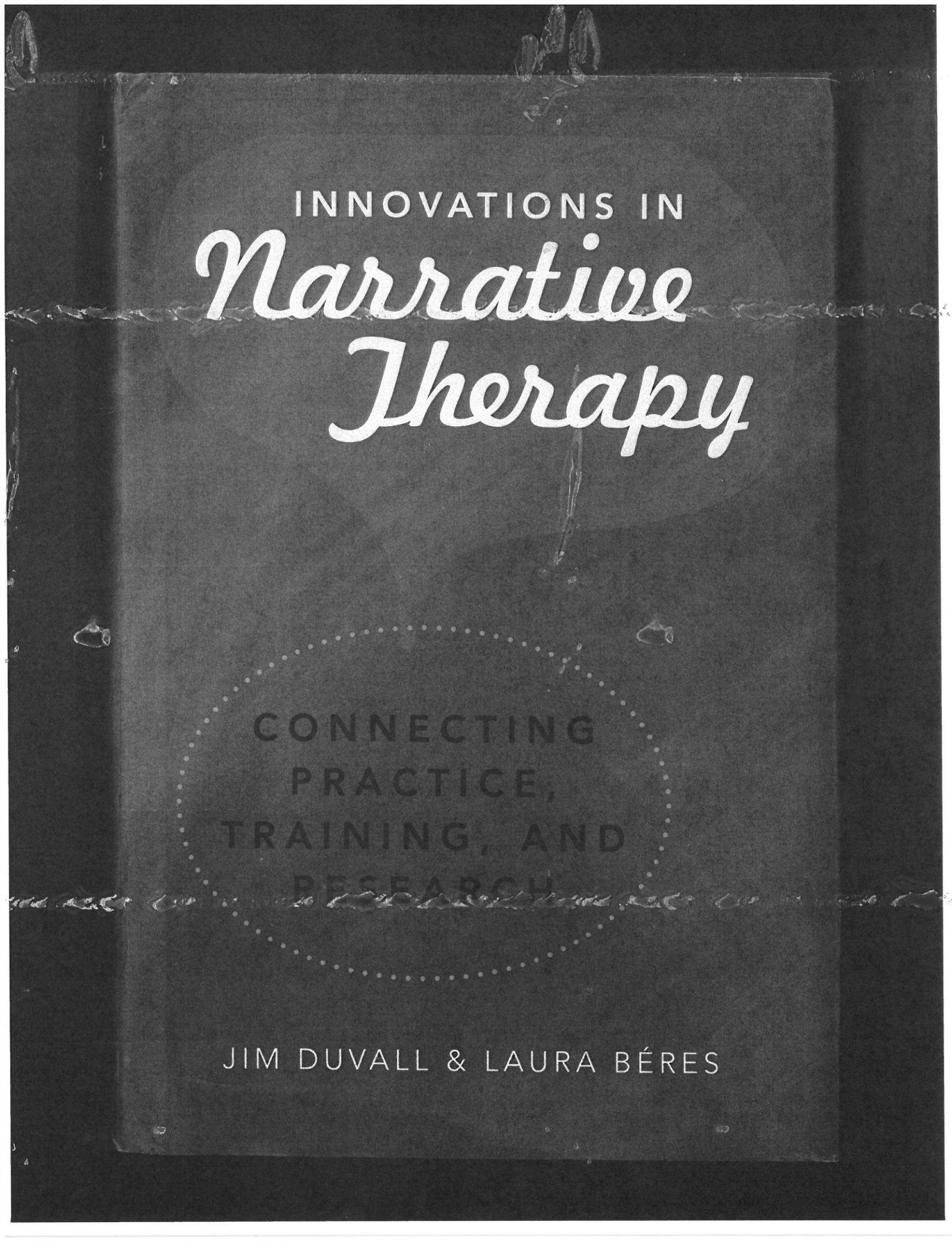
INNOVATIONS IN
Narrative Therapy
CONNECTING PRACTICE, TRAINING, AND RESEARCH
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to tell their stories in ways that make it possible for them to engage in new understandings of their place in the world around them. In the following chapter we will introduce maps for navigating the therapeutic conversation and facilitating the development of people's storylines from the beginning, through the middle phase, and to the end. These maps will make it possible to address the how and why (process) of therapy as well as the what (outcome) of therapy.

Questions for Reflection

1. How can we best attend to both process and outcomes in therapy in order to provide ethically based practices?
2. How can we usefully participate with people on their therapeutic journey, knowing how to be involved and how long to be involved?
3. What skills or attitudes can help us become better at responding to the range of diverse cultural influences that affect people's beliefs and actions in therapy?
4. How have celebrations or rituals marked significant events in your own personal stories?
5. As you reflect back now, do you think that the types of stories you have told about yourself have changed over time? Do you stress some aspects more than others now?

CHAPTER 2

Storied Therapy as a Three-Act Play

As the culture of psychotherapy is immersed in the larger, ever-changing culture of society, a storied therapy is highly pertinent when addressing the effects and the complexities of living in contemporary society. To that end, story is the *raison d'être* of the work we do with people.

In this chapter we will describe how we have expanded the story metaphor into an organizing concept of a three-act play and we will introduce a conversational map that we have fashioned for developing storylines. The three-act play metaphor and the conversational map were both inspired and shaped by a thorough review of the literature, as well as reflective therapeutic practice. In our project, we regularly scrutinized the training and therapeutic experience, contributing to the ongoing adjustment and shaping of practice. Various frameworks were provided for trainees and family members to assist them in reflecting *on* experience and reflecting *in* experience, extending both the theoretical and therapeutic learning. This practice encouraged us to adopt a posture of reflexivity, an awareness of the use of "self" in the creation of knowledge in clinical practice, as described fully in the Introduction. Critical reflection and a posture of reflexivity remain ongoing principles in our practice.

The application of the three-act play and the conversational map will be described, as they apply both to a therapy session and to the overall process of therapy. In order to do so, the chapter will be divided into three primary sections, "act 1," "act 2," and "act 3." In each section we will present detailed aspects of the conversational storyline map, which address the specific aspects of applying the story metaphor to practice.

The theoretical orientation that guides our work is drawn from narrative, poststructural, and social constructionist theory. The story metaphor situated within this theoretical orientation introduces movement, emphasizing the meaning constructed through language and the connectedness of events through time. A story serves as a temporal map, providing space over time to reduce the problematic effects of life transitions on people's identities and their sense of personal agency. People's difficulties are viewed as attempts to adjust to life transitions. The temporal aspect of a storied therapy makes it possible to perceive difference and detect change through time. It also makes it possible to introduce critical thinking and reflective practices, rather than relying on a causal-linear "problem-solving" approach.

We understand our narrative, poststructural theoretical orientation to be a metaphor for therapy and a choice that we have made in our commitment to our work. Freedman and Combs referred to Paul Rosenblatt as follows: "In his discussion, he describes not only what each metaphor highlights, but also what it obscures when used to guide one's thinking and perceptions" (1996, p. 2). Our narrative, storied metaphor is no different from Rosenblatt's description in that it will emphasize certain aspects of therapy and training and de-emphasize others. However, in taking up this philosophy and theoretical orientation we have simultaneously chosen not to take up a traditional causal-linear approach. In this approach there is a risk of totalizing people's identities through the use of labels and categories that are based on an aspect of their experience. These totalizing practices obscure the multiplicity of identity and the influence of people's relevant social context. Our commitment to a poststructuralist, critically reflective approach epitomizes a major discontinuous theoretical diversion away from a traditional approach to psychotherapy. Within the storied, poststructuralist orientation, we understand the conception of self as constructed in the endless reciprocal interchanges with others within a particular social and cultural context. Therefore, we have departed from a conception of self that relies on a "skin-bound container with fixed contents (resources) that we had previously conceptualized" (Freedman & Combs, 1996, p. 17).

Our choice of philosophical and theoretical orientation has significant implications in therapy for both the people seeking consultation and the therapist. For people seeking assistance in therapy, the emphasis on temporal diversity, multiplicity of life, and the influence of a relevant cultural and social context makes space for the reconsideration of identity and the renewal of knowledge. Knowledge is conceptualized as a process rather than a binary tradition of subject and object where one person labels another person. Rather than operating from a framework whereby generalized theory and procedures control the therapeutic process, therapists are able to move beyond and further develop theory through the particularities of the therapeutic practice. In doing so, a storied approach to therapy addresses the complex, ever-changing lived experiences of day-to-day life, perpetually renewing theory and practice.

A storied approach to therapy departs from an information-seeking expedition in an attempt to establish "truth" and focuses instead on a meaning-making exercise. White and Epston explained: "They do not establish universal truth conditions but a connectedness of events across time. The narrative mode leads not to certainties, but to varying perspectives" (1990, p. 78). Parry and Doan (1994) elaborated:

> In other words, it is the *meaningfulness* of the answers given, rather than their factual *truthfulness*, that gives them their credibility. The hearers of the story believed that it was true because it was meaningful, rather than it was meaningful because it was true. (p. 2)

However, this does not promote a relativist stance, where each possible story and identity carries equal weight. It is not a matter of anything goes, but rather that the people we work with will prefer some stories rather than others. We may assist them in stepping outside of mainstream discourses that demonstrate partiality toward certain ways of examining their lives as they step into alternative stories.

We also regard our philosophy and theoretical orientation to be an ethical choice. We believe that we have a moral obligation to collaborate with people, walking beside them as they express their life stories and embark on their therapeutic journey.

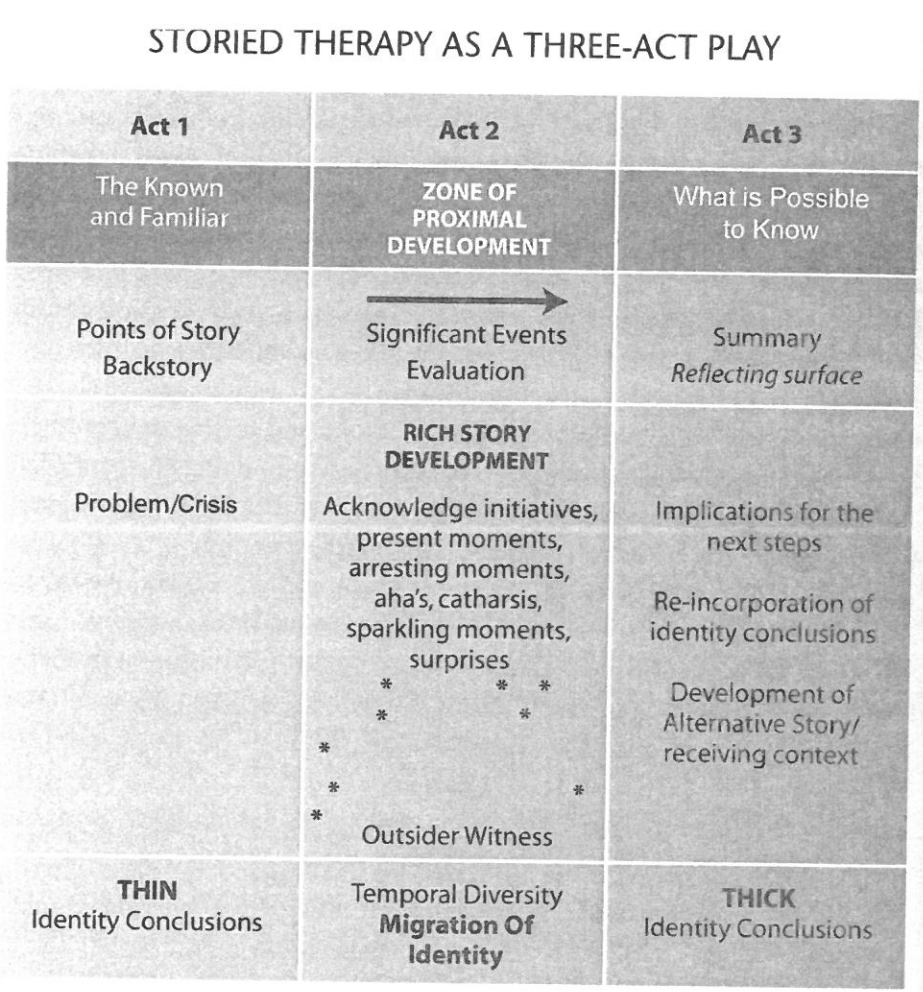

Figure 2.1. Storied Therapy as a Three-Act Play.

Adapted from van Gennup (1960), Turner (1977), Campbell (1968), and White (1999).

As stated in Chapter 1, stories are organized units of experience, evolving from a universal story form containing a beginning, middle, and ending. We refer to this metaphor of a storied therapy as a three-act play (Ray & Keeney, 1993). The three-act play invokes the rites of passage analogy, adapting it to the therapeutic process (Figure 2.1).

The conversational micromap that we developed is intended to work within the overall pattern of the three-act play. This map includes six points of inquiry, traversing all three phases from beginning to end. The map helps to shape and more fully develop the purpose of the story through each specific phase. Each phase of the three-act play has a discrete purpose that needs to be taken up before moving the story forward to the next phase and developing alternative storylines. These alternative storylines provide a platform for movement away from dominant themes that contribute to a destitute sense of identity, to fertile counterplots that contribute to an inspired and robust sense of identity.

The composition of this conversational map expands beyond the more commonly understood narrative form, which contains properties such as events in a sequence, over time, to form a theme, plot, or story (Bruner, 1990; White, 2007a; White & Epston, 1990). White and Epston clarified the purpose of a storied metaphor as follows: "In striving to make sense of life, persons face the task of arranging their experiences of events in sequences across time in such a way as to arrive at a coherent account of themselves and the world around them" (1990, p. 10).

In addition to the above properties, we are proposing an expanded narrative composition that includes the following stages of inquiry: (1) points of stories (once upon a time, someone was called to do something . . .), (2) backstory (every day . . .), (3) pivotal events (and then, one day . . .), (4) evaluation (because of that . . .), (5) reflecting summary (moral of the story . . .), and (6) receiving context (and finally . . .).

The following outline will illustrate how the problem that brings someone to therapy is situated relative to each distinct phase of the three-act play. In addition, it will show how the six points of inquiry within the conversational map are located in each of the three separate phases to help shape and give purpose to the therapeutic conversation.

Act 1, beginning; separation phase, "perhaps from some status, aspect of identity or role that is determined to be no longer viable for the person concerned" (White & Epston, 1990, p. 7).

1. Points of story: announces what this story is about, that is, what's most important to talk about. Sets the agenda to begin the therapy session.
2. Backstory: develops the relevant social, cultural context. An intelligible frame in which to understand the problem/issue.

Act 2, middle; liminal, transitional, "betwixt and between phase—characterized by some discomfort, confusion, disorganization, and perhaps heightened expectation for the future" (White & Epston, 1990, p. 7).

3. Pivotal events: identifying and reinterpreting the experiences that are located in the significant events in people's lives.
4. Evaluation: locating and judging the effects of problems in people's lives.

Act 3, conclusion; or, "re-incorporation, characterized by the arrival at some new status that specifies new responsibilities and privileges for the person concerned" (White & Epston, 1990, p. 7).

5. Reflecting summary: reflecting on and summarizing movement that occurs in the therapy session or the overall process of therapy.
6. Receiving context: developing a new backstory context to receive changes that have developed and to accommodate the reincorporation of identity.

The three-act play encapsulates the general theme or plot of the story, while each act/phase serves a particular purpose and movement within the overall play. This play, informed by the rites of passage metaphor, provides people with a general map of the experiences that are to be expected in breaking from a problem-saturated life as they ready themselves for the therapeutic journey ahead. People are compelled, rather than convinced, to embark on their journey.

As stated in Chapter 1, van Gennep (1960) pointed out the need to mark the transition from one stage, through a threshold, to the next stage. This remains especially relevant as people move from each act of the three-act play to the next.

Michael White further expanded on the work of van Gennep and Turner's (1977) rites of passage metaphor through his Migration of Identity map (White, 1999). Through this map he continued to call attention to the phases of separation, liminality, and reincorporation as invaluable aids for mapping personal journeys. The migration of identity map begins by inquiring into people's degree of wellness and/or degree of despair, just prior to departing on their therapeutic journey. Their identity conclusions, which are more often thin and negative at this time, are taken into account. The time and date of departure, indicating when people moved from the separation phase and began moving into the middle phase, is logged. During the middle phase of the journey any setbacks or progresses are tracked and graphed, unpacking meaning of the events in a sequence over time through the therapeutic conversation. The final and third phase of the map results in a reincorporation of identity, which incorporates preferred aspects (i.e., skills, knowledges, attributes, beliefs, commitments, preferences, etc.) of people's identities from their past with new realizations and learnings that have been acquired while journeying through the middle phase. The third, reincorporation phase includes reflections on new learnings and perceived difference, implications for identity conclusions, and speculations regarding next steps. Invoking the universal story metaphor, the migration of identity map makes it possible to track difference, movement, and meaning through time.

The three-act play, utilizing the universal story metaphor, offers a lucid means to conceptualize both the entire therapeutic process and a particular session. As Steve de Shazer (1991) stated:

> The conversations that therapist and clients have can be seen as stories, as narratives. Like any story, each case or each session of each case has a beginning, a middle, and an ending, or at least a sense of an ending. Like any story, the conversation is held together by the patterns involved, by the plot. Like many stories, therapy conversations deal with human predicaments, troubles, resolutions, and attempted resolutions. (p. 92)

However, just as we understand our narrative, poststructural orientation to be an overall theoretical metaphor for therapy, the conceptualization of the three-act play and the storyline conversational map are merely organizing metaphors. Metaphors are handy when making sense of phenomenological process. The purpose of the three-act play and the storyline conversational map are to help navigate therapeutic conversations. There are many different types of maps that are useful in navigating therapeutic conversations. Alternatively, for some it may be preferable to use no maps at all when participating in a therapeutic conversation. Therefore, this is *a way*, not *the way*, to organize storyline within a therapeutic conversation. The three-act play and the storyline conversational map do not represent a "truth" claim. These are our ways of conceptualizing storied therapy that are situated within the backdrop of our postmodern philosophical orientation.

ACT 1: SETTING THE STAGE: SEPARATING FROM TAKEN-FOR-GRANTED UNDERSTANDINGS

At this beginning stage, the therapist assumes the position of a welcoming host, engaging with people through a supportive, transparent therapeutic posture while expressing curiosity and interest in their story. This posture is primarily about how to be in relationship with people while facilitating a therapeutic conversation. The focus is on asking questions rather than making statements. Questions, if not done in a cross-examining manner, are invitational and inspired by curiosity. "People can choose how to respond to a question, and when we genuinely listen to and value people's responses, *their* ideas, not ours, stay at the center of therapy" (Freedman & Combs, 1996, p. 277). This posture demonstrates a practice of respect.

When therapeutic conversations work well, they are supportive, with a clear sense of purpose. We engage with people's preferred view of "self." We want them to experience a difference after our conversation with them and a sense of acknowledgment that "finally, someone has heard what I have to say! I was taken seriously." As Freedman and Combs (1996) stated:

> We try to put ourselves in the shoes of the people we work with and understand, from their perspective, in their language, what has led them to seek our assistance. Only then can we recognize alternative stories. Connecting with people's experience from their perspective orients us to the specific realities that shape, and are shaped by, their personal narratives. (p. 44)

Think back to a time when you had a conversation with someone that made a difference for you. How much did your sense of engagement with the conversation have to do with how you were able to resonate with the other person throughout it? Did you feel taken seriously? Did you have the experience that the other person was genuinely listening to you and understanding your perspective? Were you more in touch with how you prefer to experience yourself? You may have experienced increased optimism and a sense of moving more toward your preferred sense of "self." You may have experienced a greater sense of intimacy with yourself and the other person. Afterward, you may have had a sense that even though your circumstances may not have changed, you had a different outlook, you understood things differently, and new meanings were generated as a result of the conversation. Perhaps you experienced more confidence that you could do what you needed to do and felt inspired to do so. Now ask yourself: How was this conversation different from other ones that may have seemed lackluster, uninspired, or even counterproductive?

When beginning a therapy session we assume a conversational, not a traditional, interviewing posture. A conversational posture invites people to express their stories. A poststructural conversational posture helps to deconstruct problem stories while generating new meaning and searching for preferred stories. As a result, therapy sessions are not fact-finding missions, but conversations that encourage the telling and retelling of stories from the past and the coauthoring of possible stories moving into the future.

The poststructural therapeutic conversation is characterized as dialogue among the therapist and people who have come to therapy. It's a mutually shared undertaking, with constant toing and froing between the therapist and people seeking assistance. These conversations are by their very nature moment-to-moment, situated in a backstory of people's lives. While facilitating the therapeutic conversation the therapist conveys a sense of "being in this together."

The therapist begins the session by assuming the position of a welcoming host and beginning with describing the process of the therapy session (e.g., the overall session format, the inclusion of the outsider witnessing team if there is one, note-taking, one-way mirrors, videotaping, duration, etc.) and respectfully asking for permission to use any or all of these activities.

Therapist: So, did you folks come a long way today or do you live closer around here?

Jason: We came a fair ways to get here. We live just outside of town about 40 minutes.

Caroline: We got a little lost coming in this morning. I was worried that we weren't going to make it here on time.

Therapist: Well, I'm glad you made it here okay. Could we take a couple of minutes to check with you about our understanding of what will be going on here today?

Jason: Actually, I would appreciate knowing that. I'm kinda confused about how this whole therapy thing works.

Therapist: I'll do my best to be clear. First, all the rules of confidentiality apply. The plan is that I will be talking with you and get to hear what is important

for you to talk about. In addition, there are five people behind the one-way mirror who will be an audience to our conversation. About halfway through our time together we will switch places with the group and listen to them have a conversation about what they heard. They are going to have some ideas, thoughts, and images that they will want to share. At that point in time, we will be an audience to their reflections and listen to what they have heard and what caught their attention in our conversation. After listening to the team's reflections, we will switch around again and I will ask you some questions about what stood out for you or struck a chord for you that you heard in the conversation among the team members. How does that sound to you? Does that sound okay?

Caroline: It sounds interesting and okay.

Therapist: And, the team members would like to take some notes. They will be your words, not theirs. Mostly they will write down particular words or phrases that stand out or catch their attention. Also, I would like you to meet the team behind the mirror if you are comfortable with that.

Caroline: Of course, that's fine.

Therapist: (*Introduces Caroline and Jason to the team.*) And, I'd like to take some notes as well if that's okay. There is so much going on that catches my attention that if I don't write some of it down, it gets lost.

Caroline: That's fine.

Jason: Sure, that's fine.

At this point the therapist becomes a conversational manager, working to democratize the therapy session, inviting family members to introduce themselves, while ensuring that everyone's voice is included.

Therapist: Would the two of you mind just saying a little bit about yourselves at this point and include anything at all that you think would be good for us to know about you?

Jason and Caroline talked about themselves and made themselves more visible to the group. Once this process was completed, they were asked if they had any questions of the therapist. By questioning the therapist, it makes it possible for everyone in the therapeutic conversation to become more visible, reducing the therapist's position as an expert and addressing the inherent and inevitable imbalance of power.

Therapist: By the way, if there's anything you want to know about me, please don't hesitate to ask those questions. I'd be happy to answer any questions that you might have.

Caroline: Do you see families a lot? Is this sort of your specialty? How long have you been doing this kind of work?

Therapist: Yes, I mostly specialize in working with families that may experience a variety of difficulties. I've been working with families for almost 30 years now.

Act 1 is the beginning of the therapeutic conversation and the *separation phase* (to use van Gennep's rites of passage language) of the three-act play. As illustrated above, the therapist's job is to create a supportive environment so that family members can begin to tell their story and slowly distance themselves from taken-for-granted, problem-saturated ways of viewing and doing things (Eron & Lund, 1996). The separation phase is the point at which people begin to move away from the familiar aspects of their lives toward possibilities that are less known. Activities that are particular to the beginning of the therapeutic conversation need to be addressed before moving on to act 2. However, before embarking on the journey phase, and in preparation of the separation phase, effort can be put into anticipating and identifying the challenges and constraints that people are likely to face on their quest. A clearer understanding of these challenges and of the importance of their quest helps people to cultivate a preparedness and willingness to commence the journey. The act of speculating makes it possible for people to imagine alternatives, practicing and improvising new action for the experiences that lie ahead on their therapeutic journey.

Developing Storylines

People may begin the conversation with negative, totalizing identity conclusions about themselves or others. For example, a parent may declare that their 9-year-old son is ADHD (attention deficit/hyperactivity disorder).

Or, people may state that they are depressed. It's useful for the therapist to

maintain the view that it's people's jobs to state the problem in this way. That's what they do. People state the problem, crisis, or issue when they come to therapy. The therapist acknowledges the distress that people are experiencing and, through deconstructive listening and questioning, begins to negotiate the definition of the problem in experience-near, nontotalizing terms (White, 2007a). This is particularly important at the beginning of the therapy session because when identity is totalized and gets swept into a category (e.g., ADHD, depression, borderline personality, etc.), it's no longer available for alternative appraisal. Totalizing, global categories invite therapists to relate to abstract concepts rather than relating to the specific people seeking assistance. The practice of totalizing identities through categories and labels creates a distance and disconnect with people, hampering their attempts to discern more productive pathways to alternative storylines. Therefore, the naming, externalization, and deconstruction of the problem helps to establish a different relationship between the problem and the people influenced by it.

As the therapist is presented with totalizing identity statements such as "He is ADHD" or "I'm depressed," people begin to describe the moments and events of the problem-saturated story. The therapist engages with people's telling of the problem story with curiosity and deconstructive listening. In this way, people's stories are acknowledged. At the same time the therapist is listening for what is not being said, yet speaks more to what is important to people.

Careful, deconstructive listening is mingled with deconstructive questions. Deconstructive questions address the totalizing effects of the problem and invite people to reconsider and reevaluate previous negative identity conclusions. As the totalizing effects of the problems are called into question over time, more space is created for alternative storylines to become more visible. The following excerpt from a therapy conversation with a man who has been diagnosed as depressed will provide an example of deconstructive listening and deconstructive questioning.

Therapist: Nathan, given the time that we have together, what's most important for us to talk about today?

Nathan: (*Leans forward in his chair, elbows on his knees, hands clasped and looking down at the floor.*) I'll be honest with you. I never imagined myself going to see someone like you. You know, like a shrink. I'm not really the kind of person that does that.

Therapist: Of course, I can appreciate that you never imagined coming to see someone like me. So, given that this is a new experience for you, how is it that you decided to make this appointment and then came in to talk with me?

Nathan: Well, it wasn't really my idea. I went to see my doctor and he told me that I'm depressed and that I should come see you to work on my depression. (*He raised his head and looked straight at the therapist.*) Can you do that? Can you fix my depression?

Therapist: I'm still a bit confused Nathan. There are a lot of different kinds of depression. Each person's depression is different. It would be helpful for me to know more about your "depression" and your particular circumstances (backstory). Actually, if I could also get to know you away from your depression a bit more, maybe I would be better able to understand what you mean when you say you're depressed. Can you tell me a bit about yourself away from your depression first? And then, I'm curious about how you came to think of yourself as depressed?

Nathan: I wasn't always like this. I had a really good "normal" life. My wife, Rachael, and I had a great marriage and really enjoyed doing things together. I had great friends and an active social life. Everything was going well in my life. Then the company that I worked for downsized and as a result of that I lost my job. I had worked for that company for 23 years and finally made vice president. Then, after all those years, they just dumped me. I found that incomprehensible. I guess I got pretty overwhelmed and miserable after that and just sort of gave up trying. I started having problems in my marriage. After a while, Rachael said she couldn't take being around me the way I was and decided we should separate. She said she needed her space to think about what was going on with us. I had to move out of our home to a little basement apartment. So, in the last 7 months I've lost my job, my wife, and my house. That's why I'm depressed.

Therapist: So, in the past 7 months you have experienced a number of significant losses. You know, Nathan, as I was listening to you describe this series of events, it got me thinking: "Is Nathan 'depressed,' or is what he is experiencing a reasonable response to everything that has happened to him over the past while?" That seems like a big unsettling event to lose your job, and then experience difficulty in your relationship with Rachael, and then moving out of your home into a basement apartment. Given all that has happened, I found myself wondering how you have managed your life as well as you have,

in spite of it all. So, reflecting back over all that has happened over the past 7 months, how would you imagine that you could have responded differently?

Nathan: (*Sits up straight in his chair, pauses, and looks down to the floor.*) Maybe with a bit more grace. I got pretty irritable and angry and was hard to be around. I used to be an easy person to be around. I have a lot of good friends, but they have been pretty annoyed with me lately.

Therapist: So, would you say the irritability and anger have gotten in between you and your relationships with other people, like Rachael and your friends?

Nathan: It's like a wedge has been driven between me and Rachael and me and my friends.

Through the conversation so far the therapist has acknowledged Nathan's experience and responses to the powerful events in his life. The therapist then actively accepts and validates Nathan's experience. Then the therapist introduces ambiguity into Nathan's experience by implying that perhaps he is not "depressed" but that his experience could be interpreted as a reasonable response to the powerful and confusing events that have happened in his life. In a sense the conversation moves from diagnosing Nathan as an individual—that is, depressed—to diagnosing the context in which he lives. Finally, the conversation moves from a global, experience-distant category of depression to externalized, specific, experience-near descriptions such as confusion, irritability, and anger.

A posture of curiosity and deconstructive listening incorporates into the therapeutic conversation the practice of double listening. The practice of double listening was developed by Michael White. He described it as follows: "These listening practices are referred to as 'double listening,' which has the potential to open up a wide field of possibilities for exploration" (2003, p. 30). Double listening is important because people's lives are double storied. When we listen to people express their experiences, they are doing so in relation to other experiences that are not being explicitly expressed in the therapeutic conversation but are implied. In this way the therapist is open to hearing whatever people want to say and, in addition, invites them to speak about what they may not have previously spoken about.

Therapist: Earlier you said that you "sort of gave up trying" and became a bit overwhelmed and miserable and then the irritability and anger started getting between you and your important relationships. I'm curious, Nathan. What is it that you have given up on? Is this something that would be important to talk about?

Nathan: (*Nods his head in agreement.*) I became very overwhelmed with losing my job because it made no sense to me. Actually, I can't remember a time in my life that I felt so confused, overwhelmed, and immobilized. I was a really good employee. It made no logical sense. It felt so out of control. If I could just lose my job after 23 years of being a good employee, then it was like anything could happen. You know, like what's the use in trying then? I think I became so consumed and stuck on the loss of my job that I lost sight of what I had that was important to me. My relationship with Rachael and my relationships with my friends are very important to me. I'm very saddened by what has happened through all of this. Yes, this would be important to talk about. I need to get back on track.

Therapist: So Nathan, would this say that you are the kind of person who values your relationships with other people?

Nathan: Oh yes, that's really the kind of person I am. I'm a people person. I'm not really this person that I've been for the past 7 months.

Therefore, the strength of Nathan's response to these powerful life experiences also speaks to what lies on the other side of his expressions regarding his strongly held values and his preferred sense of identity.

Carey, Walther, and Russell (2009) further expanded on this thinking as they referred to the "absent, but implicit" concept developed by Michael White through his study of the work of Jacques Derrida when they stated:

> If we accept the proposal that people can only give a particular account of their lives through drawing distinctions with what their experience is *not*, then we can tune our ears to hear not only what the problem *is*, but also to hear what is "absent but implicit" in their descriptions—what the problem is *not*. (p. 321)

People can be asked questions that make their strongly held values more visible. What they give value to is shaped by certain knowledges and beliefs about life. These knowledges and beliefs are embedded in stories that are always present, but they lie on the shadowed side of problem stories.

So, the therapist begins the therapeutic conversation by assuming a stance of curiosity, using deconstructive double listening early on in the session. This ear-

ly phase is where stories are introduced and begin to move the therapeutic conversation forward. As not all stories are equal, the therapist collaborates with people to decide which story is most important for them to express.

Points of Stories: What's Most Important to Talk About? (. . . Once Upon a Time)

Stories are introduced as the therapist inquires about the point of the story. The point of a story serves the same purpose as an abstract when writing a professional article: It is to announce what the story is about. When someone announces the point of the story, the therapist (listener) is signaled to a forward reference that the story is about to begin. The point of the story serves as an invitation to the therapist to participate in and witness the unfolding of the story. It is an entry point into storylines. Therapists pay close attention for the point of the story as they wait for an invitation to move forward and develop the story.

In order to help the story move forward, and gain an understanding of what is most important for people to talk about, therapists restrain their own agenda and hypothesis. They are prudent to avoid "knowing" too soon, intentionally asking questions to which they genuinely do not know the answer. The longer therapists can "not know" and remain curious, the more likely it is that people will provide richly saturated descriptions of the important events and details of their lives. As illustrated in the excerpt of the transcript above with Nathan, a useful question at this beginning stage of the therapy session is posed:

Therapist: Given the limited amount of time that we have with each other, and given everything that's been going on in your life, what's most important for us to talk about right now?
Sarah: Well, out of everything we could talk about, right now my relationship with my son, Grant, is most important to discuss. We're going through a rough patch.

When a therapy session involves multiple family members, different family members may propose various options regarding what's most important to begin talking about. At this point the therapist facilitates a discussion with family members to help them reach consensus regarding a beginning topic to start the therapy session. At this stage, the point of the story, that is, the agreed-upon topic, is framed as a start for the therapeutic conversation. As the conversation proceeds and the story changes and becomes more relevant, family members may prefer to shift the topic. The therapist maintains a curious and tentative stance in order to stay with the family's story as it continues to evolve, move forward, and separate from familiar understandings.

In a sense the therapist and the family members are preparing for a journey, as mentioned earlier, or a quest, as described in the previous chapter. "Quest stories meet suffering [the problem—our addition] head on; they accept illness and seek to *use* it. Illness [the problem—our addition] is the occasion of a journey that becomes a quest. What is quested for may never be wholly clear, but the quest is defined by the ill person's belief that something is to be gained through the experience" (Frank, 1995, p. 115). In a sense the person receives a "calling" to embark on the quest (Campbell, 1968). "The quest narrative affords the ill person a voice as teller of her own story, because only in quest stories does the *teller* have a story to tell" (Frank, 1995, p. 115).

When starting the session people can also be asked to update their story. They can be asked if anything has changed or shifted in one way or another with the problem prior to coming in for the therapy session. Often people have made some effort to decrease the influence of the problem, but their efforts may have gone unnoticed. As well, people may have had realizations or new ways of understanding their situation.

Therapist: What has changed in your view of your situation?
Sarah: You know, I woke up about 3:00 A.M. one morning a couple of weeks ago, sat up in bed, and it just came to me as I looked at my husband laying beside me . . . this is not the man I married (*alerts to the point of the story*)!
Therapist: Would that be important to talk about?
Sarah: Absolutely!

As the therapist establishes the point of the story and what's most important to talk about with people, it's necessary to situate it within their backstory.

Backstory: Creating an Intelligible Frame (. . . Every Day)

Backstory embodies the social context in which people's stories are situated and from which their stories continue to develop. It provides a frame of intelligibil-

ity to better understand the overall story and the problem-saturated story. For example, it's relatively futile to ask people how they feel without understanding it within the context of their relevant backstory. This provides a frame of reference. For example, if people say they're "depressed," it remains a word at a global, rhetorical level until it is understood within their relevant backstory, their social context.

When a single-parent, sole-support mother who is living in a tiny apartment over a store with three children, barely scraping by financially because her ex-husband doesn't contribute to the children's child support, says she's "depressed," there is an appreciation for the meaning of the word *depressed* as it is influenced by the *particular* effects of her social context. When a white, middle-aged businessman says he is "depressed" because he has lost money in the stock market, but still holds a position of power and influence, there is a different appreciation for the word *depressed* within the influence and *particular* effects of his social context. People's lives are situated within backstories—social, cultural contexts, influenced by master narratives that shape their beliefs and actions, contributing significance to their stories. These cultural beliefs that exist in people's backstories more often get taken up as truths, contributing to the grip of the problem story. These taken-for-granted beliefs can be called into question and deconstructed to make space for preferred stories.

In order to illuminate people's backstory, the therapist enters into their world. The voices of others who populate the backstory are brought into the therapeutic conversation. The re-membering conversations map provided by Michael White (White, 2007a) provides a useful way to reevaluate and revise relationships with others, thereby purposefully regulating their effects on identity. As White articulated, "Re-membering conversations are shaped by the conception that identity is founded upon an 'association of life,' rather than on a core self" (p. 129). (An example of how this map relates to working with someone managing the effects of addictions is given in Chapter 7.) Therefore, the therapist listens carefully for people to express qualities or characteristics of their preferred sense of self. Those preferred qualities or characteristics are then unpacked and linked to persons with whom they are in association who have contributed significantly to the development of these self-descriptions. These unpacked identity qualities and characteristics provide expanded descriptions that begin to make people's values, beliefs, principles, and commitments more visible. These aren't just information-gathering exercises meant to gather facts through a social history in a thin sense. "Re-membering conversations are not just about passive recollection but about purposive reengagements with the history of one's relationships with significant figures and with the identities of one's present life and projected future" (White, 2007a, p. 129). Involving the influences of others in this way expands the story, livens the backstory, and brings forward persons—past, present, living, or deceased—who have been influential and who support the person's sense of personal agency.

The Socially Constructed Genogram and Re-membering Conversations

Re-membering conversations can be richly developed and illuminate the imagery of people's backstory as it is being described by providing a visual map. A socially constructed genogram (SCG), which is founded upon poststructuralist sensibilities (Milewski-Hertlein, 2001), provides such a map. As poststructuralist thinkers view identity as socially constructed, the mutual influence between self and others becomes highly significant. In addition, beyond the relationship between self and other, the interpretation of text, broader cultural discourses, and master narratives influence the personal sense of reality.

Unlike the traditional genogram (McGoldrick & Gerson, 1985), which describes family and relationships in a positivist view, the socially constructed genogram provides an alternative map for understanding the multiplicity of identity, family, relationships, and culture. The socially constructed genogram accounts for the view that meaning and understanding are generated socially, within conversations with others (Anderson, 1997; Anderson & Goolishian, 1988). However, this intersubjective dialogue referred to by Anderson and Goolishan (1988) does not exempt people from the influences of the wider cultural discourses. The SCG also takes into consideration the power and political influences of the broader cultural discourses.

As identity is viewed as occupying territory, the socially constructed genogram conveys the spatial aspect of identity in relation to others. As people are able to visually locate their relationships with others in a desired proximity of closeness or distance, they are able to avoid assumptions about relationships based on discourses regarding the entitlements of the biological family. This makes it more possible for them to explore the quality of those relationships.

The SCG makes it possible to unpack and explore the particular meaning that is embedded in the key experiences between people through re-membering conversations. White (2007a) spoke to this when he stated:

> Re-membering conversations provide an opportunity for people to revise the memberships of their association of life: to upgrade some memberships and to downgrade others; to grant authority to some voices in regard to matters of one's personal identity, and to disqualify other voices with regard to this. (p. 129)

When someone talks about their family, or particular family members, we can question the meaning of those words and understandings. There is an acknowledgment that these words describing family are culturally defined, and the meanings and experiences of family change significantly in various cultures. Milewski-Hertlein wrote: "The deviation from the nuclear family is not just a Western tradition. In China, children can be raised apart from their fathers with their mothers in a group of women" (2001, p. 25).

The re-membering conversations and maps developed by Michael White, together with the socially constructed genogram, both sustained through a post-structural sensibility, serve to enliven the backstory. The socially constructed genogram calls attention to the significance of backstory when understanding identity.

Creating the Socially Constructed Genogram

The socially constructed genogram is created through a collaborative effort between therapists and the people who consult them. It is not a static device meant to diagnose and establish normative conclusions about people's relationships with others, but a fluid map for aiding in the interpretation and renegotiation of relationships. This reinterpretation creates the opportunity to critically reflect and restory relationships toward more preferred understandings. As one's life is continually changing, the socially constructed genogram reflects those changes through time.

When creating the SCG with someone, there are options available. One option is to simply print a number of diagrams of approximately five concentric circles. Then they are ready for use in each therapy session with people who consult us. Another way is to simply draw the circles in the moment on a blank piece of paper. Then the therapists can explain the concept of the genogram to the people consulting them. In doing so, they can invite people into the deconstruction of traditional understandings of family and relationships. People are invited to express their relationships on the SCG as they actually experience them and then they are encouraged to explore the meaning of those relationships. People are encouraged to expand the traditional understanding of relationships to people (living or dead), pets, archetypal heroes, friends who are like family, and so on. People are invited to place themselves in the center circle of the SCG. Then they are asked to place others in respective circles based on their closeness or distance, or importance or lack of importance, or preference or lack of preference regarding their rating of their relationship with them. Their relationship to the other person (e.g., father) is indicated by writing it onto the SCG.

The following are excerpts from a conversation with a 15-year-old boy who was dealing with the effects of living in the aftermath of his parents' separation and divorce.

First Session with Luke

Therapist: It appears there are a number of people in your life who have different relationships with you. Do you think it might be useful to have a look at these relationships with these people and clarify your associations with each of them?

Luke: I guess it would. Sometimes it gets pretty confusing.

Therapist: (*Introduces the SCG.*) Sometimes it can be useful and interesting to map out relationships visually on this piece of paper with all of these circles. Would it be okay with you to locate the people in your life in relation to you on this piece of paper?

Luke: Sure, why not?

Therapist: (*Places the SCG on the table in front of Luke.*) Okay, first, can you place yourself in the center circle by writing your name there?

Luke: (*Writes his name in the center circle.*)

Therapist: Now Luke, I would like you to take a minute and reflect on the relationships in your life. As you think about these relationships, imagine where you would place them on this map. The relationships that you would like to have closest to you, or who you consider to be most significant and closest to you now, would be at the inner circles and the people who you would prefer to keep at more of a distance or who are distant to you now would be at the

outer circles. This can include people who may not be alive anymore. Or, it can include people you don't even know, or people you look up to, or someone you may admire from afar, a rock star, a superhero, an actor, or even an imaginary person. It could even be a pet or a stuffed animal. You can start anywhere you like.

Luke: Okay, I get it. (*He starts to put names within the inner circle. He starts by writing the word* Grandpa.) My grandpa died about 7 years ago, but when he was alive we were close.

Therapist: (*As Luke places each name on the SCG, we discuss the nature and quality of the relationship.*) So, what was it about your relationship with your grandpa that made it possible for the two of you to be close?

Luke: Well, we did things together. He made time for me and always took the time to explain things carefully in a way that I could understand. He would often say, "Do you follow what I'm saying to you, Luke?" He would do that in a calm and patient manner until he was satisfied that I understood what he was trying to explain to me or teach to me.

Therapist: So, what have you learned from your grandpa that you carry with you today?

Luke: He taught me a lot of things. I have a lot of respect and admiration for him. I think what I learned the most from him is how to be calm. He also taught me how to slow down and pay attention to details. Sometimes he would say to me, "Luke, it's in the details." I guess I would say that he taught me a lot about how to be calm and patient.

Therapist: If he were here now, what do you suppose he would say that you have contributed to his life?

Luke: I think he would say that I was his companion. Grandpa and I were buds. I gave purpose to his life.

Luke continued to place his dog, Smokey, his best friend, Jordon, and his mother in the inner circle and then placed other friends and relatives at various positions on the remaining circles. As he placed each person in their respective circle on the SCG, we discussed the nature and quality of the relationship and the reason for that person's particular status in Luke's life. By combining the socially constructed genogram with the re-membering conversation map, each relationship would get unpacked, marking the contributions made to the person from Luke and the contribution to Luke's life by that person.

The SCG can also provide a useful visual map to re-vision future, preferred states. After constructing a SCG to illustrate the present state of people's backstory, they can be asked if they would like to construct a map that would represent how they would like their life to look in the future. This future-oriented SCG would show what it would look like if all of their relationships were revised to represent an association with the significant others in their life that they would prefer. The therapeutic conversation can include discussions about what would need to be different for this change in relationships to occur.

Therapist: Luke, now that you have placed various people on your map in a way that reflects your association with them, are there any of those relationships that you may want to change in the future? You know, if you could change things to suit your life the way you would ideally like it to be.

Luke: Well, truth be told, in a perfect world I really would like to have a closer relationship with my dad. (*Luke had positioned his father at one of the outer circles on the SCG.*)

Therapist: Is it okay to start another map to represent your relationships with people in the future? On this map you can place people relative to where you would want them to be in the future.

Luke: (*Places his father close to the second circle from the center.*) Since he's remarried it has been harder to spend time with my dad. I'm guessing that we will never be really close, but I would like it if we could be closer than we are. I think he wants to be closer and spend more time together. It's just more complicated now.

Therapist: Would it be useful to talk about the relationship that you have with your father and the relationship that you would like to have with him?

Luke began talking about his longing to spend more time with his father and to develop a closer association with him. The SCG assisted a re-membering conversation and opened up possibilities for future conversations that could include his father.

Recruiting Significant Others to Attend Therapy Sessions

It can be quite useful to recruit the participation of significant others in therapy sessions. In this way we bring the people that populate the person's backstory

into the therapy room with us. Again, using similar points of inquiry from Michael White's (2007a) re-membering conversations, people can be recruited into commenting on what they have appreciated about the person's intentions and efforts to move forward toward their preferred life. People can be consulted who have already made similar journeys, who can share their stories, showing what they did that provided them with the skills, knowledges, and inspiration to get through their personal quest. Although their stories are not completely germane, they do provide resonance and ideas for challenges that lie ahead. The social support and maps of others can offer reassurance to people while they are experiencing the distress inherent in the transitional phase. During these times of uncertainty it can be validating to know that others have already been through these trying times, endured, and moved on to other things. It can be reassuring to hear people talk about what got them through challenging journeys in their lives and how they experience themselves differently as a result of it. When sharing the stories about these challenging journeys, people may describe the details of their struggles in such a way that demonstrates the determination that is developed through these experiences. The details of these conversations help people prepare for their journey in pragmatic ways as they hear about past events that contain rich details of the trials and errors involved. These conversations inspire resourcefulness and inventiveness as people relate these experiences to their own beginning journey.

Second Session with Luke and Friend Jordon

Therapist: Welcome, Jordon. Thanks for joining Luke and me in this conversation today. Luke said that he considers you to be a valued friend and that you have been on a similar journey as Luke.

Jordon: Yep, Luke's my best friend. I've got his back. I would do anything for him. By "similar journey," if you mean my parents splitting up. Been there, done that.

Therapist: Jordon, what have you appreciated about Luke's efforts as he's gone through his parents' separation? Is there anything that you have noticed that stands out for you?

Jordon: You bet there is. Luke's the iceman. He always manages to stay calm, even when things are tough. When my parents split up I got pretty angry for a while. It wasn't a pretty picture. A couple of times I really lost it and had to learn new ways of dealing with the whole mess. I had trouble. But Luke's been a class act. I've learned how to chill by watching him go through his parents' split-up.

Therapist: Having been through it, is there anything you could tell Luke that you think might be useful to him on his journey that you learned from your own experience?

Jordon: Luke and I, we've talked about this before. (*Speaks to Luke directly.*) What I found is things get better over time. Life's just different now. Sometimes it feels weird. But it actually did get better.

Luke: Sometimes I get really down when I see what my parents are going through and sometimes what they are doing to each other. So how did you hang in when things were really tough like that?

Jordon: My lifesaver was I had good friends. Sometimes just being with my friends and even with their parents got me through when my own mom and dad weren't doing well. I also got more involved in playing sports. It helped me to stay busy and focused.

Jordon and Luke continued to compare stories related to their similar journeys. Jordon's recalling of the stories from his experience offered Luke hope that he could have a closer relationship with his father over time.

Constraints and Master Narratives

It's also important to identify constraints that exist in a person's backstory. What is it that holds them back or gets in the way of doing what they need to do? A person's ability to perform their story and confidently experience personal agency is contingent on how they are situated in the backdrop of their life. As illustrated above, "the extent to which our moral agency is free or constrained is determined by our own—and others'—conception of who we are" (Lindemann-Nelson, 2001, p. xi). How we act and make sense of our identities is strongly linked to how we perceive others viewing us. "This includes his construction of the other person's motivations and intentions and his view of the other's view of him" (Eron and Lund, 1996, p. 43). This may include family and friends who are located within the immediate social context, or it may refer to others who are out there in the broader discourses of culture and society. People's identities and sense of moral worth can become vulnerable or impoverished when a more powerful social group views them as less important and prevents them from

inhabiting identities that are worthy of full moral respect. In this case, a person may be experiencing the degrading influence of a master narrative (Lindemann-Nelson, 2001). People experiencing this sort of oppression might require help to resist the influence of the master narrative through affiliation, advocacy, and the development of an organized counterstory.

The transition from act 1 to act 2 indicates the end of the first phase of the rites of passage, within the journey metaphor (Turner, 1977; van Gennep, 1960). This marks the beginning of the journey. This transition begins with a separation from familiar ways of experiencing life, to a liminal, ambiguous journey phase characterized by a quest that addresses the problem story and, at the same time, strives for personal agency. "For me, taking a journey into the unknown with a map in hand always fills me with anticipation" (White, 2007a, p. 7). "The meaning of the journey emerges recursively: the journey is taken in order to find out what sort of journey one has been taking . . . it nevertheless represents a form of reflexive monitoring" (Frank, 1995, p. 117).

The entrance to act 2 serves as a threshold, much like a doorway, entering the quest phase of the therapeutic conversation. The rites of separation (van Gennep, 1960) mark the time from which people have expressed the point of the story, situated the story within the overall backstory, and are moving toward it, but have not yet crossed through the threshold into the liminal phase of the therapeutic conversation. This is a very important beginning step in the therapeutic conversation, where the therapist needs to be careful to move slowly and not jump to conclusions about what needs to be discussed. Joseph Campbell referred to this first phase of the journey as the "departure . . . beginning with . . . the call to adventure" (1968, p. 41). This is a time that the person experiences distress of some sort that requires a separation from their previous sense of identity that may no longer be as pertinent. "It marks what has been termed 'the awakening of the self'" (p. 42). Campbell described this phase further as follows:

> But whether small or great, and no matter what the stage or grade of life, the call rings up the curtain, always, on a mystery of transfiguration—a rite, or moment, of spiritual passage, which, when complete, amounts to a dying and a birth. The familiar life horizon has been outgrown; the old concepts, ideals and emotional patterns no longer fit; the time for the passing of the threshold is at hand. (pp. 42–43)

Campbell's view is that once the person accepts the call (the problem or the issue), then the first threshold is crossed. "Eventually, the call cannot be refused" (Frank, 1995, p. 117). Even though significant effort and intention may have gone into plotting this course so far, in preparation for the liminal phase of act 2, it is prudent to remain open to the possibility that people may pause at the threshold and return to the familiarity of what they know. This response may indicate a need for further preparation, and can be seen as using necessary judgment, rather than being experienced as failure. Significant journeys are rarely linear experiences, simply moving in one direction, ramping up continuously while life improves measurably with each day that passes. More often a significant journey requires planning, reconsideration, and readjustment of plans as we move toward a preferred future.

Once people have accepted the call and are ready to depart from the familiarity of their life and move through the threshold from act 1 to act 2, the therapist graciously invites them to pass through the threshold, moving their story forward to the journey phase of the therapeutic process.

The following passage is from a therapeutic conversation with a woman who has recently divorced and is experiencing the effects of worthlessness and isolation. This passage will illustrate movement from the separation phase and accepting the call to move through the threshold to act 2.

Juanita: I've been thinking a lot about how isolated I've been since my divorce from Carlos and how the blues had me slowly retreating into living my life away from people who matter to me. It's like being trapped on a desert island all by myself. I just feel isolated, worthless, and more and more fearful of doing what I need to do to reclaim my life. Some days I don't even leave the house.

Therapist: So over time, since you and Carlos divorced, you have begun to experience a sense of isolation and worthlessness that feels like being trapped on a desert island.

Jaunita: Well, yes. And, like I said in the last session, I can't continue to live like this. The more I live like this, the worse it gets.

Therapist: You no longer want to live like this. You want to move toward something different?

Jaunita: Yes, I've made a decision. As scary as it is when I think about it, I just have to take some risks and do things to get my life back. I want to ma-

from being stranded on this island and move back to the mainland. You know, when I think about it, even the bit of work that I have done with you and the team so far has helped. I think I have already moved from an island to a peninsula. I even phoned an old friend last week and arranged to get together with her. Believe me, that's different than what I would usually be doing.

In order to bridge this transition, therapists offer people a reflecting summary of the therapeutic conversation in act 1 prior to moving to act 2. Although we believe that it is important to provide reflecting summaries at regular intervals during the therapeutic conversation, this particular summary serves to punctuate the threshold to act 2. In a sense, this reflecting summary is the threshold, the portal to act 2.

As implied, this summary is a form of reflective practice. At this point, the therapist facilitates a process for people to look back over the session thus far, reflecting on what stands out in the conversation, noticing any difference. "When people move from being in a conversation to reflecting on it, they become audiences to themselves. This puts them in a better position to perform meaning on their own emerging narratives" (Freedman and Combs, 1996, p. 192). The reflecting summary begins with what Michael White refers to as an "editorial" (2007a, p. 46). The therapist may say: "I'm now better able to understand what's important to you and therefore, what's important for us to talk about in the time we have together today." By addressing what is important to talk about, the therapist addresses the "call," the rationale, the purpose of embarking on the therapeutic journey. This is discussed in descriptive, experience-near terms, using people's precise language. "At this time care is also taken to ensure that people have the opportunity to articulate all the complexities of their position on the effects of the problem" (White, 2007a, p. 46). Reflecting on experience in this way introduces people to the possibility of learning, since the process of reflection "allows its examination and improvement" (Fook & Gardner, 2007, p. 24). People are invited to state clearly what they are separating from that no longer serves them and what is important to them that they are called to move toward.

The reflecting summary is a process that "is based in ethical postures that value openness, transparency, multiple viewpoints, and the decentering of the therapist" (Freedman & Combs, 1996, p. 284). Inviting family members to reflect on the therapeutic conversation "is a *political* act, the purpose of which is to share power among all the participants in therapy" (p. 191).

However, simply reflecting on the conversation without a scaffolded and eliciting process would lack focus and purpose. This focus introduces a way of "knowing" that is relevant with people's local knowledge and sense of purpose. Therefore, it is an *inductive* (informed by the person), rather than a *deductive* (informed by the theory) process (Fook & Gardner, 2007). Rather than depending on professional knowledge, this process elicits people's local knowledge. It invites people to clarify gaps between the imposition of master narratives and the values that they are drawn to in their lives. They are asked identity questions that encourage "expressions of subjectivity" (White, 2007a, p. 99). The therapist scaffolds carefully crafted questions that help people mine the conversation in a way that produces learning and realizations that may not have been recognized or even valued in a deductive approach. Local experience becomes the focal point for understanding people's preferences (e.g., "What do you think stands out that's the most significant thing we have talked about thus far?") The following excerpt illustrates a reflecting summary that facilitates movement through the threshold to the journey phase.

Therapist: Jaunita, when we began our conversation in the last session, you also talked about a profound sense of loneliness, isolation, and self-loathing. Today you are saying that you have made a decision that you are no longer content to continue living like this and that you want to move off of this island of isolation to the mainland and get your life back. You also said that you have already moved to a peninsula. So, is that movement toward getting your life back?

Jaunita: Yes, I suppose it is. Even that much movement wasn't easy, though.

Therapist: Of course not.

Jaunita: There's lots of things I need to talk about. Yes, I really need to start taking some risks and move forward. I want to stop feeling so dragged down.

Therapist: So, when we started last session you stated that you were experiencing isolation and self-loathing. You also stated that through our conversation and your involvement with the outsider witnessing team that you have experienced some sense of movement. You also said that you have taken the initiative to phone an old friend and have arranged to get together with her and

that was different. And you have said that you have decided that you want to get your life back. Jaunita, have I understood you correctly? Is this what you understand? Are you saying that you are ready to move forward and would like to proceed with our conversation?

Jaunita: Yes, that's what I understand and yes, I have definitely decided to move forward. I don't want my life to go on like this. I want my life back!

Jaunita has clearly stated her desire to move forward and has accepted the "call." This is an intentional state. She is ready to proceed to the journey phase and act 2 of the therapeutic conversation.

Reflecting on their backstory invites people to reconsider the relationships of others and consider adjustments to the proximity and subsequent influence of those relationships. This reflecting summary encourages people to question taken-for-granted assumptions, simultaneously making space for new understandings. What becomes important is an appreciation for the multiplicity of identity, the complexity of experience, and a value placed on local knowledge in an ever-changing context. This process helps to sharpen people's focus and clarify their purpose for the challenges that lie ahead in act 2.

ACT 2: EMBARKING ON THE JOURNEY

> This fateful region of both treasure and danger may be variously represented: as a distant land, a forest, a kingdom underground, beneath the waves, or above the sky, a secret island, lofty mountaintop, or profound dream state; but it is always a place of strangely fluid and polymorphous beings, unimaginable torments, superhuman deeds and impossible delights. (Campbell, 1968, p. 48)

The point of the story was elicited in act 1, moving the story forward through the therapeutic conversation, while the person disembarks from familiar territory and, "perhaps from some status, aspect of identity, or role that is determined to be no longer viable for the person concerned" (White & Epston, 1990, p. 7). The backstory has been illuminated, making influential discourses visible, as well as significant others who populate the person's life. This illuminated backstory provides a social context in which to understand the influence of the problem and relationships of others. The threshold linking act 1 to act 2 of the three-act play has been traversed. Now, in act 2, it's time to embark on the journey, the quest, and the raison d'être of the therapeutic process.

This liminal, journey phase of the therapeutic conversation enters into the territory of possibilities that are not yet known, where things mean not quite what they meant before. Michael White (2007a) further depicted the journey phase as follows:

> When we sit down together I know that we are embarking on a journey to a destination that cannot be precisely specified, and via routes that cannot be predetermined . . . and I know that the adventure to be had on these journeys is not about the confirmation of what is already known, but about expeditions into what is possible for people to know about their lives. (White, 2007a, p. 4)

As a means to facilitate movement, in order to traverse the liminal phase, Michael White (2007a) introduced the idea of the zone of proximal development (ZPD) into narrative therapy. The ZPD is a concept developed by Russian educational psychologist and social constructionist Lev Vygotsky (1986). It refers to the difference between what people can achieve individually and what they can achieve with assistance from someone else. The ZPD, according to Vygotsky, is "the domain of transitions that are accessible" (Gredler & Shields 2008, p. 85). "A ZPD does not refer to a specific task, or a single transition, but a broader domain or phase that includes many learning transitions and movements within in it" (p. 86). Vygotsky was clear that his focus on the ZPD was to offer psychologists and educators an alternative choice from "an old delusion that implies development must complete its cycles for instruction to move forward" (p. 86).

It is critical that the therapist and the person seeking consultation maintain a working relationship in which incremental movement can be accomplished through this transitional stage. Rich dialogue is a key feature of the ZPD. An enriched therapeutic conversation provides fertile ground for concept development and knowledge renewal. The conversation between the person and the therapist becomes the medium in which the therapist incrementally scaffolds learning through a succession of small transitions across the ZPD. The person is able to obtain learnings that may be just out of reach, perhaps a step beyond what they previously understood.

It is the therapist's responsibility to facilitate a scaffolding process that supports movement. This scaffolding process operates from a belief that qualitativ

transformation occurs through a sequence of small changes that accumulate gradually. As people receive feedback regarding their efforts, analyze the events in their lives, and evaluate their experiences in a collaborative therapeutic environment, their potential for critical reflection expands. Tinsley and Lebak (2009) emphasized the need for a collaborative environment of trust and shared understanding to produce incremental knowledge development. They stretched their thinking and engaged their imagination. As people's understanding increases, their confidence to take necessary action increases accordingly.

As the person acquires new knowledges and skills, the therapist decreases assistance until it is finally tapered off. Much the way a building site crew removes the scaffolding after completing the construction of a building, the therapist removes influence from the therapeutic process. This range of therapist's involvement assumes that therapy itself is a rite of passage, intended to prepare a person for managing the complexities of life. In posttherapy life, when a person addresses an issue, although the therapist is not present, the person makes independent use of the earlier collaboration with the therapist.

While scaffolding the therapeutic conversation, the therapist invites people to describe the details of their story. Maintaining curiosity and deconstructive listening, the therapist's questions bring forth new worlds of experience for consideration. Deconstructive questions open up space for possibilities that will reach beyond usual concerns and familiar ways of experiencing everyday life. Creativity, choice, and realizations emerge from the experience of responding to these deconstructive questions and delving into the inevitable gaps that exist in problem-saturated stories. These new realizations can be strung together into chains of associations, which begin to form alternative storlyines. These emerging alternative stroylines provide foundations for people to influence future events and develop a renewed sense of personal agency.

The following transcript of an adolescent boy will illustrate how alternative storylines emerge in therapeutic conversations.

Therapist: Sam, I was just wondering if you could tell me a bit more about this bothersome habit that has developed with you.

Sam: Well, sometimes I bother other people a lot. You know, like pester them.

Therapist: What do you mean when you say bother or pester others? Could you describe what you are doing at those times? Maybe you could give me an example.

Sam: Well, I can get pretty annoying. I get too intense sometimes. I ask a lot of questions when I don't understand something, especially when I disagree with someone. I really pester my big sister, Linda.

Therapist: Okay, so you ask a lot of questions. Does this mean that you are a very inquisitive person? (*Deconstructive questioning.*)

Sam: Oh yeah, I definitely am.

Therapist: Have you always been inquisitive like this?

Sam: As far back as I can remember.

Already the conversation between the therapist and Sam begins to shift toward a double-storied account and an acknowledgment of a different aspect of Sam's identity, which could be understood as inquisitiveness. Sam verifies that he has been inquisitive "as far back as I can remember."

Daily life is the locale of problem-saturated stories, which are largely dominant over other realities people could experience, were they not eclipsed, forced from view, and relegated to the shadows. The routines and repetitious events inherent in daily life often distract people from noticing discrepancies within their stories. As Morson pointed out when reflecting on the work of Mikhail Bakhtin: "People act out patterns or do what the laws have prescribed; their actions instantiate, but never exceed, rules or pregiven laws. What people do not do is genuinely choose, even though they might imagine otherwise" (1994, p. 21). Like fish in water that cannot see the water, people become unwittingly trapped in invisible and pervasive dominant discourses, subjugated to the gripping effects of master narratives.

In spite of that, the discrepancies to the problem-saturated story are always present. Like panning for gold, the discrepancies can be found as traces embedded in people's values and commitments, glimmering through as expressions of how they would like life to be otherwise. These traces, often scattered throughout the therapeutic conversation, are clues to alternative storylines. They may appear as discrepancies between the version of story told and details of actions taken, incongruous elements, or implicit statements. These traces and clues can be identified, questioned, and brought forward. Therapists are responsible for noticing these traces, clues, and inconsistencies, holding them up through reflective summaries, contradicting the dominant narrative, while proposing alternative understandings. These discrepancies and traces are always found in the experiences located within the events that constitute the overall theme of peo-

ple's lives, but may not have been noticed previously. These experiences and events are located in the "landscape of action" and are the "stuff" of the journey phase.

Therapist: So, being inquisitive is something that's pretty strong for you.

Sam: Well yeah, when it's working for me. Like lately I've been more interested in my schoolwork and I got a B+ on a test. It's the first time in a long time that I studied hard for a test and it actually paid off. It felt great! But mostly, when I'm inquisitive it just comes out as pestering people and I'm just wanting to get my way. Like when Linda told me last week that I couldn't stay out until 3:00 A.M. at a rock concert, I just kept pestering her and asking her, "Why not? My friends get to stay out till then!" (*Although there is an emerging storyline of Sam becoming more interested in school, there remains a risk that the dominant storyline of his pestering habit will overshadow it.*)

Therapist: Are other people in your family inquisitive?

Sam: Mostly it's just me.

Therapist: So, although there have been some new developments with being inquisitive about your schoolwork, are you worried about this bothersome habit of pestering people?

Sam: Yes, I actually am concerned about how it affects Linda. She's a good big sister. I feel bad when I get her upset with me. She probably doesn't know that I feel bad. And I'm also concerned for me because it's really not a good way to do things. I'm just starting to realize that. Linda said that I'm acting immature when I pester her like that and that I need to grow up and act my age. I think she's right. It just got to be a really strong habit. I mean I don't want to grow up doing this.

Therapist: Why is that, Sam? If you grew up doing this, what effects would that have?

Sam: Well, you know. Like when I'm a 36-year-old adult and my boss tells me to do something, I'll need to work with him. He's not going to like it if I'm really annoying and pestering him. I really want to get rid of this.

Therapist: How long have you been concerned about the pestering affecting the rest of your life? (*Traces of a double story that speak to what Sam values and what he wants for himself.*)

Sam: Well, I've been thinking about it more lately. It just gets everyone around me all tense, especially Linda. She gets frustrated. She even tries to avoid me sometimes. We used to do stuff together. Sometimes she would take me with her when she would go shopping or when she would go visit her boyfriend. He's a really cool guy and would play video games with me. But lately she doesn't ask me to go with her. Maybe she thinks I'm too much of a pain to be with. She's probably fed up with me. I'm starting to feel kinda guilty about how I've been with her.

Therapist: What do you think this says about what's developing in you (*double story*)?

Sam: Well, I think I'm starting to think more clearly. I think I'm understanding more that Linda is being a good big sister and that she is being responsible when she tells me I can't do something, like stay out till 3:00 in the morning at a rock concert. I'm sort of able to take things in now and think about it. I used to just think Linda and my parents were just being controlling and mean, but now I'm starting to think they're not really that way. When I really think about it, Linda is a great big sister. When I'm not pestering her, she's actually pretty fair and a lot of fun.

Therapist: Well, what is it about Linda that you consider to be fair and a lot of fun?

Sam: Well, when she says no, she says it for a reason. She's being responsible and protective. I can see that now. She's always watched out for me when we were growing up because she's a bit older than me. I think I just got it in my head that she was controlling and mean and got into this really bad habit of pestering and annoying her when I didn't get my own way. When I stop and think about it, she's actually a great big sister and fun to be with.

Therapist: What does that say about Linda and what's important to her and what she stands for? You said that she watched out for you when you were growing up and that she's fun to be with. What sort of sister is she?

Sam: Well, I think she's a really great big sister and she is a really solid person. You know, like she didn't have to watch out for me growing up. She could have just done her own thing, but she always took me along with her. She never seemed to mind having me around. She's actually a really cool person. Everybody likes her. She has lots of friends and they all think she's a lot of fun.

Therapist: (*Reflecting summary.*) Sam, so far you've told me about this habit of pestering people, particularly your sister, that you would really like to get free

of. You mentioned that this habit has developed over time, and that you're starting to realize that it's not a good way of doing things. You said that you don't want to grow up like this and have this pestering habit affecting the rest of your life. You also talked about being an inquisitive person and that you've been that way as far back as you can remember. And you said that you've been more inquisitive in school lately and even studied hard and got a B+ on a test. It seems like things are changing a bit and you are having realizations and ideas about how you want to be when you grow up. Sam, am I understanding this correctly?

Sam: Well, when you put it like that, actually, I'm sort of understanding it differently as we're talking about it.

The previous example with Sam illustrates how the discrepancies to the problem-saturated story are found as traces embedded in the therapeutic conversation. Sam expresses how he would like his life to be otherwise. It's the therapist's responsibility to notice and address the traces, discrepancies, and clues to alternative storylines. These traces and clues to the emergent alternative stroylines are brought forward in a reflecting summary. Following the reflecting summary Sam continued to talk more about how he wants his life to be different.

Pivotal Events (. . . and Then One Day)

Commonly understood properties that constitute a story, or a narrative, in order to ascribe meaning to experiences in life are articulated as events that are strung out in a sequence over time to form a theme, plot, or story. However, just as all stories are not equal, nor are all events equal. Each event contains its own uniqueness of human action, within a particular context of time, which is not simply a generalized production of previous events over time. Morson articulated this notion well when he clarified Bakhtin's understanding: "It is essentially related to the irreducible particularities of the unrepeatable moment in which the act occurred" (1994, p. 22). These qualities, as well as the thing toward which the unique and precise action is oriented, are what gives the event what Bakhtin referred to as eventness (Morson, 1994):

> Eventness—a key concept for Bakhtin—is indispensable for real creativity and choice. Bakhtin emphasised that the loss of choice entered into an ethical problem, "for ethics depend on the sense that what I do at this moment truly matters." Without it, the event becomes a mere shadow of itself, and the present moment loses all the qualities that give it special weight. (p. 21)

This eventness, these irreducible and unrepeatable particularities within events, is what makes each person's story remarkable, different from another person's, and worth telling. For there to be eventness, there is an awareness of multiplicity. This awareness of multiplicity provides numerous options to allow experiences to occur that develop alternative storylines while preventing experiences that constitute problem storylines. These significant, marker life events can all be pressed into service (Morson, 1994):

> In such a world, time ramifies and its possibilities multiply; each realized possibility opens new choices while precluding others that could have been made. The eventful event must also be unrepeatable, that is its meaning and weight are inextricably linked to the moment in which it is performed. Choice is *momentous.* It involves *presentness.* (p. 22)

Although events arranged in a sequence over time may contain similar experiences, the events are not entirely the same. To focus only on similarities and sameness is not likely to produce new options. Eventful events are separated by unique particularities. These particularities constitute eventful events that can produce movement and new options. These events contain elements of mystery, astonishment, and personal choice. They cannot be replicated and their outcomes cannot be predicted.

Indeed, significant events that possess an inherent eventness can serve as base camps that one can return to time and time again, repeatedly exploring the rich experiences they contain, reinterpreting them to better serve present-day life. A great deal of lived experience falls outside of what can be storied at any one time and, instead, exists as details that have been relegated to the shadows. As people are more strongly resonate with these pivotal events, they can become more engaged and involved in unpacking them when exploring alternative storylines.

Consequently, certain events are much more powerful and influential than others, significantly shaping beliefs and understandings about life and identity. Therefore, not all events are necessarily eventful. Significant events are pivotal,

at times containing irrevocable decisions, changing the direction of life's course. These events are typically more affectively loaded, more *meaning-full*, and, because of that, more proximal to recount and explore.

To better understand important events in life, they must be made available for reexamination, reinterpretation, and reconsideration. That requires that we step back, reflect, and evaluate the effects of the experiences located in the pivotal events of our lives. Pivotal events will be discussed fully in Chapter 4.

Evaluating Effects (. . . and Because of That)

Meaningful shifts in our identities require us to evaluate the effects of problems and experiences of life. In this phase of the journey people are invited to reflect on the effects of the problem on their life, through revisiting and reinterpreting those experiences located in various events.

This evaluative aspect of the therapeutic journey engages in an exploration of the relativity and multiplicity of meanings. Through the scaffolding of the therapeutic conversation, the therapist strives to generate meaning through dialogue. Gergen and Kaye (1992) explained:

> This involves a reconception of the relativity of meaning, an acceptance of indeterminacy, the generative exploration of the multiplicity of meanings, and the understanding that there is no necessity either to adhere to an invariant story or to search for a definitive story. (p. 181)

This reflective, generative conversation becomes key to the reauthoring process.

The relational proximity and moment-to-moment collaboration of the therapist with the people seeking consultation becomes increasingly significant at this stage of the journey. By engaging in reflective practices, people continue to distance themselves from the constraints of the problem, moving incrementally toward an increased ability to manage their life.

The act of reflection enables people to evaluate their relationship with problematic events from different points of view. This multiplicity of views has delimiting effects on what were limiting beliefs. It emphasizes the notion that beliefs are not invariant truths and that they can change. "For those who adopt it, this stance offers the prospect of a creative participation in the unending and unfolding meaning of life" (Gergen & Kaye, 1992, p. 183).

Reflective Exercise

As an example, take a moment to experience this simple exercise. Draw an S on a blank sheet of paper. Consider this S your life map. At the bottom of the S write the word *BORN*. At the top of the S write the word *NOW*. Next, you will be asked to do something that's impossible to do, but do it anyway. Starting at the bottom of the S. list the four most significant events in your life in chronological order. Above each event write one sentence, or a word or two, describing what you learned from the experience.

Now reflect on the events. Were the events all equal, or were some events more powerful, having more significant influence? Were they all positive events, were they all negative events, or were they a combination of both? Which did you learn the most from: the positive, the negative, or somewhere in between?

Now, try one more thing. Out of the four events, pick the event with which you are most emotionally connected. How does this event influence your beliefs and the way in which you experience the world? Consider the following questions:

- Are these beliefs, resulting from the influence of this event, still relevant in your present life?
- If you were to revisit and reconsider the experiences in this event, would you find other experiences that may have been diminished or relegated to the shadows of your original response?
- Would you prefer to retain your original interpretations, assumptions, and beliefs, or do your think you could revisit this event, reinterpret it, and change them to better suit your life as you live it now?
- Would the event and the meaning interpreted from it seem different if you were
  - 20 years younger or older?
  - from another culture?
  - another gender?
- As you remembered the event, did previously forgotten experiences reappear in your memory? If so, did these experiences offer alternative meaning that may contribute to different identity conclusions?

The process of reflecting on experiences produces a progressive distancing from the problem. It also makes possible a *relativizing* of experience (Gergen &

Kaye, 1992), positioning people in relationship with problems. These transformative dialogues invite people to consider how they might act differently if they operated from different assumptions. What abilities, commitments, and preferences were related to previously hidden experiences that become more visible that they might call upon?

Therapist: (*Reflective questioning.*) Sam, let me ask you another question. Suppose you were that 36-year-old adult man that you were talking about earlier and you were looking back on your life now as a 15-year-old. What advice would your 36-year-old self give to your 15-year-old self about how to get your life free from "pestering" and "annoying"? What advice do you think you would give yourself about your relationship with Linda?

Sam: Wow, good question. It's kind of a hard question, though. (*Gazes off to the side and thinks about his answer.*) Hmmm, I think my 36-year-old self would tell me to learn to be patient and focus. Sort of like the Karate Kid when his teacher taught him to be patient and think. When things got tough they went fishing. Then they weren't so reactive and annoying like I've been. I also think my 36-year-old self would tell me to treat my sister better. She's right. I have been acting immature. I don't want people to think I'm immature. I don't like the way things are between us right now. I want to do things together with Linda and have fun the way we used to do.

All this to say, do people take for granted their beliefs and understanding of the world around them, as though they are true, and therefore unchangeable? Or can they step back and reflect on the experiences and events of their life, reevaluate them, reinterpret them, and reconsider them to more accurately fit their present life as it is being lived? As Fook and Gardner put it: "In this sense, the reflective approach tends to focus on the whole experience and many dimensions involved: cognitive elements; feeling elements; meanings and interpretations from different perspectives" (2007, p. 25). Rather than emphasizing dominant aspects of events, a reflective approach examines the multiplicity of experience located within significant events.

Cultures, beliefs, stories, and identities are formed from the interpretation of experiences within events. The understandings that we have, or the meanings that we ascribe to events, are constrained by the cultural context surrounding them. As well, the more significant the event, the more likely that it will strongly shape our beliefs about our identities and the world around us, increasing the possibility that we may take these beliefs to be real or true. However, these past events can be revisited and reinterpreted to better serve present life.

As we work with people to reflect on their experiences, it becomes increasingly important that we are mindful of our use of self and our influence in the minutia of the therapeutic conversation. Fook and Gardner stated: "We are often responsible for interpreting, selecting, prioritizing, sometimes seeing and not seeing, and using knowledge in particular ways that are to do with a myriad of things about ourselves and our social and historical situations" (2007, p. 28). As we participate in reflection, transparency becomes a highly valued operating principle, in an effort to make known to people the history and context of our ideas. We not only reflect *in* action, but *on* action, making our own ideas visible to people.

As we studied the parallel effects of both therapy and training, reflective practices were integrated into each therapy session of our training and research project. Student therapists were constantly encouraged to reflect on their practices, emphasizing transparency and ongoing skill development.

This reflexivity has twofold benefits for the therapists and people who consult them. It provides a reflective, practice-based process whereby therapists can extend their knowledge and skills, thereby extending the limits of their theoretical orientation (Bird, 2006). For families seeking assistance, their knowledge and preferences are recognized and privileged, making it possible for them to extend their learnings and move toward preferred action.

The following statement of position maps (maps 1 and 2) (White, 2007a) provide an example of Michael White's micromaps that are available for scaffolding the therapeutic conversation, encouraging movement through reflection and reevaluation of the relationship with problems, as well as skills, knowledge, commitments, hopes, and attributes.

Statement of Position Map 1: Mapping the Effects of the Problem

1. *Naming the problem.* In the process of naming the problem it becomes externalized and objectified in relation to the person(s). The externalizing process is considered to be a counterpractice, as typically it is the person who is objectified and pathologized in the practice of therapy. A comprehensive examination of the problem is undertaken, effecting further distancing from it.
2. *Exploring and naming the domains and influence of the problem.* In this cat-

egory, an inquiry is undertaken to explore where the problem lives (e.g., school, home, work, community). By determining specifically where the problem is located, the pervasive influence of the problem is deconstructed and the relative influence and effects of the problem are determined. Simultaneously, the relative influence of the person over the problem is determined and made visible.

3. *Evaluating the effects and influence of the problem.* At this stage of the process the effects of the problem on the people are evaluated. People are asked to take a position on the effects of the problem on their life (i.e., Is it a good thing, a not so good thing, or an in-between thing? Would they like to continue with the problem in their life the way that it exists, eliminate the problem from their life totally, or change their relationship with the problem?).

4. *Justifying the evaluation of the effects and influence of the problem.* People are asked to justify their position regarding the effects of the problem on their life. If the effects of the problem are experienced as negative, then why is that? What do people's position on the problem say about their values and what is important to them? They can be asked to speculate regarding what difference it might make for them being more in touch with these values.

Statement of Position Map 2: Mapping the Effects of the Skill or Initiative

1. *Negotiating and naming a skill, unique outcome, or initiative to standing up to the problem.* There are always gaps in problem stories that contain unique outcomes, skills, and times that people took initiative to influence the problem. More often these exceptions to problem stories become visible as the therapist is exploring statement of position map 1 with people. When this happens, the therapist can shift the conversation to map 2, continuing to unpack the skill, attribute, or initiative.

2. *Mapping the effects and potential effects of the skill, unique outcome, or realization.* In this category, an inquiry is undertaken to explore where the domains of the skill, unique outcome, or realization are located (e.g., school, home, work, community). People can be asked how the development of the skill, unique outcome, or realization has affected the influence of the problem. Is there as much space for the problem in the person's life?

3. *Evaluating the effects and potential effects of the unique outcome, skill, or realization.* The real and potential effects of the skill, unique outcome, or realization on the people's life are evaluated. People are asked to take a position on the effects of the skill, unique outcome, or realization on their life (i.e., Is it a good thing, a not so good thing, or an in-between thing? Would they like to continue with the skill or attribute in their life?).

4. *Justifying the evaluation of the effects and influence of the skill or attribute.* People are asked to justify their position regarding the effects of the skill or attribute on their life. If the effects of the skill or attribute are experienced as positive, then why is that? What do people's position on the skill or attribute say about their values and what is important to them? They can be asked to speculate regarding what difference it might make for them being more in touch with these values.

Literature and training risk oversimplifying the therapeutic process. Any seasoned therapist knows that the therapeutic process is messy and complex and does not represent the orderly, linear fashion in which the scaffolding maps are presented above. As these maps are used the therapist and people seeking consultation zigzag back and forth among them. As the therapeutic conversation progresses, the emphasis becomes more and more oriented toward map 2 and the development of people's skills and attributes. The different levels of inquiry encourage reflection and incremental, steady movement through this transitional phase.

Reflection invokes rich story development, which evokes katharsis (see Chapter 4 for an explanation of why it's *katharsis* with a *k*) through realizations, aha moments, and epiphanies. As these realizations occur people are transported to new worlds of possibilities. These realizations and preferences can be strung together to form chains of association, forming preferred stories that stand juxtaposed to the problem story.

The transitional phase of act 2 is not a search for certainty and truth based on the gathering of information, but instead it strives for the generation of rich meaning, developing a sense of purpose that is resonant with people's sense of preferred identity. As a preferred story is developed, people become prepared to cross the second threshold into act 3, the final *reincorporation phase* of the three-act play.

As stated previously, reflecting summaries are an aspect of reflective practices. Throughout the session the therapist offers summaries at regular and frequent intervals for people, reflecting back key words and phrases, summarizing the conversation as they continue through it. This inductive posture invites people to "step back," pause, and reflect on the conversation, taking up a position on

what was said. Reflective summaries help people express themselves, speak out, and make discernments about their lives. Their discernments often contradict dominant themes, illuminating gaps between the influence of the problem story and their own strongly-held values and preferences.

However, the reflecting summary that we are referring to at this point is a key aspect of the storyline as it approaches the threshold to act 3. Like the entrance to act 2, this process summarizes the therapeutic conversation to this point, including act 1 and act 2. Following the rich story development and scaffolding conversation of the liminal phase, this second primary reflecting summary invites people to reflect back over the entire session, revisiting realizations and consolidating their fresh position before crossing the threshold to act 3.

The reflecting summary makes it possible for people to move the therapist back on track, if necessary. In providing the summary the therapist in a sense says, "This is my understanding of what you came in with today, what we discussed, and the realizations and consideration that you experienced as a result of that conversation. However, that's my view. What is your understanding?" People can now offer *their* reflections of the therapeutic conversation, reducing any potential gaps in understanding before moving into future speculation and the receiving context.

The following excerpt will illustrate a reflecting summary with a woman who had experienced trauma and abuse.

Therapist: Dianne, at the beginning of our session today you strongly expressed your desire to get free of the overwhelming feelings of sadness, despair, and self-loathing that you have been experiencing for many years. You said that there were many times that you found it hard to even get out of bed and face the day. You also described how you no longer gained the same satisfaction from normal everyday activities that you used to enjoy. You said that you had given up playing guitar and hardly ever saw your friends anymore. You made a point of clearly stating that you do not want to continue living like this and that you want to rejoin your life. As we talked you said that it was time to face these feelings of despair and you decided to stop trying to overcome them, but instead, just let these feelings be. Dianne, then you continued to talk about how you would really like to feel better about yourself and that you would like to be true to yourself and take back control of your life. You recounted one event in which "suddenly things were different." You said that after that event your past and your invasive memories no longer had strong control over you and that from that time forward you started taking control of your life. When I asked you what you would like to bring forward with you from your previous life, prior to the abuse, you said your strong sense of "determination and creativity." You continued to describe ways that you had learned to take back control of your life. For example, you learned to regulate your visits with your parents and no longer visit them when your father is drinking. You learned that walking helps you feel better. Then you learned that going for a walk with your friend Patti helps as well. Then you realized that even going for a walk by yourself helps and gives you time to reflect. Then, as we were talking, you realized that you had already started taking control of your life more than you had previously thought that you had. Then you described an aha moment when you realized that that you could "just let it be" and stop trying to make the fears and bad feelings go away. Instead, you have learned to focus your interest and attention on other things. You said that maybe you would get your guitar out of the attic and play it this weekend.

Dianne, these are my words and my memory of our conversation. There was so much we talked about that I'm sure I've left some things out. Is this your understanding of what we talked about? Have I got this right? Is there anything that you would change or add to what I just said? (*The summary allows people to correct the therapist and regulate their mutual understanding.*)

Dianne: (*Smiles*) Well, you were close, but there was more. I also said that I started taking control of my life by dividing some household responsibilities with my husband, John. The most important one is that he has agreed to take responsibility for our finances. I realized that a huge problem was that over time I've taken on too much responsibility. I've become overresponsible. It's too much! I'm constantly trying to do everything to take care of others, which creates more anxiety for me.

Therapist: All right, that's helpful to know. So, in addition to what I said, it seems like you have experienced two major realizations or aha moments. Those are that you have realized that rather than trying to make the memories and bad feelings go away, you could just let it be and instead focus your interest and attention on other things. The other realization or new learning you've had is that you have been overresponsible in trying to take care of others. You've learned that you can share some of those responsibilities. So you

have already started sharing responsibility with John and he is now responsible for your household finances.

Dianne: Yeah, that's it. Now you've got it. The responsibility for the household finances was a huge burden for me to assume by myself. As I said, it was really contributing to my anxiety. Already that has made a difference in how I feel.

Dianne has expressed a desire to bring her sense of determination and her creativity forward from her past and to press these two qualities into service in her present and in her future. In addition, she has noted a number of realizations and new learnings that can also be put to work in her current project of rejoining her life, moving toward her preferred identity, and reclaiming a sense of personal agency.

People are invited to reconsider their identity conclusions as a result of being refamiliarized with their strongly held values through the therapeutic conversation. Part of the process of reincorporation involves bringing forward preferred aspects of identity that reside in people's past. More often, these preferred aspects of identity have been overshadowed by the problem story and, therefore, have been unavailable for consideration. It's the therapist's responsibility to provide scaffolding in the therapeutic conversation that helps people revisit these preferred aspects of their identity that are located in the past. People are asked to revisit those aspects of identity and reconsider their potential effects if they were to be brought into their current life. As they revisit and reconsider these aspects of identity, they become reconnected with them and are more able to incorporate these aspects by utilizing new learning and developments that were generated through the therapeutic conversation. The integration of preferred aspects of identity brought forward from people's past with new learning and perspectives generated from the therapeutic conversation constitutes the beginning of the reincorporation of identity.

ACT 3: THE REINCORPORATION OF IDENTITY

Act 3 of the three-act play moves toward a reincorporation of identity (van Gennep, 1960; White, 1999) and a speculation regarding future steps that people may take as they move forward in their preferred lives. Reincorporation of identity is experienced when people find that they've arrived at another place in life, where they experience a fit that provides them with a sense of once again being in touch with themselves and with preferred ways of living.

This third phase of the three-act play brings the therapeutic conversation into the present. At this stage people are encouraged to simultaneously look back and look forward. They reflect back over the summary gathered moving into the threshold of act 3, reviewing their new understandings and preferred aspects of identity that had been previously relegated to the past. They look forward, speculating about the effects of their new understandings, reincorporated with previous preferred aspects of their identities on possible futures, making connections among their individual and social worlds.

Therapist: Dianne, as you look back now, can you think about those qualities that you have decided to bring back into your life from your past? You recalled a sense of strong determination and your creativity. As you integrate those skills and values that were aspects of your former self with the new realizations that you just spoke of, like being able to let it be and focus on other things, and being able to share responsibility with others, in addition to all the other learnings you have mentioned, how do you imagine this making a difference for you? You know, if you were to look even 3 or 4 months into the future, how do you imagine this making a difference in how you are experiencing yourself?

Dianne: (*Gazes up and to the right, imagining.*) Well . . . (*pause*) I think I will be more true to myself. I think as I look out the window, I will start to see some of the beauty and not just the darkness. I also think I will have a closer relationship with my husband and my daughter. I will have some of the intimacy with my husband that we used to have. I think I will actually enjoy spending time together with them. I will be doing things and enjoy doing things with them, instead of just going through the motions. I think if I can just "let it be," I will be more at peace with myself and like myself more. The self-loathing has been very consuming. Yes, as I think about it, I think I will start liking myself more. This will make a big difference. I think I will start to experience the normal ups and downs of life like everyone else and it will no longer be the extreme highs and lows like it has been for years. (*She looks at therapist, pauses, and smiles.*) . . . I never knew I had this in me. Maybe there's hope. That was a good question.

have already started sharing responsibility with John and he is now responsible for your household finances.

Dianne: Yeah, that's it. Now you've got it. The responsibility for the household finances was a huge burden for me to assume by myself. As I said, it was really contributing to my anxiety. Already that has made a difference in how I feel.

Dianne has expressed a desire to bring her sense of determination and her creativity forward from her past and to press these two qualities into service in her present and in her future. In addition, she has noted a number of realizations and new learnings that can also be put to work in her current project of rejoining her life, moving toward her preferred identity, and reclaiming a sense of personal agency.

People are invited to reconsider their identity conclusions as a result of being refamiliarized with their strongly held values through the therapeutic conversation. Part of the process of reincorporation involves bringing forward preferred aspects of identity that reside in people's past. More often, these preferred aspects of identity have been overshadowed by the problem story and, therefore, have been unavailable for consideration. It's the therapist's responsibility to provide scaffolding in the therapeutic conversation that helps people revisit these preferred aspects of their identity that are located in the past. People are asked to revisit those aspects of identity and reconsider their potential effects if they were to be brought into their current life. As they revisit and reconsider these aspects of identity, they become reconnected with them and are more able to incorporate these aspects by utilizing new learning and developments that were generated through the therapeutic conversation. The integration of preferred aspects of identity brought forward from people's past with new learning and perspectives generated from the therapeutic conversation constitutes the beginning of the reincorporation of identity.

ACT 3: THE REINCORPORATION OF IDENTITY

Act 3 of the three-act play moves toward a reincorporation of identity (van Gennep, 1960; White, 1999) and a speculation regarding future steps that people may take as they move forward in their preferred lives. Reincorporation of identity is experienced when people find that they've arrived at another place in life, where they experience a fit that provides them with a sense of once again being in touch with themselves and with preferred ways of living.

This third phase of the three-act play brings the therapeutic conversation into the present. At this stage people are encouraged to simultaneously look back and look forward. They reflect back over the summary gathered moving into the threshold of act 3, reviewing their new understandings and preferred aspects of identity that had been previously relegated to the past. They look forward, speculating about the effects of their new understandings, reincorporated with previous preferred aspects of their identities on possible futures, making connections among their individual and social worlds.

Therapist: Dianne, as you look back now, can you think about those qualities that you have decided to bring back into your life from your past? You recalled a sense of strong determination and your creativity. As you integrate those skills and values that were aspects of your former self with the new realizations that you just spoke of, like being able to let it be and focus on other things, and being able to share responsibility with others, in addition to all the other learnings you have mentioned, how do you imagine this making a difference for you? You know, if you were to look even 3 or 4 months into the future, how do you imagine this making a difference in how you are experiencing yourself?

Dianne: (*Gazes up and to the right, imagining.*) Well . . . (*pause*) I think I will be more true to myself. I think as I look out the window, I will start to see some of the beauty and not just the darkness. I also think I will have a closer relationship with my husband and my daughter. I will have some of the intimacy with my husband that we used to have. I think I will actually enjoy spending time together with them. I will be doing things and enjoy doing things with them, instead of just going through the motions. I think if I can just "let it be," I will be more at peace with myself and like myself more. The self-loathing has been very consuming. Yes, as I think about it, I think I will start liking myself more. This will make a big difference. I think I will start to experience the normal ups and downs of life like everyone else and it will no longer be the extreme highs and lows like it has been for years. (*She looks at therapist, pauses, and smiles.*) . . . I never knew I had this in me. Maybe there's hope. That was a good question.

Receiving Context

At this closing stage of the three-act play and the therapy session, the therapist moves to help people maintain their distance from the old story. There is an emphasis on the development of a future and receiving context that serves the purpose of holding the new preferred story.

Revisiting the re-membering conversation and backstory from the beginning of the session, the therapist collaborates with family members to recruit a wider audience to populate the new preferred story.

New stories can be vulnerable to harassment by the old story. Tricky habits can sneak in from the shadows, bringing with them self-doubt, temptation, and relentless influence to return to taken-for-granted ways of seeing and doing things. Isolation increases the vulnerability of new stories. A receiving context that is inhabited by others who validate and support the efforts of people to perform their new story makes them far less vulnerable to the influence of the old problem story.

Having experienced new understandings and realizations from their journey through the transitional middle phase of act 2, now in the reincorporation phase people are able to experience a renewed sense of life as an open process, "the sense that what I do at this moment truly matters" (Morson, 1994, p. 21). This revelation brings with it personal choice and creativity, contributing to a sense of hope when developing a future, receiving context.

It's important to gather the themes of the new story. In doing so people can view their receiving context as a project and be asked to name that project. The naming helps to create a new overarching frame in which meaning can be indeterminate and continually redeveloped through time.

Therapist: Well, I'd like to ask you another question. You just said, "Maybe there's hope." So, that gets me wondering, as you continue to gaze into the future, what needs to happen to make space for that hope to develop and take root? Who will populate your new life that will contribute toward the development of hope? Who do you value the most that you would like to invite into closer relationship with you? Who will be in your inner circle? Conversely, which relationships would you like to keep at a distance? What will you be doing that you are not doing now that will contribute to you "liking yourself more"? Could you build me a picture?

Dianne: That's a big question. It's going to take some thinking to answer it well!

Therapist: I know. Can you answer it anyway? Take all the time you need.

Dianne: You know, I'm really excited about getting close to John again. The abuse and trauma have had real effects on him as well. It created a weird kind of distance in our relationship that went on for quite a while. We haven't been intimate for a few years. Yet that whole time he was supportive of me. He used to say to me, "You'll get through this. I'll be here when you're ready." He's my best friend. He deserves to have his wife back. John is definitely in the inner circle.

Therapist: So, the abuse created a distance between you and John to the degree that you haven't been intimate for years. Yet, he remained supportive to you the whole time. Dianne, what do you suppose that says about John's ideas about being a partner to you and about being your "best friend"?

Dianne: It says that our relationship is important to him and that I matter to him. It also says he's not self-centered. He was able to absorb the pain and frustration and have empathy for me and have some understanding for what I was going through. He didn't let my fears and self-loathing destroy our relationship.

Therapist: You said that you're "really excited" about regaining your closeness to John. If the fears and self-loathing created distance between the two of you, then what do you suppose would help to regain the closeness in your relationship? Any ideas about what would be an antidote to fear and self-loathing?

Dianne: (*Pauses, looks down at the floor.*) Well . . . I'm thinking courage. The courage to be close and intimate after all this time and distance. Let's face it. It's probably going to be a bit awkward at first. Since he has been so patient and understanding, maybe I should take the lead. You know, as I'm thinking, maybe I'll ask John out on a date. Even if we went to dinner and then went to a movie or went to listen to some music, that would be a good start. I think that could be fun. Fun must be an antidote to fear!

Dianne continued to express her ideas about regaining closeness in her relationship with John and described a number of ways that she would go about doing so. The more she talked about it, the more her attention focused on revitalizing her relationship with John and away from fear and self-loathing.

Therapist: Who else will you be inviting into your inner circle?

Dianne: Well, obviously my daughter, Jessica. She will be happy to have her mother back. I mean, I've done things with her. I take her to music lessons and go to school functions and all of that. But now I won't just be going through the motions. Just like my relationship with John, I'm excited about really connecting with Jessica. I want to spend time with her and do things with her.

Therapist: How old is Jessica again?

Dianne: She's nine. These are important years and I don't want to miss them.

Dianne continued to discuss her ideas about what it means to her to be a mother and how she learned through her own past abuse how important it is for Jessica to experience a strong and stable connection with her that she can count on.

Therapist: Are there any other people that you would like to invite into closer relationship with you as you create your new life?

Dianne: Yes. I have already started to rekindle my relationships with friends. Patti is a good example of someone who I would like to keep a closer relationship with. Just our walks have made such a difference already. While we are walking we're talking about all kinds of things. Last week she invited me to join a creative writing club that she belongs to. It's a group of five women who get together once a month and talk about their writing and learn about creative writing. I think I would really like that. I'm ready for my creative part to come alive again. I also think it would be good to get to know the other women around the common interest of creative writing.

The conversation thickened considerably as Dianne described all of the possible benefits of rekindling her relationships with friends and what these ideas of friendship meant to her. She also talked about the benefits of bringing her creative side "back to life" through the creative writing club. She also spoke of her intentions to take guitar lessons.

Therapist: Dianne, we've talked about a number of relationships that you value and want to keep closer to you. It's been exciting listening to you talk about all of the many possibilities as you initiate these changes. I'm wondering though, what relationships would you prefer to keep at more of a distance?

Dianne: (*Leans forward, looks down at the floor.*) My relationship with my father needs to stay at a distance. He's my mother's husband and I will accept that. But, I can't reconcile all of the terrible abusive things he did to me. It took me a long time to figure out that I need to take control of my relationship with him. He tries to be charming. But I learned that he still cannot be trusted. If I give in just a little bit, he takes advantage of that and starts to make advances toward me. I've come to terms with this. It just is what it is now. I would like to have a closer relationship with my mother. But, it's complicated. I have a hard time forgiving her because I know she knew my father abused me and didn't protect me from him. She lives in a state of denial. For now, I need her to stay at a distance with my father. She's making her own choices. Maybe this is something that can be revisited over time. I've wasted too much energy and too many years trying to figure her out. Right now I need to move on with my life. Other important people need me and love me. It's time for me to focus my attention on those relationships.

Therapist: Dianne, you have really described a detailed picture of what your life will be like as you move into the future and rejoin your life. This seems like quite a project filled with lots of new possibilities. Would you say this is like a project that you have started working on?

Dianne: Yes, I suppose it is like a project.

Therapist: Well, projects are often easier to think about and become involved with when they have a name. What do you think? Would you like to give this project a name? For example, The *blank* Project. Perhaps you could pick a name that has particular meaning for you.

Dianne: Well, one name comes to mind. How about "The Let It Be Project." I think that has been my most powerful realization lately. I need to stop fighting it and struggling with it and just let it be.

Dianne has described her receiving context in powerful ways that inspire hope and possibility for living her preferred life. She has populated her life with closer, valued relationships. She has also described possible actions that she will take to invigorate and sustain those relationships in order to create her new life. These ideas and actions are the details of personal agency.

CONCLUSION

We have introduced two innovative concepts in this chapter: (a) storied therapy as a three-act play and (b) the conversational map, which includes six distinct points of inquiry. These concepts work together, expanding on two pioneering and foundational concepts regarding the application of story to the therapeutic process.

The first concept, storied therapy as a three-act play, expands the rites of passage analogy (Campbell, 1968; Turner, 1977; van Gennep, 1960), which was also a further expansion of universal story form that has been handed down through many cultures and many generations. The rites of passage analogy became a foundational concept to the therapeutic process when it was applied through the pioneering work of Michael White and David Epston (1990). Michael White (1999) continued to develop the rites of passage analogy through his migration of identity map and, although it initially had enormous influence on the creation of narrative therapy, that influence has faded over time. With the introduction of the three-act play our intention is to reintroduce, revitalize, and enliven the rites of passage analogy and universal story form. The three-act-play metaphor is innovative in that it has further developed these foundational concepts, bringing more clarity, purpose, and cultural relevance to the overall therapeutic process. Through the distinct framework of the three-act play, the purpose of each phase is more clearly defined and punctuated, clearly marking each stage of the rites of passage.

The three-act play creates space for people to improvise new ways of viewing and doing things, engaging with creativity and choice, and exploring preferred meaning. In doing so, it offers an approach that acknowledges the multiplicity and fluidity of life and identity. All of these activities contribute to a sense of personal agency.

Much the same as in poetry or music, the overall form creates an arrangement, a configuration in which endless acts of movement and creativity are made possible. Without form, the poetry, music, or therapeutic process lacks coherence and purpose. The three-act play provides space for discreet movements within the time-tested patterns of universal story form and the rites of passage analogy.

The second innovative concept that we have introduced is the conversational map, which is integral to all three phases of the three-act play. The conversational map is innovative in applying the expanded framework for story to the therapeutic process in the following ways:

1. *Points of stories:* We make a distinction that all stories are not equal and we need to engage with people around the stories that hold the most value for them. This helps people focus on what is most important for them to talk about and what they want to have different in their life, their "calling" (Campbell, 1968). They assist people to separate from the problematic aspect of their life during the first phase of the three-act play.
2. *Backstory:* The backstory provides an intelligible frame for people's stories that needs to be addressed and placed in a social context before moving to act 2 of the therapeutic process.
3. *Pivotal events:* This represents one of the most significant aspects of the conversational map. Just as all stories are not equal, nor are all events equal. We have illuminated the value of locating events that have particular significance in people's lives, revisiting them and reinterpreting the experiences within them.
4. *Evaluation:* This point of inquiry in the journey phase places a particular emphasis on inviting people to "step back" and reflect on the events of their lives, engaging creativity and choice. A renewed sense of personal agency is established when people regain a sense that "what I do at this moment truly matters" (Morson, 1994, p. 21).
5. *Reflecting summary:* This aspect of the framework invites people to summarize their story at the closure of a therapy session, highlighting points of resonance and holding the therapist accountable for their understanding of the story at that point in time.
6. *Receiving context:* Although this is a concept that was explored by White and Epston (1990), it was not discreetly integrated into a storied framework. Providing a future orientation, the receiving context assists in repopulating people's future backstory, building audience in order to sustain their newly developed preferred story.

The integrated frameworks of the three-act play and the conversational map together offer a lucid and robust means for conceptualizing the therapeutic process, whether therapists are conducting a single session or are working through the entire process of therapy. The frameworks are useful to beginning therapists, offering them maps in which to develop their unique learning and practices.

Experienced therapists can experiment within these time-tested storyline frameworks, creating opportunities to extend their theoretical and practice wisdom.

A richly developed story depends on therapists' constant and close attention to the circulation of language and special, pivotal moments. The following two chapters will thoroughly address the application of these concepts to a storied therapeutic conversation.

Questions for Reflection

1. When beginning a therapy session (act 1), what unique skills, particular to your own practice wisdom, do you draw on when inviting people to develop the meaning and purpose to their story?
2. How do you use critical reflection when eliciting people's backstory and addressing the cultural discourses and master narratives in which their lives are situated (e.g., race, ethnicity, gender, spirituality, sexual affiliation)?
3. Are you transparent in situating yourself within a cultural backdrop as a therapist?
4. How can you maintain a posture of reflexivity (an awareness of the use of "self") in your practice, so that you can transparently and routinely reflect on your work with people in order to constantly inform your theoretical learning and continuously develop your therapeutic skills?
5. What particular decentering principles or skills do you use in order to manage ambiguity and remain tentative when inviting people into rich story development during the middle (journey) phase of the therapy session (act 2)?
6. How can you best use your reflexive posture in response to people's moments of realization and epiphanies in order to acknowledge and support transport (act 2)?
7. How do you invite people to reflect on a therapy session in order to notice movement and difference (act 3)?
8. How do you conceptualize a therapy session and/or the overall therapeutic process?

CHAPTER 3

Circulation of Language

In this chapter we will describe how our experiences within our field research inspired us to begin to reflect much more critically about the use of language within therapeutic conversations. We have found that the works of philosophers Deleuze (1994), Deleuze and Parnet (2002), Derrida (1974, 1978, 1991), and Foucault (1965, 1973, 1980, 1997) have contributed greatly to our understanding of the complexity and fluidity of the social construction of meaning through the words we use. We will describe some of their ideas that we have found the most interesting and relevant for considering therapeutic conversations. Since people use language to tell us their stories, our reflections regarding the use of language will also touch upon aspects regarding story and the issue of "voice" of the teller of the story. This raises issues of an ethical nature because we need to be committed to being careful about how we use language to talk and write about people and their stories in professional settings and within written recordings.

During the field research phase described in the Introduction, as we reviewed videotapes of sessions as a research team, we began to notice and have conversations about the specific use of language in these sessions conducted by both