



Double-story development in contexts where injustice is ongoing: Learnings from practice

by Maya Sen



Maya Sen is a mental health social worker and narrative therapist based in Kolkata, India. She runs Story Threads Therapy, a practice offering therapy, supervision, training and community collaborations through a narrative therapy lens. Maya has been involved in mental health projects within child protection settings and the social service sector. She is an international faculty member at Dulwich Centre and clinical tutor with The University of Melbourne. She is also a tutor and faculty member with the diploma course in narrative therapy and community work, India, which is a collaboration between Dulwich Centre Foundation and Children First. Her area of interest is exploring mental health from a systemic lens and finding ways of responding that account for the structural origins of everyday problems. ms.maya.sen@gmail.com

Abstract

This paper explores challenges posed to double-story development in situations of ongoing injustice. Located within the Indian context, it proposes various narrative practices to address these challenges and facilitate re-authoring. The paper examines two key practices: contextualising stories and narrative explorations of the body. Additionally, it demonstrates how different narrative maps – externalising, deconstruction, re-authoring, re-remembering and body-based narrative practices – can be interwoven to respond.

Key words: *double story; body; somatic; trauma; injustice; post-traumatic stress; PTSD; India; narrative practice*

Sen, M. (2025). Double-story development in contexts where injustice is ongoing: Learnings from practice. *International Journal of Narrative Therapy and Community Work*, (1), 11–23. <https://doi.org/10.4320/YKJUJ6059>

Author pronouns: she/her

I work as a narrative therapist in private practice in Kolkata, India, meeting with young people and adults from varied social locations. Along with meeting clients directly through my practice, I often collaborate with nonprofit and community organisations that work with young people and women experiencing varied forms of marginalisation and violence. This means that I am witness to rich and diverse stories. Though there is great diversity among the stories I hear, a theme that is often present is “injustice”. Injustice is known by different names: unfairness, toxicity, abuse, *anyay*, *otechar*.¹

In this paper, I set out some of the ways that injustice is perpetuated in the Indian context, and how stories of injustice can be obscured in mental health settings that focus on individual pathology. I look at some of the challenges to double-story development in this context, which may be relevant to other situations where structural deprivation makes preferred stories hard to find and to hold on to, and in which freedom from trauma and injustice is often unavailable. In response to these challenges, I offer practices that I have found helpful. These include questions that help to situate individual stories in their wider contexts and engaging with the body in ways that are congruent with narrative ways of working.

I begin by describing how injustice shows up in my context and the discourses and material conditions that sustain these experiences. Though there are many stories of resistance to these discourses within our culture as well, I begin by painting a picture of what participants are up against. I have grouped experiences of injustice into two broad categories:

- injustice in public spheres and institutional spaces
- injustice in interpersonal spheres.

Injustice in institutions and public spaces

The people I work with face various forms of injustice and violence in institutions like educational settings, workplaces and residential homes.² These institutions are crucial for accessing basic resources like financial security and health care, but surviving within them often requires people to meet neoliberal standards of success, productivity and discipline. For instance, in India, board exam scores determine college access, creating immense pressure for participants from

early schooling years. Adherence to these standards is often maintained by coercive forms of discipline and behaviour management. However, within institutional spaces these operations are often covert and invisible. Since people are dependent on these spaces for their survival, it becomes difficult to overtly resist this, leading to further normalisation of these harmful practices.

Discrimination on the basis of caste, class, race, gender, religion, ethnicity and sexuality is embedded in how these institutions function and further compounds experiences of injustice. For example, in residential homes, disciplinary practices are based on the idea that certain communities need more disciplining than others. This leads to extreme surveillance and control over young people from marginalised communities. In education and work, proficiency in English (although English is a second language for most in our context) often ensures better job prospects, reflecting caste and class discrimination. In workplaces, normative performance standards leave those with disabilities or neurodivergence struggling to sustain their livelihoods.

The politics of gender and sexuality frequently intersect with experiences of institutional violence. The sexual violence and harassment faced by women and queer communities in public spaces is a common theme in my practice. Commercial sexual exploitation and sex trafficking is another example of how patriarchy and capitalism sustain institutionalised violence, especially for young people in marginalised spaces. In rural areas, extreme poverty drives youth to seek employment away from home, putting them at risk of trafficking. In severe cases, families may sell daughters into sex work, influenced by patriarchal beliefs that view them as disposable. Women are sometimes trafficked by their partners or in-laws after marriage.

Along with the intersections of gender and institutionalised violence, another theme that shows up in my work is widespread political neglect, fundamentalism and corruption, which are pervasive. This seeps into the day-to-day lives of the people I am working with, obstructing access to basic rights. This creates an overall sense of disempowerment and disillusionment for people. It also exposes many to everyday risks and safety threats. This can encompass a wide range of experiences, from job opportunities being contingent on the ability to pay bribes to the absence of legal support in cases of violence, as well as politically sanctioned violence against religious minorities.

Injustice in Interpersonal spheres

In my practice, I often hear stories of injustice within family units, romantic relationships and marriages. This takes the forms of physical violence, sexual abuse, emotional abuse and neglect.

Injustice in the family

In the Indian cultural context, filial piety demands respect for elders, creating a culture in which authority figures cannot be questioned. This is often sustaining of violence within families. Authoritarian childrearing practices, with a focus on discipline, often result in corporal punishment being culturally sanctioned, despite legal protections. Many clients I have worked with, and with people I have been in community with, have experienced some form of corporal punishment in their early childhood years. The joint family structure, prevalent in many regions, creates spaces for multiple sites of violence and abuse.

Legacies of partition and colonisation also lead to experiences of intergenerational trauma perpetuating cycles of violence in the current generation. People of the current generation often complain that their parents have been able to provide for them in terms of duty but have not been able to attend to their emotional needs. Explorations have often traced this back to the material conditions of previous generations, which created very little time and space for things other than meeting survival needs.

Beyond individual experiences, families and communities facing chronic stress due to economic and social pressures may be more vulnerable to violent ways of interacting with one another due to pressures on emotional and material resources.

Even within family spaces, where you stand in terms of social location determines your experiences of injustice. There are particular ways in which gender-based violence shows up in the Indian family context (Sen, 2021). Patriarchal discourses lead to a preference for male children, leading to covert and overt gender-based violence for girls. Many female clients recall their parents expressing regret over their birth or wishing for sons instead, resulting in neglect and increased vulnerability. These norms also create conflict between mothers and daughters with women's survival in the family sometimes depending on having a son. Women who have daughters are often subject to varied forms of violence within the family unit.

Patriarchal ideologies enable sexual abuse to persist by tying family honour to the behaviour of women. Family members are often recruited into prioritising reputation and family ties over the experience of survivors. Survivors face shame, silence and victim-blaming and are often pushed into maintaining relationships with those who have caused harm to preserve family honour and ties. Sexual violence is often seen as a burden women must bear.

The stigma surrounding sexuality prevents open discussions about sex, sexual health, violence and consent, leading to many aspects of this remaining unstored. This often leads to limited understanding of issues of sexuality and sexual health and the persistence of misconceptions. For example, in some spaces there is a misconception that sexual assault only happens to women. This has led to cisgendered men and trans people having their experiences with sexual violence erased. Heteronormative discourses also shape these spaces, further subjecting LGBTQIA+ clients to specific forms of injustice. Their identities often place them at risk of violence or force them to conceal their preferred identities to maintain social connections. These factors and discourses sustain violence within the family unit in our context.

Injustice in marriage and romantic relationships

I work with many young women experiencing intimate partner violence and domestic violence. Most of the clients I have worked with have been in heterosexual relationships. Romantic relationships and marriages are also governed by specific discourses that sustain violence. Along with patriarchal norms, marriage is seen as an essential milestone in our culture, and compromise and sacrifice are seen as prerequisite to making marriage work. However, the burden of compromise and adjustment usually falls to women (Bhargava, 2022). Discourses of romantic love further perpetuate this, with the notion that if a woman is "good enough", she will be able to fix any problematic behaviour in her partner. This creates a situation where women are conditioned to tolerate various forms of violence in romantic relationships. These ideas are reinforced by the media, where films often portray pursuing a romantic relationship with a woman despite her repeatedly saying no as romantic, rather than a violation of boundaries.

The concept of consent within romantic relationships and marriage is deeply shaped by patriarchal discourses of ownership. Marital rape remains

unrecognised in law in India, reinforcing the idea that marriage grants husbands sexual entitlement over their wives. A recent high court ruling reaffirmed this, stating that sexual intercourse by a man with his wife, as long as she is aged over 18, cannot constitute rape (Hindustan Times, 2024). These legal and cultural norms make it difficult for women to assert bodily autonomy within marriage. Additionally, many women in India are expected to live with their in-laws after marriage, exposing them to further forms of violence.

For queer people experiencing intimate partner violence, access to legal and social support is often limited and places them at further risk of discrimination. This creates increased isolation and vulnerability while responding to harm.

How injustice is storied in mental health spaces

Though these experiences reflect broader systemic contexts, they are often labelled as trauma, PTSD or C-PTSD (complex post-traumatic stress disorder) within mental health spaces in India. The dominance of Eurocentric models in mental health practice, along with the power and privilege held by those shaping mental health knowledge in India, lead to obscuring the larger social and structural dimensions of these experiences. When this interacts with cultural discourses and material realities, it can further complicate how these experiences are storied.

A narrative framework helps me step out of these discourses and find a way to respond that acknowledges these broader contexts. Some key narrative principles that have been relevant to my context of work are:

- understanding that our lives are multi-storied
- an ethic of collaboration and decentred practice (White, 1997)
- understanding that people are not passive recipients of hardship (White, 2007)
- an ethic of resistance (Reynolds, 2008), which is a refusal to erase the broader context of this work, insisting that suffering be understood within its social, political and historical realities
- honouring local knowledges and acknowledging clients as experts in their own lives.

Double-story development in the Indian context

Double-story development has been immensely helpful in navigating these terrains. It has been meaningful for participants to be able to see and story accounts of resistance and reclamation³ (see Pederson, 2015; Wade, 1997; White, 2007, Yuen, 2007, 2009).

However, I started noticing that in certain conversations, double-story development was not happening as easily or participants were not finding the process as resonant.

Initially this prompted me to question my skills; however, on analysing this further, I noticed that many Indian practitioners were having similar experiences.⁴ When we reflected together, it became apparent that for most of the people who we are working with, injustice is ongoing. They remain in contexts where violence and abuse are sustained, or they are subjected to everyday forms of injustice and marginalisation that compound initial experiences. Their social locations make it hard to move away from the injustice and its effects. Their contexts do not allow for immediate resolutions to their problems or immediate pathways to safety.

For many people in our context, the questions they come into therapy with are not so much connected to explorations of identity, but rather a hope to find pathways for support with their struggles. A client I worked with once remarked, “I know I am strong and capable, but I do not care about that. I just want the problem to stop”.

Therapy work in the Indian context happens in the midst of structural deprivation. When mental health issues are storied in individual terms, the need for intersectoral collaboration is obscured. In addition, in a low-resource setting, there are limited options for mental health organisations and practitioners to collaborate with other sectors. Practitioners struggle to connect participants to supportive services that can help respond to their needs.

Kai Cheng Thom (2022) has written about how colonial modes of therapy focus on how the goal of healing should be a return to safety. However, a return to safety is not possible for everyone.

Caleb Wakhungu’s “riverbank position” (see Denborough, 2019a, pp. 201–202) suggests a different vantage point from which to view a problem, rather than being immersed in its waters. The rivers

in the contexts I am working in are not characterised by gentle waters, but are instead filled with rapids and currents. This can make it challenging to reach or consolidate the banks. It can be really hard for participants to locate and sustain preferred stories in contexts where problems are actively reinforced. This affects the process of double-story development in specific ways. Ongoing experiences of injustice can:

- cloud preferred stories and make them hard to find
- rob preferred stories of significance
- make these stories hard to hold on to
- make the process of engaging in double-story development difficult due to experiences of extreme distress.

In spite of this, it has been important for us to find ways to move towards double-story development as this is often a territory of hope and possibility that enables us to locate local solution knowledges and resources that can help with the effects of ongoing injustice.

Decolonial practice (polanco, 2013) in our context has required specific ways of attending to the re-authoring process. In some cases, the process of double-story development cannot be as straight cut or linear. This has led me on a quest to co-create different ways of responding with clients. The aim of these explorations has been to co-create a safe-enough territory with participants in contexts where absolute safety may not be immediately accessible and riverbanks might feel out of reach.

The subsequent sections highlight some ways I have found to respond to this:

- contextualising stories in situations where discourses perpetuate the effects of injustice
- engaging in narrative explorations of the body as entry points into re-authoring.

My use of these practices is still at an exploratory stage, and I am hoping that putting these together opens up opportunities to have further conversations about these realms.

I have collaborated with a number of clients to put together this paper. Some have been comfortable sharing their experiences whereas others have agreed to me sharing the processes involved in our work together but not their stories. I have written the subsequent sections with their confidentiality in mind, focusing on my learnings from practice rather than the details of their stories.

I also want to acknowledge that therapy alone is not always a complete response. There are practices of collective resistance and storying collective support that have helped respond to the systemic challenges presented here; however, this paper primarily focuses on double-story development (Anonymous, 2021).

Contextualising stories: Exploring trauma discourses

I meet with people who have experienced extreme hardship. In spite of this, many report feeling that there is something wrong with them for the way they are experiencing the hardship. When trying to make visible their stories of resistance, I often hear statements like:

It wasn't such a big deal.

I should be over this by now.

I should have done better.

Other people would have handled it better.

This alerted me to the pervasive effect of trauma discourses and how they end up warping stories about injustice and resistance. These discourses often keep participants away from preferred territory.

This connects to White's (2001) ideas about trauma and identity. White described how recurrent trauma can corrode a person's sense of self and lead them to believe that they are fundamentally flawed, rather than recognising the broader structural injustices that shape their experiences.

Mehdia was brought to me because of school refusal. She and her sister were found playing by the local train tracks instead of being in school. On speaking to Mehdia, I found out that her teacher would beat the students if they did not do their work correctly. Mehdia tried telling her parents but they did not understand. The community did not have many schools and it would have been hard for Mehdia's family to find another educational setting. Based on all these factors, she and her sister tried to stay safe the best way they knew how. They would go to the train tracks during school hours and come back and tell their parents they had gone to school. She shared, "if I did something wrong and I was scolded, I would always cry; however, I did not shed a single tear when the teacher hit me, even if it hurt". The school authorities labelled her actions a conduct issue; her care team spoke about problems of emotional regulation. In both cases, Mehdia's intentional steps towards keeping herself safe in a

setting where she had limited access to resources were seen as resulting from individual deficits.

How a phenomenon is storied determines how we respond to it. A narrative therapy framework allowed me to listen differently to Mehdiya's story. I was able to notice how Mehdiya's experience of injustice was getting storied in ways that were individualised, pathologised and medicalised, erasing the context of broader systemic injustices and oppression. This happens both in helping spaces (like mental health systems, social welfare spaces, legal systems) and the community at large. The language of post-traumatic stress disorder in itself positions the effects of trauma as a sign of maladaptive functioning (Reynolds, 2020).

Effects of these discourses

These discourses have overarching effects. Firstly, they downplay and normalise injustice and oppression, often tied to politics of power and privilege. Those with more power within systems can frame situations to uphold the status quo. For instance, in Mehdiya's story, school authorities had more power and privilege due to age and economic resources, leading to corporal punishment being justified while her perceived truancy was deemed deviant. Dominant discourses about discipline and authoritarian childcare practices led to the normalisation of corporal punishment.⁵ These discourses also turn the gaze on the person experiencing hardship, aligning with Foucault's analysis of modern power and White's work on normalising power (White, 2007). Coercive power is overt and identifiable, while normalising power is covert and insidious. The site of violence is hidden, putting the focus on the subject of violence. For example, when I work in childcare institutions, many young people express great anger towards the authorities (often labelled as "outbursts"). This was overtly visible; however, the coercive effects of institutionalisation were hidden in the shadows.

This also reflects ideas of effective action (White, 1997). Effective action is the ability to reach our goals in a timely and ordered fashion. What constitutes healthy coping in the face of trauma is often storied along these lines. However, this does not take into account that our ability to perform effective action depends on our access to power and privilege. Most folks responding to difficult situations find themselves in situations where they do not have access to means to respond appropriately. For example, Mehdiya was

a young person with limited access to resources and information. Due to her family's economic situation, she knew transferring schools was not an option for her. Though skipping school and playing on the rail tracks was not a safe alternative, she navigated the situation in the best way she could. Discourses around effective action and mainstream trauma work also assume that a return to safety is possible for everybody. However, within contexts of marginalisation, safety is not accessible in the same way for everyone (Thom, 2022).

Trauma discourses also reflect discourses of victimhood that obscure possibilities for resistance. For example, the way the authorities responded to Mehdiya clouded stories of agency and skill.⁶ They missed out how she had found a way to keep herself safe and the values she held on to in not crying even though she was hurt (see Yuen, 2007, 2009).

Considering these discourses, it makes sense that people might find the concept of resistance hard to engage with. These discourses result in folks feeling like they haven't really experienced anything. When they feel like they haven't really gone through anything, it can be really hard to make meaning of actions that come as a response. For example, the violence experienced by Mehdiya was completely erased in how her story was conceptualised. Without being able to name the context of violence, it can be hard to story her actions as protective. This, in turn, creates a situation where the voice of distress is all that folks can hear.

A map to contextualise stories

As discussed above, when the context of injustice gets obscured, it becomes very difficult to story resistance and quieten distress. The way the authorities responded to Mehdiya made her feel she was being labelled a "naughty child" though she was trying to protect herself. Much of my work with Mehdiya focused on thickening her understandings around this and bringing the context back into the picture. The actions that she took were explored in light of that context. This involved questions like:

- What got in the way of going to school?
- What did going to the rail tracks enable for you and your sister?
- What helped you think of this?

Through these explorations, Mehdiya was able to reframe her actions from a different perspective.

Instead of viewing them as conduct issues, she could acknowledge them as responses to an unjust situation. This enabled her to access a preferred sense of identity as someone who was skilled and capable of keeping herself safe.

Over time, through exploration and experimentation with clients, I refined these explorations of context. We developed a process that involved carefully interweaving different maps to enable the storying of resistance within the context of the trauma story.

This process involves four segments (drawing on White, 1992, 2007):

- exposing what participants are up against by thickly describing context
- linking these experiences to broader contexts
- storying responses in the light of the context (juxtaposing problem and preferred stories)

- inviting participants to re-evaluate how they feel about their responses based on the new information that's come to light.

One example of using this process is in explorations of “staying silent”. Many individuals who have experienced sexual abuse, assault or domestic violence have moments where they remained silent. When taken out of context, these responses are often interpreted as giving in to the abuse or as reflecting freeze or fawn responses. They become seen as weak or submissive. This perspective obscures the reality that overt resistance often isn't safe and that staying silent can be lifesaving. We can ask different questions to bring this to light. The table below details some general ways to ask such questions. I have used these mostly with adult clients; however, these questions can be scaffolded further and adapted to suit the people we are working with.

| Line of inquiry | Questions | Basis | Effects |
|---|--|---|---|
| Exposing what participants are up against by thickly describing context | What got in the way of speaking up? In that particular situation, what might have happened if you had spoken up? | Questions from the statement of position (SOP) map 1 (White, 2007, pp. 9–61) | Makes context visible |
| Linking context to broader realms | Is it always possible to fight back or resist overtly? Who is it possible for? | Deconstruction practices (White, 1992) Bringing other experiences into the room | Making links between personal experiences and broader systems Collectivising experience |
| Storying responses in light of the context (juxtaposition of problem and preferred stories) | In that context, why was it important to stay silent? What did staying silent make possible in that moment? What helped you think of that? Taking all this into consideration, the fact that you were able to think of that step, in the middle of a difficult situation, what does that say about you as a person? | Re-authoring practices (White, 2007, pp. 61–127) | Contextualising action and responses Reinstating mindedness (White, 2001) Deconstructing ideas about responses and effective action |
| Inviting a re-evaluation of position on issues based on new information about the context | Taking all this into consideration, I wonder if staying silent was different to giving in? What would you name this step? | Questions from SOP 1 and SOP 2 (White, 2005, pp. 5–9) Inviting participants to be witnesses to their own experiences Third person position questions (Pederson, 2015) | Participants have the chance to reflect on their positions on the issue with new information about the context |

Through the explorations enabled by these questions, many things became visible. For example, many survivors of sexual assault have spoken about being in situations where they were outnumbered, and any overt resistance would have increased the violence. The idea that they were submissive and weak was re-storied as demonstrating the skill of “presence of mind”. Similarly, many women who have survived domestic violence have shared that staying silent kept their children safe from the effects of the violence. Naming the context enabled stories of resistance to emerge in situations where dominant discourses amplified the presence of problem stories.

Drawing from folk culture (White, 2001) and metaphor (Denborough, 2008) can be important ways to complement the questions above. When there is a lot of distress present, moving directly into questions about what participants were up against can become retraumatizing. Asking deconstruction questions based on metaphors has been helpful. Drawing from stories of characters from TV shows, books or movies has also been a helpful way to make harmful discourses visible without moving too close to the problem story.

Narrative explorations of the body

When injustice has been ongoing, the problem story might feel all-encompassing and preferred territory might feel out of reach. These situations can also have specific effects on the mind and body, making participation in conversations and meaning-making difficult. Ongoing injustice interferes with presence in the session and the ability to reflect. People often report feelings of dread, shakiness, panic, nausea, breathlessness, or numbness and disconnection to describe the effects of this. Mainstream somatic work often names these experiences as states of “hyperarousal” or “hypoarousal” (Hershler, 2021). In such moments, I have found the body to be a helpful realm to explore to locate pockets of okayness and to move into safer stories. This often becomes a starting point for re-authoring.

My ideas about the body as a site for preferred stories are connected to my partnerships with Kolkata Sanved.⁷ Kolkata Sanved is a nonprofit organisation in India that uses dance movement therapy to facilitate social change. The organisation was formed in partnership with survivors of gender-based violence who have used the body as a source of healing and empowerment.

My collaborations and friendships with Sanved have alerted me to the possibilities created when we draw on skills and knowledges from bodily realms, including when experiences of ongoing injustice make conversation hard.

The following sections explore what it has meant to take on explorations of the body from a narrative stance in contexts of ongoing injustice. Many of the clients collaborating with me on this section were not comfortable with having the particularities of their stories shared so I focus primarily on explorations of practice.

Resisting somatic conceal and exploring bodily wisdoms

My work involves supporting women through difficult romantic relationships in which violence and oppression are often present. Sometimes the operations of violence are covert and harder to pick up on. Discourses that pressurise women to make relationships work despite discomfort often lead to violence being cloaked or hidden (Bhargava, 2022). However, there is often a bodily knowing about this before it is possible for the person to story this with language. The body frequently responds to these circumstances with distress and discomfort. As many women named these experiences, I wondered what might become possible if we were to attend to this bodily knowing with curiosity.

Discourses around body work and bodily states can shape how such experiences are storied. Women are recruited into seeing their bodily responses as pathological and in need of regulation. Discourses in this space uphold a system of mind–body dualism, creating disembodiment and separating us from our bodily wisdom. These discourses are not neutral but are created by oppressive structures to exert control. Our bodies often alert us to the presence of oppression, and attempts to overly regulate the body can lead to disconnection from this knowing. The politics of disembodiment thus enables oppression to go unquestioned (Johnson, 2022).

In response, body-based work has been an important realm to engage with. However, there are some discourses within mainstream somatic work that further complicate the situation. Mainstream explorations of the body often locate the problem of bodily distress in a dysregulated nervous system. This can run the risk of moving into “neuro-conceal” and/or “somatic conceal”. Denborough (2019b) defined neuro-conceal as an overt focus in therapeutic conversations on

changes in the brain or nervous system when that focus obscures broader political considerations. Similarly, somatic conceal is an overt focus on the body and physiological changes in ways that render broader contexts invisible (Denborough, 2019b). Body-based work from these perspectives can lead people to write off their experiences of distress as problems with a dysregulated nervous system.

A narrative stance towards body work involves holding on to the idea that “the body is not the problem”. Instead, it’s important to think about how distress in the body is connected to larger social contexts (Denborough, 2019b; Johnson, 2022).

Using the absent but implicit map (Carey et al., 2009) enables us to explore this in practice by locating bodily wisdoms and depathologising bodily responses. Here are some questions that I have found helpful:

- Are there particular contexts in which the discomfort shows up?
- If the discomfort could speak, what would it be telling you?
- Is the discomfort speaking to something that is being violated?
- How do you feel about this? Is this information helpful, not helpful or something else?

These questions have helped women re-story distress and identify what is not okay in their relationships. However, there are some things to be mindful of in terms of structuring safety while applying this practice.

While there are discursive reasons for disembodiment, sometimes disembodiment might show up as a response to difficult experiences. During extreme experiences of hardship, our bodies might not be a safe space to be in and disembodiment might be a way of staying alive. Inviting participants to reconnect with the body without accounting for this can end up retraumatizing them (Batrouney, 2023). This connects to what Thom (2022) has written about the problems of colonial somatic work. A lot of this work focuses on bringing the body back to safety and unlearning trauma responses. However, for a lot of people, safety is not always accessible, and it could be harmful to engage in work like this. Safety here refers to both bodily safety and access to a safe context. Some ways of holding on to accountability around this include:

- checking in with participants about their position on bodily distress and if the frame of bodily wisdoms fit – that is, holding a decentred and collaborative ethic while exploring this practice
- collaboratively discerning if disembodiment comes from a discursive space or a protective space
- engaging in this practice when there is some access to a preferred bodily state and not in moments of immediate distress.

Accessing preferred bodily states and co-creating grounding rituals

Sometimes experiences of extreme bodily distress can become retraumatizing for participants. This might create a need to be able to access a preferred bodily state or a sense of bodily okayness. This can be co-explored as a safe space to inhabit within the body, where the effects of distress are less.

Ideas about “grounding” have been helpful in my work. However, grounding is connected to complex practices in body-based work that seek to exert control and dominance over the body. Therefore, while integrating this with narrative ideas, it’s important to exercise care and criticality.

A narrative stance on body work urges practitioners to resist making expert interpretations of bodily states. Instead, it’s important to hand meaning-making rights back to clients. This means that the client makes decisions about whether and when a bodily state is unhelpful and if/when they would like to explore preferred bodily states.

From a narrative stance, achieving bodily wellbeing is not guided by notions of a “right” way for the body to function or a right way to address bodily issues caused by trauma. Instead, the hope here is to enable participants to access some degree of comfort or relief in the context of deep distress.

It also includes exploring insider knowledges rather than prescribing specific techniques such as grounding. This is important as not everyone will connect to the same grounding practices. Some practices might also increase discomfort. Allowing for multiplicity upholds the ethic that there is no one way to access a preferred bodily state.

For example, Joshna was undergoing flashbacks connected with the ongoing effects of abuse and violence. She named these “the loop”. When the loop

was present, bodily distress took over completely and it wasn't possible to hold on to any preferred stories, skills or knowledges. It became important to enable some kind of access to bodily okayness before moving forward. Narrative practice helped us to identify moments when the distress was more manageable. Identifying this we explored the following questions using the statement of position map 2 (White, 2007, pp. 219–263).

- You mentioned breaking the loop?
What made this possible?

This got us to the idea that going outside helped Joshna move past bodily distress as it actively brought her back to the present. Going outside might involve things like crossing the road, which would lead to an automatic bodily response around focus.

We worked on thickening this further:

- What was it about going outside that helped?
- How did you manage to step outside even though the loop was overpowering?
- Are there ways to stay more connected to this?

By holding on to a decentred ethic, we were able to respond to bodily distress in experience-near ways. On identifying going outside as something that enabled immediate access to okayness, we could discuss ways to replicate this more intentionally in moments of intense distress. It is possible to co-create grounding rituals based on such insider knowledges. They can also contribute to a repository of tips and strategies that can be shared among clients. This further decentres the therapist.

With Joshna, another example of co-creating a grounding ritual was building an embodied sense of support. We drew on Vikki Reynolds' (2011) idea of "peopling the room" – bringing the voices, struggles and strengths of the people who practitioners serve into discussions, even when they are not physically present. This ensures ethical decisions remain grounded in their lived realities, fostering accountability, resisting detachment and centring justice over institutional demands.

In Joshna's context, peopling the room has meant inviting supportive voices into the room to stand in solidarity with her while she responds to and resists the problem. Through the following re-remembering questions (White, 2007, pp. 129–165) we had identified the characters and their contributions to her life and her sense of self. This helped us

create a thick description of her support and solidarity team. The questions we used were:

- Who are the characters or people you would like to include in the team?
- Could you say some more about your connection to them?
- What are some ways in which they have contributed to your life?
- How might they stand with you when the problems show up?

Going outside would not always be accessible for Joshna as a grounding ritual for breaking the loop. We wondered if creating a felt sense of this support team might be another way for her to access support and okayness in moments of extreme distress.

Combining narrative ideas with resourcing practices created a way forward with this. Resourcing is the practice of inviting our mind/body to attune to sensations of safety or goodness, however small they may be (Mischke-Reeds, 2018). Joshna found guided meditative and reflective processes helpful and was curious to explore this while co-creating her grounding ritual. We used a practice around this focusing on calling our support teams forward. A combination of both the practices enabled a firmer grasp of preferred story.

Example of a guided meditation or reflective process

- You can take a position in the room that feels comfortable for you.
- You can keep your eyes open or closed, whatever is most helpful for you.
- Visualise the supportive people sitting behind you in a semicircle.
- Imagine them bringing forward skills, contributions and wisdoms. Imagine them shouldering you up and rooting for your wellbeing.
- Notice what sensations come up in the body as you are imagining them sending you their support.
- Notice what is coming up for you as you are in their presence.

Thickening preferred stories through body work

In my practice I have found that narrative practice and body work support one another in thickening preferred stories. Narrative practice supports the development of preferred stories. This enables us to respond to bodily distress by enabling grounding in stories of sorts. Body work can, in turn, thicken preferred stories by making them more tangible and easier to tap into. Marie Nathalie Beaudoin (2019) has explored these connections in her work on intensifying the preferred self through bodywork and neurobiology-based practices. Like Beaudoin, I have found that including somatic elements in explorations of preferred stories contributes to being able to hold on to them when there is a risk that they will be washed away by the currents of the problem story. This includes asking questions that invoke the senses while exploring alternative stories, for example:

- What does it feel like in your body when you feel connected to hope?
- What sensations does thinking of this invoke? (see Batrouney, 2023)

This has translated into creating documentation practices that involve sensory elements. For example, if a participant has a preferred story involving a loved one, we might invite them to keep an item close at hand that evokes memories of the loved one. Or if a particular smell is associated with a precious memory, we might explore ways of recreating that.

When overwhelming distress has been present, clients have shared that writing things down doesn't always help. They also report that during these times, it's hard to do the processing work that connects us to the knowledges contained in a document. Having sensory dimensions of preferred stories enables a quicker connection to safer spaces.

Locating embodied unique outcomes

Poh Lin Lee's (2023) "community of members" metaphor offers a way of understanding the body as a dynamic, multi-storied community rather than a singular, cohesive entity. This perspective acknowledges that different parts of the body hold distinct experiences, histories and relationships, allowing for a more compassionate and participatory engagement with bodily experiences. Drawing on Michael White's (2007) re-membering practices, she encourages intentional engagement with bodily narratives, reflecting on which voices within the body's community need upliftment.

Thinking about the body as multi-storied has also been helpful when intense bodily distress shows up in conversations. This has made it possible to think about bodily unique outcomes and search for members in the body community who are not completely consumed by the distress.

Guided by exploration of unique outcomes (White, 2007, pp. 219–263), helpful questions to ask have included:

- Is there a part of your body that hasn't been taken over by the distress? Or is there a part of your body that is less influenced by the distress?
- What does it feel like to connect with this part?
- What enables it to be less taken over by the distress?
- What might staying connected to this part of your body make possible?
- Just like the distressed parts are affecting the rest of us, how might this less distressed part influence the rest of us as well?

This often helps participants identify sites of bodily safety amidst experiences of great distress. Metaphor and imagery have been helpful to draw on. For example, a participant experiencing frequent and recurrent panic attacks spoke about how her feet felt less affected by the panic. Her feet felt like a tree firmly rooted in the ground amidst a storm. On discovering the image of the tree, I was able to ask a re-authoring question: "What keeps the tree firmly planted on the ground despite the storm?" Exploring this further uncovered multiple stories of hope and resistance that helped the tree stay firmly rooted despite the panic all around. We could plan ways to connect to the feet and the image of the tree when panic shows up. Connecting to the feet also created some space for us to have conversations when the panic threatened to show up in sessions. This is an example of how starting from the body often can open up space for broader re-authoring conversations when safer stories feel inaccessible.

Storying bodily resistance

Another helpful idea has been to think of the body as a site of resistance and to uncover what is revealed by double listening to bodily resistance. My understanding of the body as a site of resistance is also connected to my partnerships with Kolkata Sanved. Sanved developed the Sampoonata model of psychosocial rehabilitation (Chakraborty, 2023; Kaikobad, 2021). This is a feminist

rehabilitation approach that centres the body as a site of resistance and healing. It enables survivors to reclaim their bodies from patriarchal control, reflect on embodied experiences, and challenge oppressive norms to rebuild agency and self-worth.

Going back to the story of Mehdiya, I explored her action of not crying from the lens of bodily resistance. We explored re-authoring questions around the landscape of identity to thicken this further and draw it into storylines:

- Why was it important not to cry?
- Was there something you were standing for in taking that step?
- What does this tell us about what's important to you?
- How did you manage to do this?

This revealed Mehdiya's commitments to standing up to injustice.

Combining narrative ideas with grounding and resourcing practices from body-based work has helped in reducing difficulties with participating in conversations and accessing safer body states.

Conclusion

Contextualising stories and engaging in narrative explorations of the body have significantly helped me in standing with participants as they navigate rough waters. These practices help to create spaces to stand in until safety is more readily accessible. I look forward to continuing to explore and collaborate in these realms so that we have more practices that enable us to support folks through experiences of hardship, in moments where it might be a while before we can get to the riverbank.

Notes

- ¹ The languages used in my work are both English and Bengali; therefore, problems are usually named in either English or Bengali and at times Hindi as well. The terms *anyay* and *otechar* are Bengali terms that loosely translate to injustice and torture.
- ² Residential homes are childcare institutions where children and young people who have limited access to family support come to stay and access basic resources like food, shelter, healthcare and education.
- ³ Acts of resistance and reclamation refer to double-story development where we story how people have responded to trauma. This upholds the idea that "people always resisting".
- ⁴ A lot of these explorations have been informed by conversations with other Indian practitioners while working on tutoring for the diploma program in narrative therapy in India.
- ⁵ It's important to acknowledge that responding to these challenges cannot be done through individual work alone; it's important to engage key stakeholders within childcare institutions as well. Since these discourses are sometimes very pervasive, a lot of scaffolding has been required to create space between them and to make different ways of working visible. Using wonderfulness interviews (Marsten, Epston, & Markham, 2016) and externalising conflict between staff and students have been some ways I have been able to explore this. I have also been able to connect children through collective documents in responding to injustice from authorities.
- ⁶ In my work with young people in child protection settings, I have identified the operation of three discourses, which I have named behaviour management, skill building, and internal state psychologies. The behaviour management frames children as needing taming and guidance, with some requiring stricter control than others. It assumes that certain communities fail to properly guide their children, leading to an emphasis on discipline, surveillance and regulation. The skill building discourse, shaped by neoliberal ideals, views distress as a barrier to market productivity. It suggests that developing psychosocial skills can mitigate adversity, with a strong focus on shaping children into "productive selves". Finally, internal state psychologies attribute children's difficulties to unconscious desires and maladjusted personalities. This assumes that maladjusted individuals struggle to cope with life's stressors, often linking these challenges to strained family relationships. These discourses guide how institutional spaces respond to children, often prioritising control, economic function or psychological adjustment over understanding their young people's realities.
- ⁷ You can learn more about the work of Kolkata Sanved at <https://kolkatasanved.org/>

References

- Anonymous. (2021). Stories of collective resistance in the context of hardship and crisis: An anonymous collective contribution from India during the pandemic crisis. *International Journal of Narrative Therapy and Community Work*, (2), 7–14.
- Batrouney, A. (2023, June 13). *Building stories of connection and reconnection* [Video]. Dulwich Centre. <https://dulwichcentre.com.au/building-stories-of-connection-and-reconnection-by-amelia-batrouney/>
- Beaudoin, M. N. (2019). Intensifying the preferred self: Neurobiology, mindfulness and embodiment practices that make a difference. *International Journal of Narrative Therapy & Community Work*, (3), 94–103.
- Bhargava, S. (2022). Working with young women facing pressure to marry. *International Journal of Narrative Therapy and Community Work*, (2), 38–46.
- Carey, M., Walther, S., & Russell, S. (2009). The absent but implicit: A map to support therapeutic enquiry. *Family Process*, 48(3), 319–331.
- Chakraborty, S. (2023). *Dance movement therapy and psycho-social rehabilitation: The Sampoonata model*. Routledge.
- Denborough, D. (2008). *Collective narrative practice: Responding to individuals, groups and communities who have experienced trauma*. Dulwich Centre Publications.
- Denborough, D. (2019a). *Political dictionary for the field of narrative practice*. Dulwich Centre Publications.
- Denborough, D. (2019b). Travelling down the neuro-pathway: Narrative practice, neuroscience, bodies, emotions and the affective turn. *International Journal of Narrative Therapy and Community Work*, (3), 13–53.
- Hershler, A. (2021). Window of tolerance. *Looking at trauma: A tool kit for clinicians*, 23, 25–28.
- Hindustan Times. (2024, February 19). *Marital rape can't remain an exception to rape law*. Hindustan Times. <https://www.hindustantimes.com/opinion/marital-rape-can-t-remain-an-exception-to-rape-law-101739548967046.html>
- Johnson, R. (2022). *Embodied social justice*. Routledge.
- Kaikobad, R. (2021). Reconceptualizing rehabilitation of female survivors of violence: The case of Sampoonata model of dance movement therapy (DMT) in India. *Women and Therapy*, 44(1–2), 20–35. <https://doi.org/10.1080/02703149.2020.1857617>
- Marsten, D., Epston, D., & Markham, L. (2016). *Narrative therapy in Wonderland: Connecting with children's imaginative know-how*. Norton.
- Lee, P. L. (2023). Our bodies as multi-storied communities: Ethics and practices. *Journal of Systemic Therapies*, 42(2), 1–21.
- Pederson, L. (2015). Sharing sadness and finding small pieces of justice: Acts of resistance and acts of reclaiming in working with women who've been subjected to abuse. *International Journal of Narrative Therapy and Community Work*, (3), 1–12.
- polanco, m. (2013, January 24). *Colouring narrative therapy's solidarity* [Video]. Dulwich Centre. <https://dulwichcentre.com.au/colouring-narrative-therapys-solidarity-by-marcela-polanco/>
- Reynolds, V. (2008). Worker as activist: An ethics of resistance. *Women Making Waves*, 19(1), 5.
- Mischke-Reeds, M. (2018). *Somatic psychotherapy toolbox: 125 worksheets and exercises to treat trauma and stress*. PESI.
- Reynolds, V. (2011). Supervision of solidarity practices: Solidarity teams and peopling the room. *Context*, (116), 4–7.
- Reynolds, V. (2020). Trauma and resistance: “Hang time” and other innovative responses to oppression, violence and suffering. *Journal of Family Therapy*, 42(3), 347–364. <https://doi.org/10.1111/1467-6427.12293>
- Sen, S. (2021). Just girls: Conversations on resistance, social justice and the mental health struggles of women. *International Journal of Narrative Therapy and Community Work*, (1), 60–69.
- Thom, K. C. (2022). [@razorfemme]. (2022, August 8). *I think the major difference between a social justice and a white/colonial lens on trauma is the assumption that trauma recovery is the reclamation of safety* [Thread]. Twitter. <https://twitter.com/razorfemme/status/1159291023409012736>
- Wade, A. (1997). Small acts of living: Everyday resistance to violence and other forms of oppression. *Contemporary Family Therapy*, 19(1), 23–39.
- White, M. (1992). Deconstruction and therapy. In D. Epston & M. White (Eds.), *Experience, Contradiction, Narrative and Imagination: Selected papers of David Epston and Michael White 1989–1991* (pp. 109–152). Dulwich Centre Publications.
- White, M. (1997). *Narratives of therapists' lives*. Dulwich Centre Publications.
- White, M. (2001). Folk psychology and narrative practice. *Dulwich Centre Journal*, (2), 3–37.
- White, M. (2005). *Workshop notes*. Dulwich Centre. <https://www.dulwichcentre.com.au/michael-white-workshop-notes.pdf>
- White, M. (2007). *Maps of narrative practice*. Norton.
- Yuen, A. (2007). Discovering children's responses to trauma: A response-based narrative practice. *International Journal of Narrative Therapy and Community Work*, (4), 3–18.
- Yuen, A. (2009). Less pain, more gain: Explorations of responses versus effects when working with the consequences of trauma. *Explorations*, 1(6), 6–16.