

AGENCY AND CHOICE IN THE FACE OF TRAUMA: A NARRATIVE THERAPY MAP

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Numerous articles have underscored the necessity of focusing on agency and survival strategies when working with persons facing issues of trauma. In clinical settings however, many clinicians have the intention of fostering a client's sense of agency but achieve limited success in accomplishing this goal. In this article, a four quadrant model and specific micro-practices that can contribute to clients re-authoring their lives with an integrated experience of choice and agency are discussed. The transcript of a therapy session is used to illustrate the map.

Over the last few decades, and since the classic work of Judith Herman (1992), therapy and popular books (Bass & Davis, 1994) for people who have been subjected to traumatic events has been increasingly focusing on agency and competency. Numerous articles have outlined the dangers of re-traumatizing clients by involving them in a retelling of the traumatic details (Adam-Westcott & Isenbart, 1995; Durrant & White, 1992; Joy, 1999; White, 2004a). Many of these articles are theoretically situated in a narrative therapy metaphor (Epston, 1989; Epston, 1998; White & Epston, 1990; White, 1995, 1997, 2000, 2004b). Narrative therapy engages people in a process that distances clients from their experience of problems in such a way that they can examine, reflect and deconstruct problems' influence over their lives (Freedman & Combs, 1996; Zimmerman & Dickerson, 1996). The meaning ascribed to problems is assumed to be heavily shaped by the discourses and specifications of a given culture (Beaudoin, 2004; Bird, 2000; Burr, 1995; Madigan & Law, 1998; White, 1995). The ramification of problems is also assumed to leave clients' experience embedded in a problem-saturated sense of their identities which, through time, becomes a problem saturated story. This problem-saturated story then colors how each life event is interpreted, experienced and understood (Madsen, 1999; Zimmerman & Dickerson, 1994; Zimmerman &

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Beaudoin, 2002). Therapy aims at unpacking this problem story and its cultural underpinnings, and make visible information or perspectives that are neglected through the problem story filter (O'Leary, 1998; Penn, 1998). Therapists may also, when appropriate, focus on clients' strategies to escape and their ability to survive the event (Durrant & Kowalski, 1992).

Although most therapists agree with these intentions, many struggle with the concrete and specific ways to translate these ideas into clinical practice. It is not unusual for clinicians to have a conversation with a client about their survival strategies in the face of trauma with this conversation not shifting in any substantial way the negative self-evaluation and meaning they are ascribing to the event. In many instances, clinicians become stuck when competency oriented questions do not lead to meaningful re-authoring of clients' problem dominated stories. As will be discussed in this article, such a process is not enough for therapeutic progress to occur. Many other territories of experience must be concurrently explored for a preferred identity to emerge.

The purposes of this article are to: (1) discuss a theoretical map which details a list of explicit clinical micro-practices bringing forth experiences of agency and choice; (2) examine obstacles to meaning-making and provide clinical practices to deconstruct them; and (3) explore the significance of actions not taken and their implications by investigating the client's personal values.

A RE-AUTHORING MAP

Clients seeking therapeutic assistance often iterate the traumatic events in a problem-saturated way that focuses on actions taken that are perceived as ineffective and actions not taken that are idealized. Many other valuable actions were taken and not taken and yet these remain un-storied in the shadow of the problem-dominated account.

As illustrated in Figure 1, this model proposes that therapeutic conversations address four quadrants of storied/unstoried actions/inactions¹ in the following way:

- Actions Taken and Storied (AT-S) as meaningless or unhelpful are rendered meaningful;
- Actions Taken and Not storied (AT-N) are recognized;
- Actions Not taken and Storied (AN-S) as ideal are deconstructed;
- Actions Not taken and Not storied (AN-N) are noticed and appreciated.

For an experience of choice and an identity of agency to be storied, all of the quadrants in Figure 1 must be systematically explored in therapeutic conversations. When actions in all quadrants are visible, it provides clients with a much larger pool of possible actions to consider in their meaning-making. It is also more

¹Actions are considered taken and not taken from the client's account of the situation.

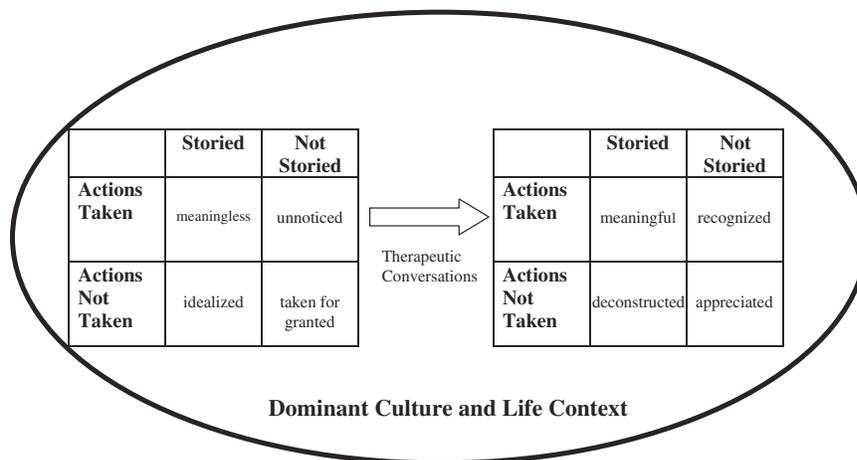


Figure 1. Therapeutic Conversations Foster Re-authoring of Choice and Agency within the Client's Story of the Trauma

likely to make visible their actual ability to: first, generate options; second, choose options that are congruent with their values; and third, engage in these actions in ways that are more successful than initially storied.

Quadrants in this model are purposely not numbered to avoid insinuating an order. The order in which these quadrants are explored depends mainly on the clients' experience and the unfolding of each unique therapeutic conversation. Clinical practices associated with each quadrant will now be discussed. Although these specific practices are separated by quadrants for clarity of presentation, their use may vary and overlap occasionally between quadrants. In addition, not all of these may be used in any single clinical conversation and their order may vary, as illustrated in the later excerpt of a transcribed session.

Quadrant AT-S. Actions Taken and Storied: From Meaningless/Unhelpful to Meaningful

As mentioned earlier, given that clients have suffered from the trauma, it is fairly easy for them to discount the value of the actions they *did* choose to engage in. The clinical work done in this quadrant is mostly an overview of the actions taken and provides the clinician with an impression of the client's experience. A complete switch in meaning usually does not happen so early on and it is not advisable to be forceful about what may seem to an outsider as significant. Therapists are mostly trying to create a space for the scaffolding of new perspectives. The information discussed in this starting place will be revisited later on when there will be a burgeoning connection with a sense of agency. For alternative meaning

to begin to be ascribed to actions taken and discounted, therapeutic conversation can be gently initiated around the areas below:

Obstacles. Obstacles consist of aspects of the experience or situation which hinder clients' handling the crisis to the best of their abilities and/or escape the situation. Helpful questions can bring forth the obstacles that the client had to overcome to generate the actions taken. When such obstacles are made visible, these options are less readily discounted and become more interesting to examine. Examples of such questions include: "Did you understand what was going on immediately or was there some disbelief? How is it that you thought of this in the midst of surprise and disbelief? What were other challenging aspects of surviving in this situation?"

Distinguishing One's Choices. Clients who have endured sexual assault will often assign negative identity labels to themselves as in the following statements: "If I couldn't stand up for myself, does that mean that I'm a slut?" or "I'm a loser, I let him do these things when I really wanted to wait to find the right person?" These conclusions are influenced by dominant cultural ideas that influence women (Weedon, 1997). Therapeutic conversations must make visible that a person's identity is determined by their own choice of action rather than by others' behaviors (Joy, 1999). In other words, identity is not determined by what others do to you but rather by your response, intention, and its congruency with your values. Examples of questions bringing forth this clarification are: "What determines your identity: Is it your intentions, choices and actions or the other's behavior?" or "Who made all the decisions about this event?"

The ending. Inquiring about what contributed to the traumatic event ending may yield critical information that is overlooked by the client as meaningless. Since the event did end and since clients most likely did everything in their power to end it, the likelihood of discovering a significant unstoried action taken is high. Questions that can elicit such information involve: "How did it stop? Can you conceive of certain actions that you didn't take that could inadvertently have prolonged it had you engaged in them? So if you didn't engage in prolonging actions, what actions might have you taken that may have contributed to this ending sooner rather than later?"

Example: Penny's Story (Part 1)

Penny was an 18-year-old young woman who was referred for "fears" and "nervousness." Her mother reported that she had been becoming increasingly fearful and nervous over the last year and did not understand what was happening to her daughter. She wondered if medication would be appropriate. Penny would struggle in class if there was too much proximity with peers, would panic if she needed to walk in busy halls, and often refused to go to school because she didn't want anyone in close proximity to her. She occasionally had panic attacks and had progressively isolated herself, refusing to even go grocery shopping with her mother. She had regular nightmares and was afraid of being anywhere without her parents,

with whom she was very close. At the first meeting, Penny discussed angrily how she felt she was missing out on life because she was a “coward and a weak paranoiac.” She felt “nervousness” was stealing away her life and preventing her from enjoying all the things she used to dream of doing as a young woman. After exploring the story and effects of nervousness, with 25 minutes left in the session, it became clear that this problem had started after she had left her boyfriend, the first and last dating relationship she had had one and a half years prior. When asked if the boyfriend had touched her in ways that she didn’t want, Penny nodded, lowered her voice and leaned forward in shame and embarrassment:

- P: One night I was at his house and his mom was upstairs and we went downstairs and I couldn’t say no. . . .
- MN: Did he touch all that was private to you?
- P: (looking down and lowering her voice) Yes . . .
- MN: Did he do to you everything he was heading to do?
- P: No, I stopped him.
- MN: How did you stop him (*the ending*)?
- P: I pushed him away but he didn’t respond at all.
- MN: So you would push him away and he’d come back on you . . . (P nods.) He didn’t listen to what you were telling him . . . (P nods.) How did you get him off of you in the end?
- P: I kept on repeating, “No really I have to go.”

In this section, Penny is retelling the event as she has storied it. The description is fairly thin. It focuses on the perpetrators’ actions and minimizes her role even though she seems to have escaped before intercourse could be forced. This brief conversation is typical of a quadrant AT-S (Actions Taken and Storied) dimension where actions taken are minimized and interpreted as insignificant, meaningless. The conversation will later move to inviting a re-evaluation of the significance of these events. For the moment, more information is gathered by expanding in quadrant AT-N (Actions Taken and Not storied) and examining actions taken that are initially discounted, unnoticed and not storied.

Quadrant AT-N. Actions Taken-Not Storied: From Not Noticed to Recognized

People never tolerate suffering passively (White, 1995, 2004b). An individual in distress will always take action whether mentally, emotionally or behaviorally to minimize the suffering they are experiencing. Many of these actions go unnoticed because of the intensity of the event and because the individuals’ focus is on the danger itself, rather than their internal process. It is impossible to attend to the entire spectrum of information and experiences that are present at any given moment, particularly during a crisis. As a result, many of people’s micro-actions

of resistance remain unnoticed (Durrant & White, 1992). It is important to make these visible, as they reflect the client's ability to generate a large number of options, some of which are congruent with their values and many of which might have significantly reduced the potential for suffering. In this quadrant, a particularly large number of practices are described to evoke and acknowledge these elements. This is a quadrant that brings forth quantity, depth and details of action taken. For many clients, the simple acknowledgement of a large number of actions taken can trigger significantly more self-appreciation. In other words, making visible a large number of actions taken can in itself help the client revise their sense of incompetence. Because of its emphasis on unnoticed actions, the first three practices discussed in this quadrant rely in part on different types of memory. As discussed by many authors (Cozolino, 2002; Damasio, 1999; Meares, 2000 [cited in White, 2004a]; Rothschild, 2000; Schacter, 1996), human beings have several distinct memory systems which develop from birth. Of interest in this clinical work with trauma are the autobiographical memory, semantic memory and kinetic memory. These memory systems will be discussed as well as other entry points into the client's experience of not storied yet significant actions.

Autobiographical Memory. The autobiographical memory refers to people's ability to assert a sense of themselves through time. It makes it possible for people to say, "this is *me*," "these are *my* thoughts," "these are *my* life-long held values." In many (not all) clients' accounts of their lives, there is a schism that happens in the telling and experiencing of their personal story after the trauma. Clients may recall being a relatively confident or independent person before the traumatic event and may feel rather fearful and insecure afterwards. They may believe they have entirely lost those ways of being and what they value about themselves since then. For example, they may have always valued nonviolence, and during the traumatic incident found themselves forced to stab an opponent. Even if this occurred in the context of self-defense, some clients may struggle to experience integrity with their values, beliefs and the event. They may wonder what this means about themselves as people. In other words, the account of the traumatic event and the meanings generated around it can create a rift in their personal identities because of the incongruity between what has happened during the event and their personal values. This rift generally disconnects people from their sense of themselves through time. If therapeutic conversation can bring forth a person's actions that were congruent with their beliefs and their values even in the midst of the traumatic event, a person's experience of themselves as skilled and as having integrity through time can be reactivated. In other words, if one has always valued determination and if it can be demonstrated that some responses to the traumatic event actually reflected determination, then it "really means" that that aspect of their identity still "exists" and is even strong, as opposed to erased by the event. A question that can elicit such experiences is: "A lot of people disconnect from themselves when they are subjected to such experiences: What you just told me makes me wonder if there was a little part of "you" that was still there?"

Semantic Memory. The semantic memory refers to the human mind's system of storage of facts. It is fairly resistant to change and it is not useful to attempt to disprove these facts directly. Much of the semantic memory of victims of trauma is about the perpetrator or the external traumatizing factor. As discussed earlier, such focus was necessary for survival during the traumatic event. As a result, however, there is an imbalance in what is storied from the semantic memory, where information about choices taken is minimal and information on the traumatic agent is maximized. It is arguable that for each micro-action exerted on the individual subjected to trauma, there was some sort of counteraction or response by the subjected individual. When clients' problem-saturated accounts of events focus on the actions of perpetrators, for example, it is then possible to use those accounts as a trampoline to expose a counteraction that reflects choices and agency. Caution must be taken, however, to avoid inquiring about hurtful details that could simply retraumatize the client. Thoughtful attention must be given to the possible effects of the inquiries and whether or not the information generated triggers more of the problem story as opposed to helpful observations. Much of this decision relies on the information the therapist has gathered early on in quadrant AT-S (Actions Taken and Storied) about actions that seem to have been helpful overall. Consider these example questions: "So you pushed him away and he came back, did you push him again? How many times did you have to push him away?"

Kinetic Memory and Movement. The kinetic memory refers to the human mind's system of encoding specific gestures and skills. This memory system is particularly useful with victims of trauma who may have mentally panicked and not "thought of" particular strategies or who may not remember "thinking" anything that was useful to them. This category of inquiry creates a space to ask about what their bodies did. Even though a person was not thinking per se, their physical body will often act in ways that increase self-preservation. Therapists can then not only explore how their physical bodies moved but also where they might have learned to move their bodies in such ways. Examples of questions include: "When you say you pushed him, how exactly did you push him? Where might have you learned to push a weight like that?"

Bodily Senses. Most therapists work with behaviors, thoughts and feelings as the main aspects of human experiences. While these are certainly important realms of experience, it is also possible to include other aspects of lived experiences that pertain to the body and its senses. There are five bodily senses that are commonly acknowledged: smell, sight, touch, audition, taste. Many who suffer trauma will experience flashbacks triggered by various sensorial stimulation. While these are usually associated with distress, they can also be explored as entry points in acts of resistance. Examples of such questions include: "How did you deal with what you saw with your eyes? Were you actively searching with your eyes? When you say the smell was horrible, how were you able to not let your attention be captured by that, did you imagine it was something else? Did you shut some of it off?"

Absence of Negative Escalation. When appropriate, therapists may inquire about the escalation of the situation. In many traumatic events there is a peak in intensity of experience after which people usually take measures either to prevent additional suffering through acts of resistance or acceptance. An example of a question is: “At which time would you say was the worst of it all? How did you cope after that?”

Transitions in the Story Line. Transitions in the story line, whether generated by the client in the situation or external factors, are often an indication of new actions. People in crisis situation face new information by either ignoring it, which can reflect their intense concentration on a strategy, or incorporating it, which reflects a quick process of analyzing and ability to respond. For example, a client might relate that during the crisis they suddenly heard a door opening. Therapeutic questions can involve: “What was the effect of this door opening on you? How did you even manage to hear or notice this door opening in the midst of everything?”

Panic Pattern. Most people in situations of crisis have a moment of panicking that may vary in length. After some time, however, most people will find some control over the panic and respond to the endangering event in some way that extends beyond panic. It can be helpful to inquire about how clients sidestepped the panic. Many clients relating events from the problem saturated perspective may feel that they were paralyzed and unable to do anything. Although it may be true that panic inhibited them at the behavioral level, it rarely completely does so at the cognitive or affective level and/or for the entire time of the crisis. Therapeutic conversations can then focus on what they managed to do in spite of the panic. Example: “How did you regain some of your thinking ability in the midst of the panic? When was the panic at its worst, what did you tell yourself to not be completely overwhelmed by panic? So at the level of your mind, panic prevented you from thinking but at the level of your body, you kept on fighting?”

Bring Forth an Imaginary Observers’ Perspective (Objectivity). Bringing forth an imaginary observer’s perspective refers to a process of inviting clients outside of their inner-focused appraisal and into a more distant and objective view of themselves. This process opens a space for clients to notice aspects of their experience which are not visible from an inside-looking-in position. When used at an appropriate time, the imaginary observer’s perspective, which is an outside-looking-in position, can enrich the information available for re-authoring. Examples of such questions include: “If I had been a fly on the wall, at which time in the event might I have distinguished a change in you, a decision to act or not act a certain way? What could I have noticed about your demeanor?”

Example: Penny’s Story (Part 2)

MN: What was it about the way you said “I have to go” that made him listen to you in the end?

P: Hum . . . let me think . . . I just showed him the clock and said I have to go.

MN: In which tone of voice might have you said that? (*extracting the details of actions taken*)

P: Firm but I wasn't screaming on the top of my lungs.

MN: What do you think he noticed about you when you showed him the clock with this firm tone of voice and repetitively pushed him away? (*observer's perspective*)

This conversation continues with questions around what led up to Penny using this strategy and the extraction of more details on this choice. Penny has now gradually reconnected with additional actions she took (quadrant AT-N, Actions Taken and Not storied). Although she is starting to verbally acknowledge that those strategies were helpful, her demeanor still reflects the same weighted down problem-saturated experience of herself. She is so weighted down by the problem-perception of her identity that it is hard to leave such a state to enter an observer's perspective. Even if the appreciation of her choices is slow and tedious, all of the information gathered will be helpful later when there will be a breakthrough into a self-acknowledgement. Conversation will move towards inviting new meaning by using practices of speculation, obstacle visibility and kinetic memory.

MN: What was the hardest thing about getting yourself out of this? (obstacle)

P: I felt trapped in that basement, I didn't know how to get out of there without his Mom knowing what was going on, it was embarrassing.

MN: Did feeling trapped and embarrassed make it even harder to think? (nods).

What is it that allowed you to overcome those feelings on the top of everything that was happening and come up with the curfew strategy?

P: I was really lucky that I came up with that. If the clock wasn't just there . . .

Penny is ascribing her success at escaping to external factors, the presence of the clock and luck, and her frustration/grief at being in this situation to an internal factor, an identity failure that she called "being weak." Conversation will move to invite her to reverse these ascriptions of meaning, that is, attribute the problem to external contextual factors and the successful escape to her (internal) ingenuity. Again, part of facilitating this quadrant AT-N (Actions Taken and Not Storied) process involves making visible large numbers of choices made.

MN: How would you distinguish if it was because of luck or because you did something?

P: I just don't stand up for myself usually and I couldn't really think so it's got to be luck . . . next time I may not be so lucky.

MN: Is it possible that your brain perhaps couldn't think of standing up because of everything, but that your body somehow knew to push him off? What were you doing with your arms and legs? (*kinetic memory*)

P: I did a lot of pushing him away with my hands.

- MN: How many times did your body push him away?
 P: Hum . . . let's see . . . at least four–five times.
 MN: How would you describe how your body was in pushing him away?
 P: My face was probably red and . . . hum . . . I was definite in my body movement.
 MN: What do you mean by definite in your body movement?
 P: Definite like a soldier.
 MN: Where might your body have learned to be definite like a soldier?
 P: I wrestle with my older brother a lot and he's way stronger than I am.
 MN: So your body has got training getting a guy off you? Could that have made a difference?
 P: I guess . . . I know how to apply my strength right and what my body is capable. I can be pretty tough with my brother physically.
 MN: So do you think that even though you felt pretty scared and your brain couldn't think clearly, your body remained tough physically?
 P: Yeh . . . I guess my body did in some ways.
 MN: Can you tell me more about what your body did?

When clients are still under the influence of a problem story of their identity (e.g., “I'm a coward”), it is sometimes easier to invite them to give credit to their bodies as a first step before they can acknowledge their whole “self” directly. This practice can gently initiate the process of acknowledging their efforts in more meaningful ways. After further exploration of her use of her body, other practices of quadrant AT-N (Actions Taken and Not Storied) can continue the process of inviting her to recognize unnoticed actions taken.

- MN: For a lot of people these situations are overwhelming and scary and its difficult to think and stand up in the way that we want. Was it like that for you?
(Panic factor)
 P: Yeh it was really hard to think. At first I was thinking what is going on. I didn't like him that much, at first I was panicking, it didn't come up to me right away all these strategies. It was not feeling great and I just wanted to get going.
 MN: How did you keep the panic under control? How is it that you even saw the clock? Some girls when they really panic they don't really see what's around them.
 P: I don't know; I always notice what's around me.
 MN: So are your eyes good observers? *(bodily senses)*
 P: Yes I can even now recall all that was in the room, the bench press, the door that opens up to the living room.
 MN: So you and your eyes were good observers and noticed the exits? (P: Yes.)
 MN: In retrospect do you think that there was a switch at some point where you might have started to think more clearly in spite of the challenge of the situation? (transitions in the story line)
 P: At first I wasn't thinking clearly, I was thinking, “Oh Jesus what did I get myself into” . . . then I thought “I need to get myself out of this situation.”

MN: You told yourself “I have to get myself out of this situation right now?”

(P: Yes.)

MN: And when you told that to yourself, what did that do to you?

P: I tried my best to focus and concentrate and look around and saw the clock

MN: So you tried to focus, used your good observer skills, you looked around and saw the clock and the idea popped into your head? (P: Yes.)

MN: What does it take for someone in a challenging situation to connect with their good observer skills and have ideas pop in their heads?

P: I don’t know . . . maybe some determination to get out.

MN: How is one different with determination to get out?

P: I guess they are more intense and forceful.

MN: Is being intense and forceful helpful in ending a difficult situation like that?

P: Yeh, but I still wished when I look back that I had slapped him across the face, and left.

Although Penny successfully escaped the situation and many strategies have now been made visible, she is still caught in a problem story of her identity. In general, asking clients to evaluate too early how they handled a situation will only bring forth the minimizing aspect of the problem. A lot of scaffolding of her experience of actions needs to be done before she can acknowledge the helpfulness of the choices. This conversation could have continued with more scaffolding to assist Penny, slowly and progressively, into drawing more appreciative conclusions about her choices. In this example, however, it becomes clear that something is in the way of her ascribing more positive meaning to her actions. Her actions are most likely compared unfavorably to a certain standard of performance. Because of the “heaviness” of the conversation and Penny’s last statement, it becomes important to go back to what is capturing her experience. Since she is still visibly upset for not having “slapped him” and left, I inquire about the scenario she wishes she had engaged in. Once made visible, the origin of this scenario can be deconstructed. This is the work of quadrant AN-S (Actions Not taken and Storied) whereas idealized actions not taken are examined and deconstructed.

Quadrant AN-S. Actions Not Taken-Storied: From Idealized to Deconstructed

This quadrant is important to address for two reasons: first, people often generate more options after the fact; second, popular culture circulates overly-heroic media where heroes accomplish the impossible. As a result many clients may, after the fact, generate many additional options that were invisible at the time of the traumatic event and struggle with a variety of “shoulds.” There is always a reason why these clients didn’t engage in the later generated options. Always. If clients compare their performances to an idealized scenario, they are likely to continue to dismiss their actual choices. For therapy to progress, many of these idealized

scenarios must be deconstructed. Specifically, deconstruction entails examining the origin of these idealized scenarios, who might have created them and by which means, how the client came to these ideas, what may not be visible or realistic in such scenarios, and their effects on various protagonists in our culture. In other words, deconstruction takes apart taken-for-granted ideas and examines them for what they really are (White, 1991). This process opens space for clients to gain more freedom in their perspective, understanding and meaning-making of their choices. For this purpose, the following areas can be explored.

Discuss the Effects of the Media. The media is a common source of idealized responses to situations. This is particularly true of situations involving themes such as dramatic events or romance. These themes abound in movies and television programs and shape people's expectations of themselves and others. Therapeutic conversations that get stuck in clients' wishes for having done something different may evolve in more useful ways when the contributing influences to these ideas are explored. Examples of such questions are: "When you wish you had done things differently, I get a sense that you have images in your mind about what you should have done; have you witnessed or seen situations like yours solved in such ways? Does your life experience generally fit with the scenes of movies? What are the differences between the movie characters engaging in these actions and real people's life experiences?"

Name the Influence of History and Culture. People's ways of being, beliefs, ideas and imagination are shaped and limited by their given culture and historical location (Burr, 1996, 1995; Kvale, 1994). While many individuals believe that they generate their ideas on their own, narrative theory, located in post-structuralism, asserts that people's ideas are molded by the socio-political and cultural context in which people are embedded (White, 1990, 1995, 2004). Making visible the contribution of culture and history to clients' experience of limitations can be a very empowering and liberating process. If clients are able to understand their experience of trauma in context, then they are less vulnerable to pathologizing their identity (White, 1995). This is particularly the case with women who have suffered incest, for example, and may see themselves as "broken" for life. Deconstructing this belief and helping clients see the historical connections between patriarchy, historical definition of women's worth, and male ownership of women's bodies can assist clients in freeing their lives from a sense of damaged identity (Weedon, 1997). Questions that would elicit this deconstruction include: "What makes you think you are damaged? If you think this, what effect does it have on your sense of hope for yourself? Would a woman a century ago have that belief too? More or less? So do history and culture influence these beliefs? If this was a cultural belief, would you have any guess on what might have motivated this belief historically? If there were evidence that this was a cultural belief, what difference would it make for you?"

Examine the Meaning of the Response Delay. Clients' idealized ideas of better responses rarely take into consideration the common delay that all unprepared

individuals face when dealing with a traumatic event. It is useful to discuss this unavoidable moment of confusion and assist clients in moving away from a personalized sense of failure (“I wasn’t quick enough”) to a contextualized and generalized recognition of this delay. Examples of such questions include: “In real life do you think most people are taken by surprise? How does being taken by surprise affect people’s speed of response? Is surprise more an effect of a person’s abilities or of the situation?”

Exposure to Others’ Stories. Exposing clients to other people’s stories of similar struggles through groups or videos is also commonly used to address this issue. The simple act of witnessing others discussing their expectations of themselves and the realities of such challenging situations can invite more realistic perspectives and alternative ideas on the situation.

Example: Penny’s Story (Part 3)

MN: Where did you get the idea that you should have slapped him, stood up and left?

P: I don’t know, it’s the thing to do.

MN: Did you see that acted somewhere before?

P: Yeh, in the movies and on TV . . . in the media.

MN: Yeh we do see that a lot in movies. What do you see as the differences between when that’s done in the movies versus when it’s real life?

P: I guess the movies are scripted. . . .

MN: The movies are scripted and how might that affect people’s responses?

P: Hum . . . I guess people practice their script ahead of time and . . . know exactly what to do. . . .

MN: Do you think there’s more of a surprise when it happens for real and that people don’t know exactly what to do? Were you taken by surprise?

P: Yeh, I really didn’t expect that . . . If I had known ahead of time it would have been different.

MN: Do you think that surprise is one of the things that make real people stay in the situation at first? (examine the meaning of the response delay)

P: Yeh, the surprise and there is all that media telling you that you should have sex.

MN: Do you think the media creates some confusion about sexuality for young women and teen girls? (effects of the media)

P: Yeh, because of the confusion, you don’t realize what sex’ll really do to you. Now that I think about it if I had stayed I’d be really screwed up and run away from every guy . . . it would be worst.

As soon as the idealized scenario is identified and deconstructed slightly, Penny is already in a better position to ascribe a more positive meaning to her choices. The conversation will continue deconstructing the idealized scenario. We then

bring the focus back to what she had reproached herself at the beginning of our conversation.

MN: What effect does the media have specifically on girl's ability to say no?

P: Girls think, "Well everyone else is doing it so I better do it." All my friends are doing it and have done it all the way. I don't want to be like that and run to get pregnancy tests all the time.

MN: The media gets girls to think that they should do it like everyone else?

P: Yeh if you don't, it makes people think like you're a prude or something.

MN: So if you're not active it means something bad about you? (P nods.) So when guys start doing things to girls, do you think these ideas also affect their abilities to say no?

P: Yeh I think it would.

MN: How do you think it would?

P: The girl might think it will be cool.

MN: So it makes girls think that it'll be cool and they should do it? Do you think it might contribute to that moment where girls may not be sure whether they actually want do it or not?

P: Yes and they forget that they can say no.

MN: So you had a few minutes of panic but once you told yourself I have to get out of this situation right now you did something about it, you remembered you could say no?

When the idealized scenario is deconstructed, more space is created to extract other strategies and now to make meaning of the actions actually taken. The conversation can more easily move to the implicit actions not taken, unnoticed, which often reflect important values. This is the work of quadrant AN-N (Actions Not taken and Not storied) and will allow all of the choices explored earlier to flow into an iteration of a preferred identity of agency and personal values.

Quadrant AN-N. Actions Not Taken-Not Storied: From Taken for Granted to Appreciated

Actions not taken often indicate implicitly that other actions were taken in their place. These "non-actions," which really are actions, imply that there is a minimum standard of behaviors or expectations that are invisibilized. Implicit in this invisible standard is the fact that alternatives were inconceivable to the client. An action that is inconceivable can reflect an underlying powerful value. The value in question may be so powerful and woven into the individuals' beliefs that it ceases to be visible and noticed. It becomes taken for granted. Values are important to name because they provide a sense of who one is and a sense of purpose and meaning in individuals' lives (White, 2000, 2004). For an individual who struggles with a problem-saturated story of weakened identity it can be fascinating

to recognize an intense connection with a honorable value and realize the congruency of their behaviors with this value even within a crisis. For example, it is interesting to engage clients in a discussion of why they didn't give up.

Extract the Justification for Non-Actions That Were Clearly Helpful. Therapists can ask clients why they chose to not do certain actions while making sure this will not lead to or be misunderstood to be an invitation for self-blame. For example it may not be useful to discuss why a young woman didn't scream especially since not screaming may not reflect an implicit choice per se but rather the effects of fear. Non-actions can be found in many realms of experience including thoughts, feelings and behaviors. Aside from discussing the not giving up, other relevant examples can be explored such as: "You are telling me that you often considered running away, what kept you staying?"

Extract the Value and Its Implications. Personal values often constitute the most profound aspect of self that is associated with esteem, worth, and a sense of selfhood (White, 1995, 2004a). Connecting people with their values and making visible the congruency of their actions with their values strengthens greatly their sense of identity. Values can be the glue that binds together multiple ways of being into a sense of identity. For this reason, it is critical that clinical work in the end ties the choices and actions taken to personal values held by the client. Examples of such questions include: "Was it important for you to not give up? Do you have some beliefs about that?" or "What does it take to stay aligned or connected with one's values in such a situation?"

Speculation. Questions inviting the client to ponder the course of events if they had not taken the actions they did choose can often create a space for making meaning. Clients whose experience is captured by the effects of trauma often revisit the events and imagine better outcomes, not worse. The practice of inviting speculation has to be done very respectfully and is different than actually *telling* clients it could have been worse. The telling "it could have been worse" has the damaging and disqualifying effect of minimizing the client's suffering. The micro-practice suggested in this section invites the client him/herself to speculate on what would have happened had they not made specific choices. The timing of these questions is critical and can only be done as a quadrant AN-N (Actions Not taken and Not storied) inquiry when self-acknowledgement is already happening. Clients themselves discover the usefulness of their actions in avoiding worse consequences. Therapists simply create a space for this realization to occur. An example of such question would be: "What would have happened if you hadn't purposely chosen to make all that noise?"

Example: Penny's Story (Part 4)

MN: So how come you didn't give up? For so many girls and young women, when the guys are on them and they struggle with the confusion and panic they end

up letting it happen? Is there something about you? (extracting justification for action not taken)

P: No really since I was little I've just wanted to wait for the right person.

MN: So you had some beliefs?

P: Yeh, not like religious beliefs. I just knew he wasn't the right one and I didn't want to spoil it.

MN: You had your own strong beliefs, that weren't even connected to religion, your very own beliefs? (nods) You had strong beliefs and you acted on them, you took a stance on your beliefs?

P: Yeh, I really wanted to save my virginity.

MN: Is that something important for you, to be congruent with your beliefs? (extracting value)

P: Yeh, I really didn't want to feel like a slut.

MN: What does it show about a person if they are able to be congruent with their beliefs even in confusing and scary situations where they're pressured to do something?

P: (surprised) I guess . . . that they're pretty strong willed . . .

MN: Does being strong-willed and staying congruent to one's belief fit more with standing up for oneself or being weak?

P: (slowly sitting up, smiling) Yeh! if you look at it that way, I did stand up for myself!

MN: In some ways you stood up for yourself after working through the panic and confusion?

P: Yeh!!!

MN: What would have happened if you hadn't stood up for yourself? (speculation)

P: If I hadn't stood up for myself I would have lost my virginity.

MN: Did you know you could stand up for yourself in the name of your beliefs?

P: (smiles in consternation) No I didn't!

MN: What does that say about you?

P: That I'm stronger than I thought! I guess now that I think about it there's probably many girls out there who wouldn't have known what to do and wouldn't have put up any fight. . . . Wow!

MN: And all of this time you thought you were "weak" when in reality you are quite strong?

P: Yeh (emotional) . . . it's nice to hear. Now that I think about it, I stood up for myself and what I believed in and I'm glad! . . . I'm glad . . . I didn't give in!

MN: (wrapping up because of time constraint) No you didn't give in, there's always that moment of panic and confusion but you didn't give in. How does it feel now?

P: All this time I thought I was weak. Now I know I'm strong and I can stand up for myself!

Conversation continues for one minute around what difference this will make for the “nervousness.” After quadrant AN-N (Actions Not taken and Not storied) is articulated, it is critical to integrate the information discussed in all quadrants. Facts explored in quadrant AT-S (Actions Taken and Storied) and AN-S (Actions Not taken and Storied) which were initially minimized are suddenly available for re-ascription of preferred meaning. Ideally, the client is invited to reflect on the meaning of all the initiatives discussed in each quadrant. The client can even be asked to share how they think differently about the sequence of events now. The decisions made throughout the event are reorganized into a new more preferred narrative that emphasizes choice and agency. If time does not allow for a thorough revision and reflection on the part of the client, as with Penny’s example, the therapist can at least summarize the most meaningful conclusions from each quadrant. This summary provides a unique opportunity to integrate and organize the client’s story around the value and preferred identity of agency extracted from quadrant AN-N (Actions Not taken and Not storied) discussion.

After Penny was connected with a broader range of actions that she did and “didn’t” take in ways that were meaningful to her and congruent with her values, she experienced herself as more powerful in the world. Another session was scheduled to solidify this experience of herself. Therapy concluded with Penny being confident about the fact that there is a part of herself “which doesn’t take crap.” Even though “it may not always be visible, it is quietly watching out” for her under her gentle and quiet demeanor. As with all narrative work, however, preferred stories of identities need to be established through time. A past, a present, and a future needs to be articulated for the story to have roots and likelihood of thriving (Epston & White, 1990; Freedman & Combs, 1996; Zimmerman & Dickerson, 1996). In Penny’s case, this meant examining the history and development of her strength and determination, who might have contributed to it (past), where else in her life it might be visible (present) and how her knowledge of herself as strong and determined will affect her life from now on (future). Various witnesses of this side of her “which doesn’t take crap” were also invited to therapy (such as her brother, parents and friends) to discuss other examples of the performance of determination, strength and confidence, and to ensure that she was actually seen as strong and confident by significant others.

CONCLUSION

In this article a model of re-authoring experiences of choice and agency was described along with numerous micro-practices to engage clients. This model provides therapists with a clearer map to guide their therapeutic conversations and a wider range of micro-practices to enter a powerful re-authoring space. Since many of the people who have been subjected to severe trauma struggle with a loss of voice, of entitlement and of a sense of themselves (Durrant & Kowalski, 1992;

Penn, 1998), therapists need to be cautious to leave enough space for clients to fully articulate their own personal experience. In other words, therapists must be respectful of the slowness of the process and leave enough safe space for clients to reflect, evaluate and put their own words to their experiences. When clients are able to notice all the actions that they choose to engage in, despite the challenge of the situation, and how congruent these actions were with their values, they are more likely to experience themselves as competent and capable individuals. The recognition and appreciation of these choices is more likely to lead to a breakdown of the problem story of incompetent identity. Through this process, the external traumatic event becomes dispossessed of its identity-shaping powers with the focus shifting to clients' internal choices and agency in handling the crisis. Clients are then in a better position to separate from interpretations of traumatic memories that had eroded their preferred experiences of self and live a more satisfying life.

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