



The story of you:

There is so much I want to say and share about the importance of having a coherent narrative, and how one achieves that. Sometimes I think its simpler and clearer to talk about it in educational rather than psychological terms...in as far as what we learn early in life creates the template for all that follows.

We know this, as therapists...it seems obvious. But we forget. A poet I read just last week, Grace Gluck, said it beautifully: *We look at the world once; in childhood...the rest is memory.* This idea was echoed later in the week at a guided meditation I attended, the teacher said: *The Buddha found enlightenment, not in the study of books, nor acts of service, but by sitting beneath a tree and suddenly recalling one clear memory of his childhood...what it was like to be a child.* We call this Beginner's Mind. The attempt to see things without the biases our lives have wrought. We must re-member in order to re-learn. We must *have* the memories in order to re-consolidate them into something less traumatized or distorted. I call this Narrative Reconstruction, and it requires a kind of forensics that is both active and mindful.

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April 18, 2017, by Gail Noppe-Brandon, LCSW, MPA, MA.

What is Narratology? *Be a meaning-maker*

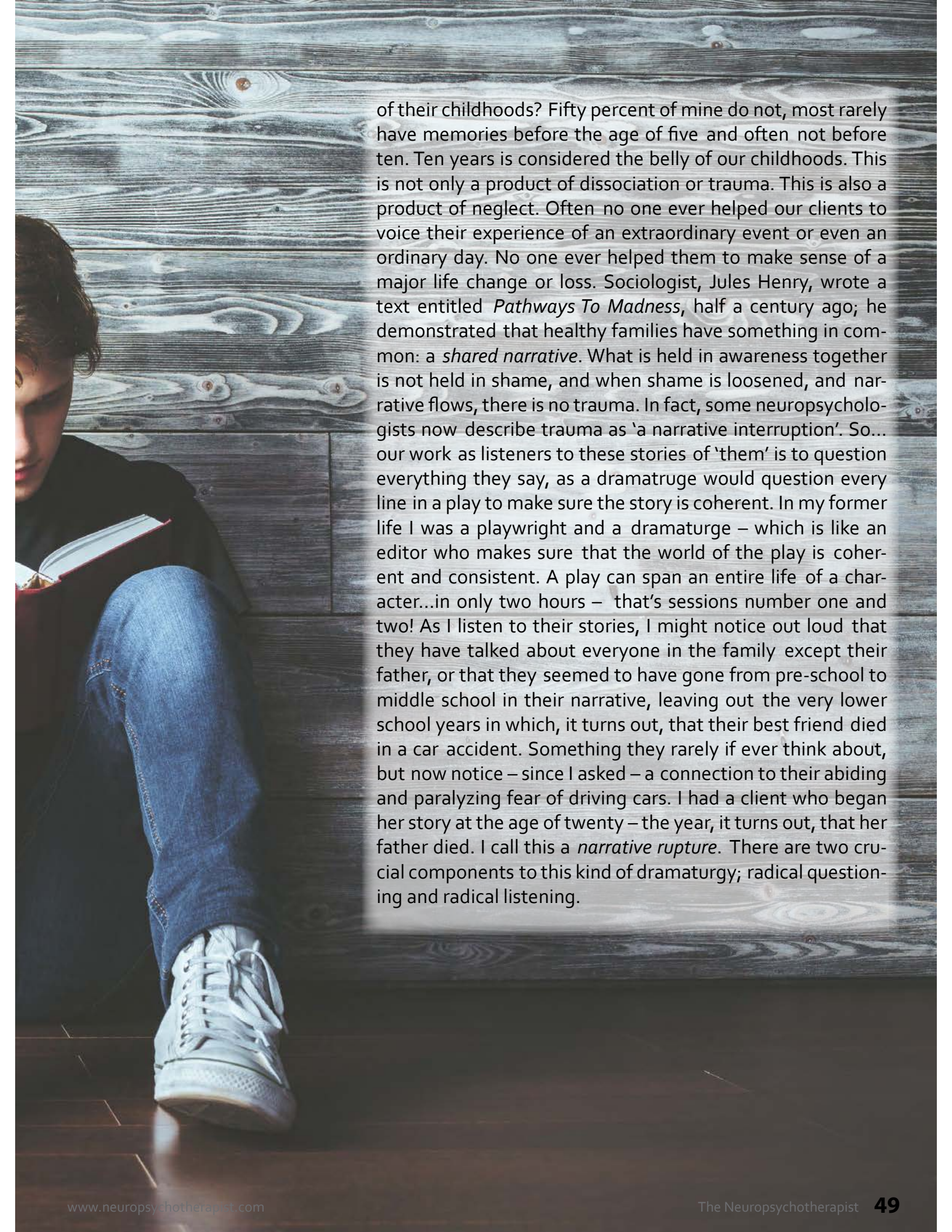
Narratology is a growing field across many disciplines. Basically, a narratologist helps people make sense of their lives through the way they language and hold their stories. If a medical doctor asked their patients for their 'stories' along with their symptoms, they might gain a better understanding of what their ailment means to them, how they will cope with pain, why they might fear medication, etc.

If a teacher asked their students for their story, they might understand blocks to learning, fears of participation, why homework never gets done, what is at stake with failure, what they are passionate about, etc. I begin work with every new client, by asking him or her to tell me the story of them. This is not bio-psycho-social — a record of symptoms, or breakdowns or meds. It is the story of their lives, something we rarely if ever have the opportunity to tell another human being in one fell swoop. When a client first calls, I will inquire as to where they are feeling stuck and in what way they wish shift, but when we meet, it is their story that interests me, both what they tell and how they tell it. And while they tell it, I am listening through the lens of their stated stuckness.

What is dramaturgy? *Be a Questionologist.*

The telling, however, is not a monologue...it's a dialogue; the questions that I ask while they tell, are as important as the material they share. The questions evoke memories and connect dots. How many of you have had the experience of clients claiming not to remember much



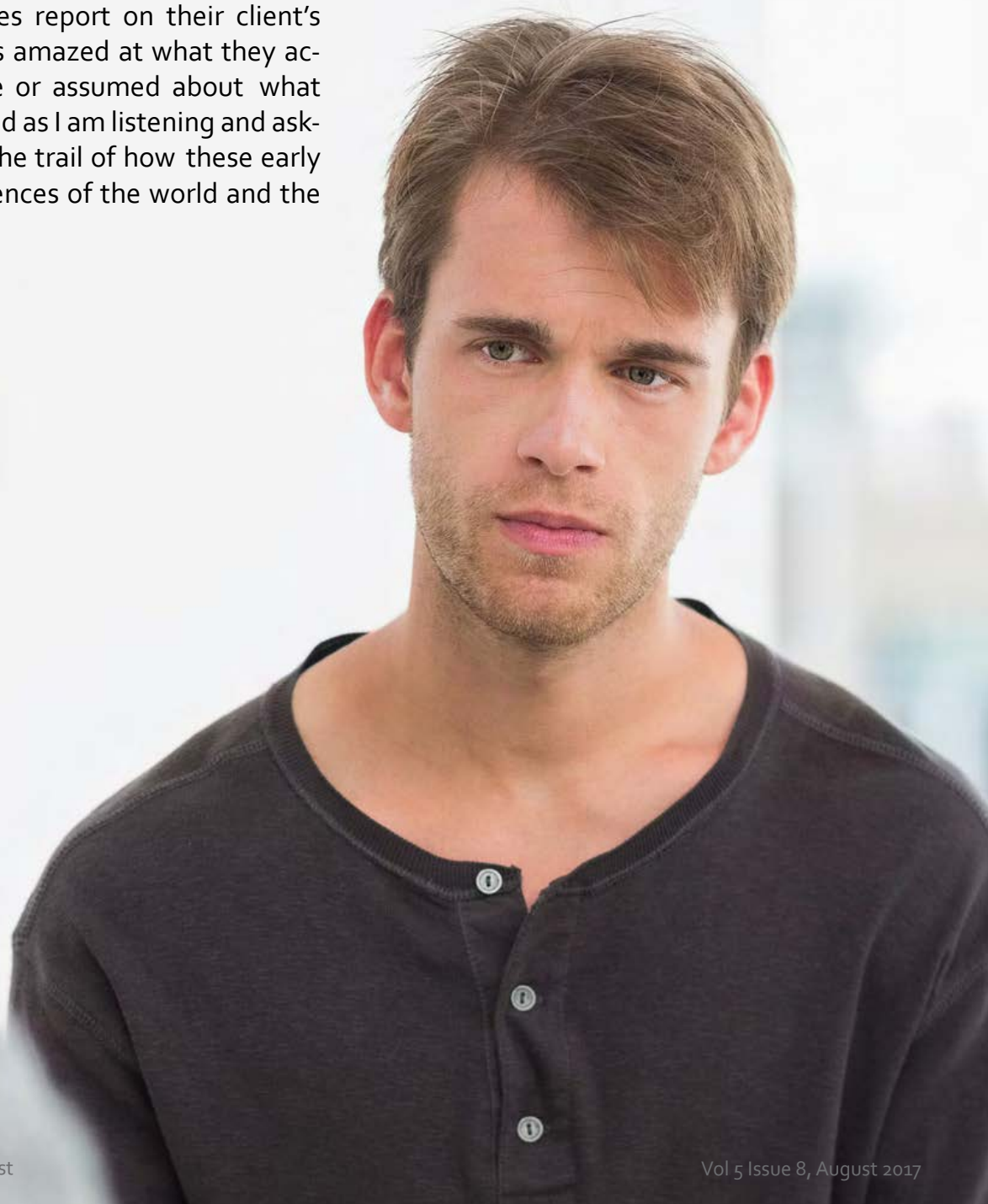
A person with dark hair, wearing a dark long-sleeved shirt and blue jeans, is sitting on a dark wooden floor. They are holding an open book with a red cover and looking down at it. Their right leg is bent, and they are wearing white sneakers. The background is a wall made of horizontal wooden planks.

of their childhoods? Fifty percent of mine do not, most rarely have memories before the age of five and often not before ten. Ten years is considered the belly of our childhoods. This is not only a product of dissociation or trauma. This is also a product of neglect. Often no one ever helped our clients to voice their experience of an extraordinary event or even an ordinary day. No one ever helped them to make sense of a major life change or loss. Sociologist, Jules Henry, wrote a text entitled *Pathways To Madness*, half a century ago; he demonstrated that healthy families have something in common: a *shared narrative*. What is held in awareness together is not held in shame, and when shame is loosened, and narrative flows, there is no trauma. In fact, some neuropsychologists now describe trauma as 'a narrative interruption'. So... our work as listeners to these stories of 'them' is to question everything they say, as a dramaturge would question every line in a play to make sure the story is coherent. In my former life I was a playwright and a dramaturge – which is like an editor who makes sure that the world of the play is coherent and consistent. A play can span an entire life of a character...in only two hours – that's sessions number one and two! As I listen to their stories, I might notice out loud that they have talked about everyone in the family except their father, or that they seemed to have gone from pre-school to middle school in their narrative, leaving out the very lower school years in which, it turns out, that their best friend died in a car accident. Something they rarely if ever think about, but now notice – since I asked – a connection to their abiding and paralyzing fear of driving cars. I had a client who began her story at the age of twenty – the year, it turns out, that her father died. I call this a *narrative rupture*. There are two crucial components to this kind of dramaturgy; radical questioning and radical listening.

What is Radical Listening? *Don't let the words go by.*

Radical listening is a kind of mindfulness. There can be no zoning out; we are listening for specificity. If a client says 'things in my home were chaotic', I ask what the chaos looked and sounded like...I might have a very different notion of chaos than they do. If they say their father had a viscous temper, I ask for an example. If they say their mother had a drinking problem, I ask how many glasses or bottles she consumed, how she behaved, and how they felt in the presence of this altered state. It may sound obvious, but when my trainees report on their client's sharings, I am always amazed at what they accepted at face value or assumed about what their client meant. And as I am listening and asking, I am always on the trail of how these early learnings and experiences of the world and the

adults who inhabited it, are related to the presenting problem; just as I will listen through that lens to everything they share in every subsequent meeting. And when there is a connection, I ask if they see it as well. We are collaborators, not expert and novice. A client of mine reported that his bipolar father terrorized him, his siblings and his mother. As we reviewed the terror in detail, it became clear that he had avoided the brunt of it by staying very busy with chores and schoolwork and keeping off the radar of violence, by doing well. When I asked him how this early solution may have taught him some-



thing that became problematic, as most of our young solutions do, he was able to connect his own dots by noticing that, yes, he had come to see me because workaholicism was literally killing him.

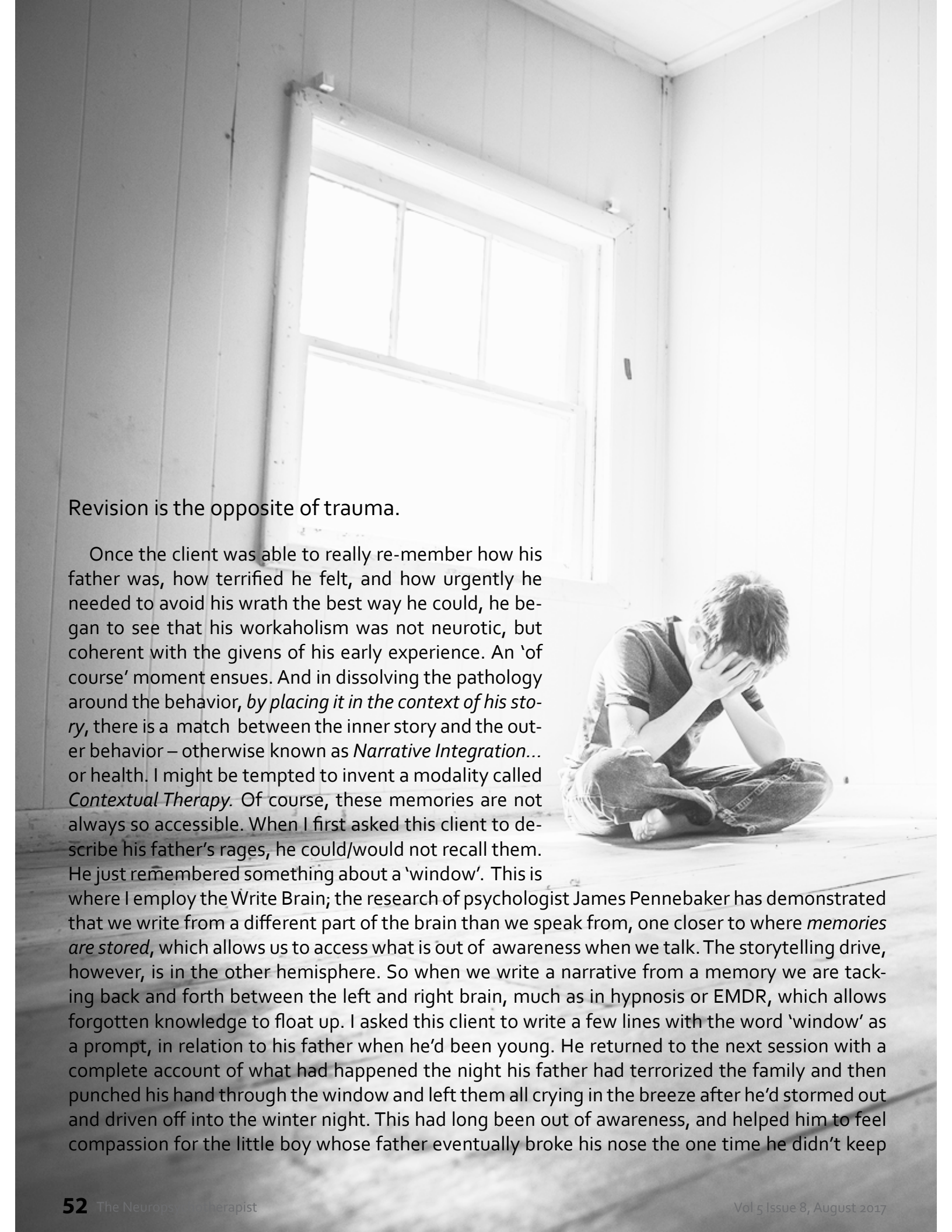
What is the difference between rational and Coherent?

We are what we learned.

The above is an example of how a story becomes more *coherent*. It may not be rational to work eleven hours a day, six days a week, but it is coherent with one of his earliest learnings: 'If I keep very, very busy and do very, very well... I will be safe.' With this noticing, there is a rise in self-compassion and a reduction in shame. He is not a bad workaholic, he was a good survivor. With the narrative shift in meaning, we can begin to explore whether or not this solution is still necessary for safety in his adult life. Toward that, we might explore how time with his cur-

rent partner when he goes on vacation feels different than how it felt with his family of origin, and what down time has actually felt like for his nervous system when there was no clear and present danger to avoid...this is how the traumatic memory of down time begins to get re-consolidated: it begins with the re-remembering of how awful it once was, which entails a good deal of grieving. On the other side of this grief, is a newfound river of self-compassion, which cleanses the shame of ignorance and self-blame, and flows into new possibilities. I had asked him whether, if he could wake up tomorrow comfortable with taking a day off would he take the deal? He said an unequivocal no: he would just *get into trouble*. Even though he had sought help to learn how to relax, the schema that having nothing to do led to danger was firmly in place. His symptom had been keeping him safe from an even greater suffering – attracting the attention of the predator.





Revision is the opposite of trauma.

Once the client was able to really re-member how his father was, how terrified he felt, and how urgently he needed to avoid his wrath the best way he could, he began to see that his workaholism was not neurotic, but coherent with the givens of his early experience. An 'of course' moment ensues. And in dissolving the pathology around the behavior, *by placing it in the context of his story*, there is a match between the inner story and the outer behavior – otherwise known as *Narrative Integration*... or health. I might be tempted to invent a modality called *Contextual Therapy*. Of course, these memories are not always so accessible. When I first asked this client to describe his father's rages, he could/would not recall them. He just remembered something about a 'window'. This is where I employ the Write Brain; the research of psychologist James Pennebaker has demonstrated that we write from a different part of the brain than we speak from, one closer to where *memories are stored*, which allows us to access what is out of awareness when we talk. The storytelling drive, however, is in the other hemisphere. So when we write a narrative from a memory we are tacking back and forth between the left and right brain, much as in hypnosis or EMDR, which allows forgotten knowledge to float up. I asked this client to write a few lines with the word 'window' as a prompt, in relation to his father when he'd been young. He returned to the next session with a complete account of what had happened the night his father had terrorized the family and then punched his hand through the window and left them all crying in the breeze after he'd stormed out and driven off into the winter night. This had long been out of awareness, and helped him to feel compassion for the little boy whose father eventually broke his nose the one time he didn't keep

busy enough to stay out of harm's way.

Note taking is about what our clients say, not what we think.

As my clients share their rememberings and struggles, past and present, each week...I record all of the important things that they share. These are the only notes I take. This is *the book of them*, and I could and would happily hand it over to them to read. Often, in fact, I read back key things they've said only to discover they have no memory of having just said them! This transcript is not only a living record of what they are experiencing, it is way to ensure meta-cognition about what they are learning...this is an active process for both of us. Noting keeps me tied to their words, and sends the clearest possible signal that what they have to say is *noteworthy*... that *they* are the authors of their experience, and the ultimate authorities on themselves. I will often ask them to give a title to the week they've had, to the session we just had, to the phase of life they're in...even those not given to being poetic can do this...it is the foundation of finding their own voices, and trusting their own observations. It is empowerment and selfhood, and the antidote to stuckness. Daniel Goleman, author of *Emotional Intelligence* writes that meta-cognition is essential for learning to take place. When I ask a client if they can recall what important discovery we bumped into last week, and they cannot, I know that they have not learned anything from the experience. We talk it through again, and explore together what had made it hard to hold on to. In the first sessions, when they are telling me the story of them, I might circle as many as ten prompts from across their lives. While I might invite them to only write about two or three, I ask them to notice the entire list...it is a map of them.

What are we listening for?

Key phrases, themes, schemas; what's left out is as important as what's left in. The story of them covers the pre-school years, the elemen-

tary, middle and high school years, college, and post college until current age including marriage, children, divorce, career, illnesses, losses, aging, etc. This can be done in one concise hour or across five sessions depending on the style of the teller. It's useful to get the first ten-twenty years into one hour, as this is when the earliest and most symptom-generating learnings often occur. It is also a powerful experience for them to hear this story, especially when the clinician-as-dramaturge is unearthing hidden details, noticing themes, and assigning prompts for further written exploration. Reluctant tellers will need more questions; disorganized thinkers will need to be brought back to the overall arc of the story and out of the weeds of minutia. And, of course, while the telling is unfolding I am aware always of the story held in the body as illness, their body language, their facial expressions, and the emotions that well up or are absent. The story is not only in the words and I am mirroring all of what I see, out loud, and transparently, and unpacking their pronouns. If they refer to a 'he' or a 'that', I make sure I know *for sure* what or who is being referred to if it's not obvious. If they have a way of never finishing sentences, undermining their own knowings, I notice that out loud. If they insult themselves frequently, I notice that out loud. Soon enough, they are noticing these things for themselves, and the meanings therein. Linguist Ken Wilbur said, "Man is a linguistic structure." As the structure is identified, self-awareness grows.

The story you.

Before I ask clients to tell me the chronological story of them, I ask them tell me the earliest things that most defined them. I invite you to ponder what that would be for you. Now, can see any connection between that, and your having become a therapist?

Gail Noppe-Brandon