

Final Written Assignment

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*How challenging can a therapeutic relationship be?  
A therapist's perspective*

Graduate Certificate in Narrative Therapy  
Dulwich Centre, Australia

E- learning program 2014-2015

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*The context of work and connection with Narrative Therapy*

The aim of each therapy session, independent of the approach adopted by the therapist, is for the person in interest to leave with more options and ideas. It is a paradox that although the ultimate goal of a therapeutic relationship is to bring ease, both the therapist and the client in concern may go through overwhelming and stressing stages in the process (McLean, 1994). This is further connected to the dual processes occurring in therapy (Combs & Freedman, 2002). The person in concern (i.e.: client) is likely to face discourses and concerns, some of which maybe shared by the therapist, while others can be different. A client may introduce himself/herself with an urging desire to 'change' or 'change something', whereas for the therapist the perceived responsibility to make the 'right' questions, suggest the 'appropriate alternatives' and proceed the therapeutic conversations towards the 'desired' direction, can be overwhelming (White, 1995). This therapist's responsibility scarred when I was to meet my first client. Using my training in the maps of narrative practice, the philosophy of narrative therapy and linking lives, as well as the principles of constructionism, I realised that there is no right or wrong way to go in therapy, people don't need to change (Epston & White, 1990; Hutton, 2008; White 2000; White, 2007). What both therapists' and clients' need to do to benefit, is to be open to see stories from other perspectives, through double listening (Carey & Russell, 2002). The present paper aims to explore my short journey with my first client, reflecting how narrative practices freed my anxiety and enriched my client's possibilities for action.

*Relational Ethics*

Narrative practices concerning relational ethics and issues of accountability were really helpful in establishing a therapeutic relationship where both therapist and client would feel comfortable and safe (McLean, 1994; White, 1995). With reference to ideas of post-structuralism and 'ethic of collaboration' our therapeutic reality was based on an authentic way of interaction (Loge, 2007; McLean, 1994; White, 1995). In line with ethics and fundamental ideas of Narrative therapy, I wanted to understand together with Eileen what was the

meaning of what was going on in her life. In contrast to traditional therapy that may be influenced by power relations, expert vs. novice, I wanted to share responsibility, power and resources, and work in collaboration with my client (White, 1995). My de-centred practice included engagement in re-membering conversations, re-authoring discussions, telling and re-telling individual's story through the use of editorials, and acknowledging the contribution of the person in our active therapeutic relationship, by seeking permission and checking in with the individual (White, 1995). In this way I managed to offer opportunities to both of us (i.e.: therapist and client) to think outside of what we would otherwise have implied.

### *Language in therapy*

With reference to notions of post structuralism and the idea of multi-stories in individuals' lives, a therapy session may involve asking people questions, as a way to explore possibilities, rather than telling people things (Carey & Russell, 2002; Loge, 2007; White, 2007). Recognising our relationship as an active process, and being aware of the influence of the Narrative questions, I welcomed my first client Eileen having prepared a list of questions (Carey & Russell, 2002). Those questions involved starting questions, regarding demographics, her history in mental health and notes on the map of externalisation to start discussing the problem that brought her to therapy (Carey & Russell, 2002). Being my first session as a therapist I was excited and nervous. As a way to respond to the imbalance of power in the professional-client relationship, I wanted to be honest to her, so I told her that she was my first client, and we were having these ten sessions as part of my practice in the Narrative Therapy training. Reflecting on our first meeting, and the way Eileen's history and demographics were recorded, I realised that the list of 'starting questions' I had prepared were influenced by prevalent discourses in therapy. If I were to do it again, I would maybe leave these questions for a later point in therapy, in order to first build connection and establish a trusting relationship with her. A way to do that would be by showing Eileen my intentions of therapy, and my understanding of the therapeutic work, in order to welcome the process of talking about the problem in concern (McLean, 1994; Yuen, 2007).

Once Eileen's history was noted, I asked the simple question 'So, what brings you here today'? I had my notes in front of me and was prepared to practice the map of externalisation, find a name for the problem, differentiate it from her, explore its positive and negative effects in her life and evaluate on them (Carey & Russell, 2002). However, things were not as smooth and linear as I thought. In one breath, Eileen told me about her 'depression', her father that died five years ago, her mother who was distant and cold, her brother who she was in court regarding their father's will, her experience in mental health services, her three years treatment of breast cancer, her weak sense of femininity and lack of sexual drives towards her husband. At that point I made the conscious decision to close my notes, stop thinking of theories, prepared questions and techniques, and listen to Eileen's story. She moved me and I wanted to connect with her. By closing my notes, our relationship started, and the distancing 'boundaries' were removed (Combs & Freedman, 2002). I didn't want to be one more 'expert' in her story of mental health support, I wanted to be Christina, a therapist who listened and supported her in an overwhelming time in her life (Carey & Russell, 2002). I then made a promise to myself to be an authentic therapist, rather than one that goes by the book. Narrative ethics and, relational ethics in specific, were core in taking this decision.

Authenticity would mean that I was willing to be transparent in showing my emotions (i.e.: surprise, compassion, joy) and commitment towards both my personal values and narrative practices. In this sense, I told her that I was overwhelmed by her story and acknowledged that things must be hard in such a complicated every day living. I further asked her, what she wishes to work in these ten meetings with me. I recognised the importance of all the stories she mentioned, but also appreciated that to be effective it would be useful to set a goal for our therapeutic relationship (McLean, 1994). She told me 'I want to talk about my depression'. The way she talked about 'depression' highlighted the internalising of the problem and the totalising of her identity (Hutton, 2008). I felt connected to her, I know from my personal experience how tiring depression can be. Influenced by post-structuralism ideas and relational values, I tried to be

de-centred, though influential (Loge, 2007; White, 1995). In this sense, I stepped away from my personal experience, and aimed to honour her knowledge and skills, rather than being determined by my training as a mental health professional (Carey & Russell, 2002; White, 1995). I asked her how she found out she had depression, and she told me that her old therapist told her so. I told her openly that I don't agree with the terminology and tendency to put people under labels, and encouraged her to find another way of describing her experience (Hutton, 2008). A more experienced based name for the problem (White, 2007). She said it was depression. After working on the map of externalisation practice, she left the first meeting recognising that depression is positive in allowing her to stay home with her children and her family. Family was a great value of hers. In the door Eileen asked me 'Am I ever going to get over it'? I told her that 'I firmly believe in people's will and power, and you seem to me a highly powerful person, so I don't see the reason why you will not get over it'. It was then I realised that the journey in therapy has constant unexpected curves, that neither she nor me could predict (Carey & Russell, 2002).

### *Getting to know the problem*

Professionals' opinion and language may be really powerful in the way we as people shape and name our experiences. In recognising problems as multi-storied in nature, Eileen managed to shift away from the good-bad, right-wrong dichotomous way of thinking (Carey & Russell, 2002; Hutton, 2008). My thinking in that was aiming partly to get to know her better, and further support Eileen wider her identity. Further on, I wanted her to remind herself of who she is and who she wanted to be, her purposes in life. In line with White's suggestions (2007), in our second meeting I encouraged Eileen again to think of an 'experienced -near' description of the problem. It seemed hard for her to leave the term 'depression' (Hutton, 2008). She re-claimed 'depression' when I asked her to imagine that an alien approached earth and was not familiar with medical language, and she had to explain to that alien with a single name what was going on in her life (Hutton, 2008). Only at that point did she name her experiences as 'boredom/heaviness' (as the interviews were conducted in Greek, there is a

single name including both those attitudes called 'variaramara'). Boredom and heaviness seemed so easier to deal with! It was a relief, as she spoke about boredom more expressively. Further on, it was a huge relief for me, boredom seemed less overwhelming compared to depression. In addition to that she recalled dealing with boredom from a really young age, without making a big deal out of it. She knew how to deal with it! I just had to support her finding the skills and knowledge she already had.

The boredom she experienced was accompanied with loneliness and sadness. Those three problems were in parallel. However, her main focus was her boredom. Boredom influenced her in various domains in her life, including her marriage, her femininity and keeping charge of the household. In case boredom did not exist, she would have a 'balance' in her life. That 'balance' was the goal of our work together. In drawing the history of balance in her life, Eileen claimed balance as being important to her since the teenage years. She felt balance more present in her life when she was working, had a more active social life, and was in love with her husband. Despite, her favouring balance, Eileen preferred at that stage to talk about 'boredom' rather than 'balance'. Through externalizing conversations Eileen realized that boredom had also positive impact in her every-day life, such as spending more time with her two children. This was something that she could not do before, as she wanted to be constantly outdoors.

Both motherhood and family were important values for Eileen. Eileen's emphasis on those values, made me question her children's reaction towards her. Using scaffolding questions concerning Eileen's personal properties, attributes, motives and intentions I asked Eileen how her children perceived her. Eileen told me that her children acknowledged her strength, her commitment to their family and their mother's nurturance. I further asked her what kind of mother would she be if viewed from her children's eyes. She told me she would be a strong and caring mother, a type of mother she wanted her own mother to be. At that point, I sought her permission in continuing the discussion, as I heard two different stories emerging. The first one, regarded her relationship with her mother, and the other one regarded her own role as a mother. She preferred talking about her

own experience as a mother, and her connection with her children. Still, the relationship with her mother and the role model of motherhood she believed in, were discussed in later sessions and will be illustrated later in the paper.

The positive recognition of boredom was something that she held on to until the end of our therapeutic relationship. Most importantly at the end of our therapeutic relationship she highlighted that she was no longer afraid of her boredom, saying 'I don't really care about it so much, I know some days it will be there but I don't mind, I know it will go away after a while'. She often talked about cracks in the problem story line, times were she was creative, strong and passionate, that were conflicting the story of 'boredom'. It is highly important the fact that Eileen re-called and re-named her experiences herself, I was there in order to support her in that journey, but not show her the way.

This I considered as a core step in reclaiming her preferred identity, one with more balance, as opposed to one accompanied by boredom (Cecily, 1998). In this recognition I asked her if it was useful for her that she could control boredom. She viewed it as highly powerful. I further asked her what this reflected for boredom, as a problem, the fact that it is no likely to imply to her constantly. In closing that meeting, I went on asking about the emerging opportunities that had risen knowing that boredom was likely to be left behind her. In some of these questions Eileen was resistant. When I saw her hesitating, I recognised that either she was not ready to answer the specific questions, or that my questioning was not useful for her, or both. Eileen had made it clear that boredom was part of her story for some time, so I imagined that it wouldn't be as straightforward to get rid of it. Besides that, she recognised boredom's positive influences that Eileen desired in her life (i.e.: staying close to her family). Still, for me it was highly promising that Eileen had resources that boredom did not manage to steal from her. In this process, linking her preferred storyline to her values of family and motherhood, and her children through re-remembering, was core, as it felt like a legacy for her that provided meaning to her experiences and support from her family (Carey & Russell, 2002; Cecily, 1998; White, 1998).

*Building connections & re-membering*

When I asked Eileen about these resources, skills and knowledge that encouraged her towards her desired balance, that boredom was distant from, Eileen told me she learnt them from an old friend of hers, from her mother and a colleague in her past job. Concerning her friends and colleagues we engaged in re-membering conversations as way for Eileen to recognise her contributions in those relationships, and acknowledge her supportive networks. Getting to know Eileen better, I was impressed how openly she talked about sexual matters, considering her parents and the conservative environment she grew up. I couldn't help but ask her, where she learnt to talk about sex. She told me the story of a sweet and caring colleague of hers, who encouraged her when her mother was absent. This lady was older than Eileen, and she offered her everything that her mother wasn't able to. Eileen learnt from her to appreciate herself, that it is ok not being perfect, that her feet that she had trouble with were beautiful. Since then she started wearing sandals! The image of this relationship seemed nurturing, and safe. I further asked Eileen what her colleague learnt from her. After curious thought, she talked about an important gift she offered to her colleague. Eileen told me that her co-worker learnt from her to never give up. This was because she saw how Eileen went to work despite her chemotherapy and pain. I myself was really moved by her story and let her know. I felt this was an excellent start for a re-authoring conversation (Epston & White, 1990).

*Unique outcomes*

Unique outcomes were often present in our discussions. Regarding her sex life with her husband, her relationship with her mother, her interaction with her children, her household and her social encounters with friends. Reflecting on narrative practices and further readings after my work with Eileen, I could enrich such stories and enhance the contributions to one's lives (Dulwich Centre, 2008). However, I am always wondering how far questions could go, and how ready is the other person to discuss issues like that (Dulwich Centre, 2008). Narrative ethics concerning accountability and seeking permission were central in our therapy process (White, 1995). I constantly checked with Eileen if it is

okay to continue, if the therapeutic relationship was of benefit to her and further remained open to changing to a new line of enquiry (Epston & White, 1990). At that point in our therapeutic relation, recognising that she offered such an important gift to a beloved person of hers, the learn to never give up, was a significant and powerful step.

### *Linking Letter*

What stood out for me was when I encouraged Eileen to produce a narrative document, namely a letter narrating her mother's life in first person narration (i.e.: linking letter) (Deborough, n.d.; Newman, 2008). She often expressed anger and complaints towards her mother, so I wanted to find or create a way, through which the gap between Eileen and her mother could be bridged. Further on, enrich other ways to explore her relational identity, as family was of core value for Eileen (Carey & Russell, 2002). In this way in the end of our session I ask Eileen how she would like to write a letter, from the perspective of her mother (Newman, 2008). She loved the idea, and one week after she brought a three pages letter highlighting the story of her mother, from Eileen's point of view. My line of thinking beneath this document creation was to view her mother separately from the ideas of motherhood, to link her mother's experiences to the social and cultural context her mother grew up and lived in, and likely build connections with some of her mother's experiences that may have been similar to Eileen's experiences (Deborough, n.d.; Newman, 2008).

While reading the story of her mother, in first person narration, I heard that Eileen's mother came from a lower class family, with great difficulties economically and socially. She grew up without a mother herself, with an older brother, who was considered the special child. It was the time, where in Greece, traditionally boys and girls were separated to 'children' and 'girls' respectfully. For instance, in Eileen's mother case, their father would say 'I have one child and a daughter'. While Eileen's complaint and anger towards her mother, referred to her mother's lack of nurturance and her treating her brother in favour, she came to realise that her mother herself had experienced this disadvantaged position being a girl in her family of origin. Following the discussion on the letter, Eileen

realised that her mother didn't know any other way of communication rather than trusting Eileen and publicly supporting her son, Eileen's brother. Although more things could have come out from that narration, I felt that Eileen did not want to explore more ideas about her mother's life. Perhaps she had already devoted enough time thinking, writing, narrating and discussing her mother's life, that she did not want to go on finding alternative possibilities (Carey & Russell, 2002).

I was really happy at that point, since Eileen externalised her mother's attitude, to something not personal or internal but something influenced by the social and cultural era of the time. With reference to core assumptions of the Narrative approach, that of constructionism, it was important to link behaviours and discourses in the context they emerge, rather than consider them as pure personal attributes. Reflecting on my narrative readings, after my work with Eileen, I recognised the maps of failure as highly powerful in re-evaluating Eileen's ideas of motherhood and nurturance. Adjustment to modern power demands and the origin of her ideas of motherhood may have been interesting and useful for her to explore (Carey & Russell, 2002).

*Is it what we really think it is?*

Eileen was often saying how angry and disappointed she felt towards her mother. I was curious what this anger said about how Eileen viewed her relationship with her mother, so I asked her what was that that made her feel this anger towards her own mother. I asked her if it was anger or something else. She revealed it was the feeling of not being equally treated as her brother. I found that really interesting and asked her about her knowledge regarding fairness and balance in relationships. Eileen told a story of when she was younger that she experienced balance in her life. She further told me about some friends of hers that knew how valuable balance was for her. Later on, she told me that she knew that balance is as important to her because she remembered the feeling she had when she had 'balance' in her life, that was balance between work, family and socialising. This feeling she described was of calmness.

Going back to the feeling of fairness, I felt that beneath her anger and sadness, there was an appreciation of how she wanted to be treated (White, 2000). After a couple of sessions Eileen recognised that her mother treated her the way she did because she was aware of the qualities Eileen had, that her brother lacked. In this conversation scaffolding questions and reference to the 'linking letter' were highly important in drawing connections with her family of origin (Newman, 2008; White, 2000). Based on her knowledge along with her high value of family, Eileen recognised how important it was for her as a mother to continue treating her children equally, without favouring the one against the other. My work back then, felt very right for me as a therapist, and revealing for Eileen (White, 2000). Our conversation based on the concept of the absent but implicit were a turning point in our therapeutic relation.

*What happens when the problem is in the room?*

Despite the powerful qualities emerging in Eileen's stories, anger was often accompanying boredom, and it was often present in the room. This was obvious in Eileen's change of expressions, temper and voice tone. These were the times I had to encounter the problem in the 'here and now'. However, anger as an emotion often blocks me, and that was a challenge difficult for me to encounter. The way we dealt with anger was using Eileen's knowledge of past experiences. If, however, I had to encounter 'anger' again I would explore what anger promised Eileen and it occupied such a big space in her life. What did Eileen expect to happen following anger? A further consideration of mine would be, if the level of anger correlated to the importance that the values she was protecting hold for her.

Another challenge I noticed is the idea of recognising efforts of the other person, rather than applaud them (Hernandez, 2008). This is a key point to consider both in working in groups (i.e.: as an outsider witness) but also as a therapist. I remember the first two meetings with Eileen, that I was so excited to see small changes in her, that I was really tempted to praise her. Re-claiming one's story and positioning of personal values and commitments, expressed by either the outsider witness or the therapist, may be confusing and disempowering for the

person in concern (Epston & White, 1990). In therapy people need their stories to take meaning, not interpretation (Epston & White, 1990; Hernandez, 2008). Besides that, the meanings people attribute to same events differ in essence between individuals (Carey & Russell, 2002).

### *Conclusion*

The turning points as recognised by Eileen, were when she recognised that she could try offering herself what she was asking from her mother, starting accepting her mother for who she really is, not who she wanted her to be, and having the choice to leave boredom, whenever it was of no use to her. Besides, the topics revealed in the present paper, we discussed more things with Eileen, such as her relationship with her husband, their sex life, her relationship with friends and her father. I decided to include and evaluate on the aspects of Eileen's life that she placed more emphasis at (McLean, 1994). Still, if she was to write the report she may have chosen totally different parts of our work together. It would be great to invite other people from Eileen's life in the therapy room, like her children, or her husband or the friends she valued (White, 2004). Inviting other people in the room would allow for definitional ceremonies, by getting involved in eyewitness testimony practices, allowing for Eileen to maybe create a thicker description of her preferred balance, and a greater and more direct supportive network with her beloved ones (Carey & Russell, 2002; Hernandez, 2008; White, 2004; White, 1995). Despite the fact, such definitional ceremonies did not take place in my work with Eileen, re-remembering conversations and the therapeutic letter exploring the life of her mother, were powerful in evaluating and reflecting on the relationship with the people she cared about (Hernandez, 2008).

In this process it seemed like both of us were novice. From Eileen's expression and sayings I got to know that it was the first time in her life she considered her contribution to her relationships. While for me, it was the first time I used my professional and academic knowledge to support another person's journey of self-awareness. Personal agency from Eileen's part, and de-centring from my perspective were core in our interaction (McLean, 1994; White, 1990). Despite,

the challenges in the therapeutic process, the pauses, the dilemmas, we managed to stay committed to our values (personal and professional), share our knowledge (i.e.: accountability) and complete our ten sessions (Cecily, 1998). Our meetings lasted for three months, without cancelling one. This commitment, was on its own a reward for me, reflecting that our relationship was of some benefit to both of us.

In retrospect, my therapeutic posture, valuing authenticity, personal agency, and de-centring were highly influential for Eileen to re-gain control over 'boredom' and prioritize her feelings and emotions in her relationships. Through revising her relationships, Eileen shaped her identity differently, closer to her preferred storyline. The ethics I drew upon and ideas to support my work towards her, were influenced by Narrative practices concerning relational ethics and accountability, and my personal values of offering and connectedness. In this way our relationship was established and re-established, recognising it as an active process, where it was core to ensure trust (Epston & White, 1990; White, 1995). Through the use of informal language, permission seeking questions and continuous editorials, we negotiated power as way to ensure our relationship continued in ways that were useful to both of us (White, 1995). For instance, power was negotiated through use of language, while she used 'we' referring to the changes in her life, implying that we were doing them together, I always stressed that she herself was promoting alternatives, rather than us together. The way we negotiated power was therapeutic in itself, as Eileen got to remind herself how powerful she could be (White, 1995). Besides my support in Eileen's journey, Eileen highly contributed to my experience of therapy as well. She was my first client and I will always remember and thank her for her trust and the warmth she saw in me.

*Word Count: 4,576*

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