"Moving Things to Independent Life"
The influence of Narrative Therapy on working with a woman affected by learning disabilities

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"I've stood in front of some audiences to start telling my story, and I just can't. I'm not going to speak into that listening. Listening has a shape, and I think the listening shapes the speaking…I would say that all people want to tell their story. It's about finding the right person to listen to them, or the right kind of listening to allow people to tell their story" Paul Browne

This paper describes the influence of narrative therapy practices on my work with Sally, a 42 year old woman, affected by learning disabilities.

Sally was referred by residential home staff to Psychology for help with "stealing" behaviours that were "jeopardising" her placement and move to more independent living. A long term relationship with Psychology and counselling services was described and the referral spoke of this being her "last chance" before the Police were involved.

This paper does not seek to give an extensive overview of Narrative Therapy as this is available elsewhere, both generally (Freedman and Combs, 1996: Morgan, 2000: Payne 2000: White and Epson 1990), and in relation to learning disabilities (Lynggaard, 2006). There has been a gradual increase in the publication of papers about using Narrative Therapy and approaches in a learning disabilities context (for example, Cashin, 2008: Costa, 2006: Scior and Lynggaard, 2006 & 2002: Leaning, 2011 & 2007: Matthews and Matthews, 2003: Robbins, 2004, Wilcox and Whittington, 2003).

Briefly, Narrative Therapy uses a story (narrative) metaphor and proposes the meaning we give to our (daily) experiences is determined by the 'stories' we have about ourselves. Stories about life and ourselves are socially, culturally and historically situated and we all have many stories about our lives and relationships: life is multi-storied. The stronger (more dominant) a story's presence in a person's life the more their life will be influenced by it. When people come for therapy they are usually in the grip of a (dominant) problem story about their lives (such as the referral story about Sally above). Narrative Therapy engages in externalising conversations moving from the dominant problem story (the known and familiar) to the noticing of alternative and preferred stories of a person's life (the possible to know). These preferred stories are then systematically 'thickened' to enable them to have more influence on a person's life.

Sally and I met on six occasions, over a six month period of time. At our meetings, Sally chose to invite Amy (residential home staff) and Dorothy (her mother) and I had invited a colleague (Pat) interested in narrative and systemic ways of working. At our first meeting,

Amy expressed concern Sally would not speak if they joined her but Sally gestured she wanted them there which we respected. Sally appeared nervous and silent. I was concerned about how I might engage Sally in conversation and about hearing (all) the stories about her life. I was concerned if I was to privilege the telling of the referral (problem) story that might be told by Amy and Dorothy, it might position the problem in Sally rather than separate it from her, and silence her further. Narrative therapy suggests the importance of an audience (outsider ('insider') witness) other than the therapist for the person's telling and re-telling of the developing alternative story (Morgan, 2000: Payne, 2000). Influenced by these as well as reflecting conversation ideas (Andersen, 1992), I invited Sally to have a conversation with me, while Amy, Dorothy and Pat listened, and then for Sally to listen while I had a conversation with Amy, Dorothy and Pat. I asked them what most interested them about what they had heard and why. In this way, Amy and Dorothy were positioned as 'insider witnesses' (being part of Sally's life) and Pat as an 'outsider witness' to Sally's telling of stories about her life. These conversations used externalising language and (over time) invited them to notice, re-author and witness emerging preferred stories Sally had about life.

Problem definition, externalisation and the influence of the problem on Sally's life

In common with systemic therapies, narrative therapy, sees 'the person is the person' and 'the problem is the problem,' and uses externalising language to separate the person from the problem. When first asked about the 'referring problem', Sally spoke about "moving things". Although I was concerned this definition might be too 'narrow', practices associated with externalising the problem take care to privilege the persons' description of it (White, 1989). I asked Sally some more about what moving things was like. She told me moving things got her "hiding" things (like other peoples clothes and "papers" and " Christmas cards"), that it had been around in her life since she was a small girl and then it had got her to hide things like hair bobbles and it made her giggle. I asked her about the influence moving things had on (different aspects of) her life now. We used a large sheet of paper to map out these influences using drawing and writing. For example, it had taken away "trust" from her relationships with staff and the people she lived with: it had got her "into trouble" and got "told off": it had made her "cross with myself": it had made friends "upset" and "unhappy": it had got her "sent home from College": it stopped her "moving on" (to a flat) and "doing things by my own"): moving things didn't go to work.

After listening to Amy saying she noticed "upset" was around when moving things was about, Sally chose to also talk some more about "upset". White (1989) observes that the definition of the problem may evolve over time. We included the influence of upset on her life on the map, while we talked. We discovered upset was around a lot of the time and always around when moving things came about. We found upset got in the way of Sally "talking" to people, especially about "worries": it stopped her from "speaking up" for herself and saying no at home: it didn't like her talking to staff about it: it stopped her telling staff what she wanted in her life: it told her she was "no good at doing things….on my own": it didn't stop "chat at work".

What Sally gives value to in life: the emerging alternative (preferred) story

Sally was invited to evaluate the influences of the problem [*Is it ok (or not) for the upset to stop you speaking up for yourself?]*. So for example, she told us she didn't like it stopping her from talking and telling her she was bad at things: she didn't like moving things getting her told off: she didn't want locked doors (because of "no trust"): Sally was asked to justify her evaluation. [*Why is keeping quiet about what you want not ok with you? How come you're not happy with this?*] She said, "I want a flat"… "I want independent life". These things that people give value to, and futures that are hoped for provide an opening to alternative preferred stories.

Although these conversations focus upon defining the problem and its influence on Sally's life, throughout I was listening out for possible exceptions (to the problem story) and the influence Sally had on the problem (unique outcomes) and alternative stories. Also, spending time appreciating Sally as a person and asking about the many aspects of her life, enabled further conversations separating Sally from 'the problem' and alternative preferred stories to emerge. For example, I was interested about Sally's ability to keep moving things away from work and how she had not let upset stop her chatting at work. I was also interested in other stories Sally had about her life, such as, what she liked and how she spent her time, and spent some time enquiring about this. She said she liked being an actor at College, how it was important she spent time with her mum and sisters, how she enjoyed working and chatting at work at a wine bar, and how she enjoyed "going out more and doing different things".

Thickening the alternative preferred story

Conversations explored exceptions and 'unique outcomes' already noticed to develop, re-author (Morgan, 2000: White, 1989) and thus 'thicken' the emerging alternative (preferred identity) story. I asked Sally some more about how she was able to keep upset from having an influence on her life at work. Sally said "confidence", and immediately said she wanted more of it, when asked why, she said it helped her "do different things", and this was important for "an independent life". So an alternative story about Sally and confidence and independent life became noticed, and this was preferred by Sally.

We used another large sheet of paper to map out (using drawing and writing) about confidence and independent life, what it looked like and how she managed to get it in her life. We spent some time writing down more and more events of how this was noticed in her life and the actions she had taken (over time) and planned to take in independent life. The outsider witness group played an important part in this re-authoring. They were asked for events they had noticed too. I also asked about events that other people important to Sally might have noticed (work colleagues/ housemates/ sisters/ friends) [*Who else would notice this about Sally? What would they see? Who would be surprised? Who would know this about Sally*]. So, we heard that Sally "strived for the value of independent living for herself": showed many caring and helpful actions to the people she lived with: was seen as a reliable and helpful by her work colleagues: had tried out many new jobs at work for the first time: had given a presentation to work colleagues about her job: stayed behind after work and chatted to customers: had identified people to talk to about upset: had spoken up for what she wanted in the future. I also asked what these actions said about what Sally gives value to and

about her hopes for independent life. We heard, "I'm amazed, I never thought she'd do all this": "this is another side to Sally": she's "her own person": "she's determined – she'll get what she wants": "she's achieved a lot for herself".

Rituals and celebrations mark significant steps away from the problem story to a new preferred story of life (Morgan, 2000). I asked Sally how she celebrated her achievements, and she said "never done". When asked if and how she might like to celebrate, she thought for several moments and replied "Champagne"! Sally chose to have the final session as a celebration of the (many) actions she had taken in independent life. We used this session to re-tell the alternative story again and have it witnessed by those present and absent. The re-telling offered descriptions of Sally that focused on abilities, skills and hopes she had for independent life. We had cake and fizzy juice and Sally was presented with a Certificate celebrating her achievements so far in bringing more confidence into her life and taking actions in independent life. Therapeutic documents are important as a record of a person's preferences and commitments, and certificates help celebrate the new preferred story (Fox, 2003: Morgan, 2000). Sally also wanted to celebrate that moving things had not been around in her life for several months. She chose to cut out "moving things" from the sheet of paper, and as it happened the words "confidence" and "independent life" on the paper underneath could be seen clearly through the cut out hole as she was taking them home.

Reflections - The influences of these conversations with Sally on my work

The writing of this implies a linear sequence to our conversations. However, this probably does not accurately reflect how our conversations emerged. In my conversations with people affected by learning disabilities I have noticed an ability to talk about many different subjects within one conversation, and I have not always been able to keep up! My conversations with Sally have made me wonder if the 'not keeping up' is because I'm not taking the opportunity to listen to these multiple stories. I am perhaps pre-occupied by what I think we *should* be talking about, rather than listening out for what the person gives value to and alternative stories that might have something to say about this. These conversations with Sally, and Sally telling her story and sharing a little of her life with me, has influenced me to think further about how I listen and how that shapes my speaking (and the questions I ask) and how this influences the speaking of others (and the stories that emerge).

While, I have completed some training in narrative therapy I am not claiming to be an 'expert' nor, as Lynggaard (2002) also suggests that this approach is a 'good fit' for all. However, I hope the writing of this may encourage others to consider inviting people to have narrative therapeutic conversations about ability and competence, personal agency and responsibility in a context where often the dominant story is about problems and dis-ability.

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