

# **FROM AUTHENTICITY TO THICK DESCRIPTION AND EXTERNALIZING THE PROBLEM: A TURN TO NARRATIVE THERAPY IN WORKING WITH PEOPLE DEALING WITH SCHIZOPHRENIA**

by  
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## **Abstract**

The author noticed that his existential-humanistic counselling approach with its focus on authenticity and self-actualization seemed to be counter-productive in working with people dealing with schizophrenia issues. This noticing precipitated a turn to narrative therapy with its focus on people telling preferred stories of their own lives, moving towards thick rather than thin descriptions, and recognizing that people are not their problems. A case example of working with a person with schizophrenia issues is given to show how externalizing the problem can free extensive personal resources and strengths in defeating the problem. The author concludes with some personal reflections on his turn to narrative therapy.

## **Introduction**

After finishing graduate training in counselling eight years ago, I worked with mental health and addictions clients in agency and sliding scale private practice settings. I was struck by how certain populations of clients seemed to be at odds with my counselling and, in particular, my existential-humanistic counselling perspective. This did not make sense to me as I thought my focus on beingness, authenticity and self-actualization with mentors like Rollo May, Irving Yalom, and R.D. Laing would separate me from the "labelling types" totally into their DSM IV labels. A few clients, however, felt patronized, and disenfranchised by me. "What was going on?" I wondered. How was it that they thought the counselling was counter-productive? The crisis point came about five years ago, when five minutes into a session, a person with schizophrenia issues jumped up shook his head and said, "Just forget it" and assertively walked out of the office. Despite my focus and belief in each person's self-actualization process, something clearly was not working. Over the last five years, I have turned to the work of Michael White and other narrative therapists to address this issue of disservice.

## **Narrative Therapy**

Led by Australian therapist Michael White, narrative therapy attempts to make a difference in working with clients by realizing the dangers of dominant cultural narratives. Narrative therapy encourages therapists to take a collaborative, listening approach and never label people but instead treat them as human beings with unique personal

histories. By helping people separate from dominant cultural narratives they have internalized, space is opened up in people's lives to create alternate life stories (Freedman & Combs, 1996; White, 1991, 1995). Narrative therapy attempts to free up personal resources as people begin to see that they are not their problems.

This process of collaborating with clients invites a deconstruction of a therapist's expert perspective. White (1997) distinguished between experience near language and experience far language. Formal systems of analysis construct universal and essentialist notions of the self which produce flat monographic descriptions of life. In structuralist analysis, life is represented in terms of behaviors that are considered to be surface manifestations of deeper elements. Behavior can only be interpreted by those who have expert knowledge of states of depth, and who apply transformational rules to the behaviors of the surface. Thus descriptions of behavior become experience far. This seemed to be an obvious danger of structural systems like Freudian psychology but the shock for me was to see that my existential-humanistic perspective swung towards experience far descriptions through a focus on self-actualization, authenticity, being, and individuation. These were notions that set myself up in the role of the expert in the interpretation of client experience. Narrative therapy, in contrast, emphasizes a return to client friendly experience near language in which notions of desire, whim, mood, goal, hope, intention, purpose, passion, concern, belief, and other experience near terms are openly embraced and conversed about.

Rather than experts interpreting people's lives, narrative therapy recognizes that people are veterans of their own lives. The emphasis is on people telling and re-telling preferred stories of their own lives. In this way the unique, contradictory, and personal aspects of a story are engaged. White (1997) observed how thin descriptions exclude the interpretations of those who are in those actions while thick descriptions are informed by interpretations of those who are engaged in the actions, and are inscribed with the meanings of the community of persons to which these actions are directly relevant. White (1997), in referring to the work of Myerhoff (1982), described how it is through engaging with a community of persons in the telling and re-telling of the preferred stories of one's life and history that lives are thickly described. As stories of a person's life are linked to shared values, beliefs, desires, and commitments in telling and re-telling of one's story, this leads to multiple contextu-

alizations of life that contribute to a richness of narrative resources. And, as White (1997) explained, "These narrative resources contribute significantly to the range of possible meanings that persons might give to their experience of the world, and to the range of options for action in the world" (p.16).

The switch of focus in narrative therapy to embracing preferred stories of people's lives, made me realize that my emphasis on authenticity and individuation as a counsellor inadvertently marginalized people who were already on the outside. Michael White (1995) explained:

Many of us are relatively successful at torturing ourselves into a state of "authenticity" and, in so doing, reproducing the "individuality" that is so venerated in this culture - although we all secretly know that we are not quite as together in regard to all of this as we appear to be in the world. But, psychotic expressions present an anathema to those cultural ways of being that we refer to as "self-possessed", "self-contained", "self-actualised", and so on. Psychotic experience, in this culture, rules people out of contention in the stakes for the achievement of personhood. (pp. 140-141)

The quest for authenticity and self-actualization is a very thin description of people's lives. And as White (1995) observed, this thin description rules many people out of the game. Now, I as an existential-humanistic therapist, did not realize that this my inadvertent gift for clients was a game from which they were already disqualified. Additionally, I did not realize as a therapist, that my description of life and therapy had given away to flat and monographic descriptions which generate, as White (1997) reminded us, thin conclusions. This thin description which I was promoting produced a dismemberment in which so much of personal and community membership was severed to make way for the thin descriptions of existential-humanistic psychotherapy. No wonder clients rebelled. Through my counselling process with them, experience far "hoops" were being set up for clients to jump over. They were not measuring up in the game of authenticity and they wanted out.

### **From Problem Saturated Identities to Externalizing the Problem**

In addition to thick descriptions, a huge contribution of narrative therapy is the recognition that people are not their problems. Too often, as White (1995) recognized, "persons come to believe that the problem speaks of their identity - so often problems present persons with what they take to be certain truths about their character, nature, purposes, and so on, and these truths have a totalising effect on their lives" (p.22). The focus of narrative therapy on externalizing problems and conversations changes this as people can experience an identity separate from the problem. By having externalizing conversations with the problem as a third

party, people no longer identify with the problem as their identity and open up to a multitude of resources in dealing with the problem.

Using a simple fourfold externalizing the problem approach in counselling sessions of naming the problem, mapping the effect of the problem, looking for unique outcomes, and incorporating these strategies to defeat the problem in the future, I have been able to work with clients to externalize problems around anxiety, gambling, procrastination, sex addiction, co-dependency, mania, and schizophrenia. As it was my existential-humanistic counselling with a person with schizophrenia issues that facilitated my turn to narrative therapy in the first place, I would like to now turn to some of my recent counselling work in this area to hopefully illustrate some of the unique advantages of the narrative therapy approach.

### **A Case Study**

This case study is presented to show how a shift to a narrative therapy stance can thicken and enrich the counselling process as clients choose preferred stories about themselves. Chris called me up one day and said that he would like to do some work together as he had heard that I was open to alternate perspectives. When we met later on in the week, Chris told me that his problem was dealing with schizophrenia. He had been diagnosed ten years ago and had been on medication ever since. I asked him to tell me the story of how all this started. He was quite surprised because nobody usually wanted to know about the psychotic episode that got all of this started. He had rarely talked about it in ten years. It had all started for him ten years ago, when while working at a research farm, he had looked out the window one night and could see the moonlight creating a hologram in the backyard of where he was staying. He went outside to investigate and seemed to be called by the trees in the nearby forest to come visit them. When he got over there, he heard the trees talking to him about the importance of protecting the trees and seeing that their seeds were spread throughout the earth to ensure ongoing forestation. After a while, he had gotten scared and headed into town. The real problem came later that night when in an agitated state he showed up at the hospital talking about the voice of the trees and what the trees told him. He immediately was placed on anti-psychotic medication.

Chris went on and told me about his life since then. His life was filled with lost hopes and dreams in which schizophrenia seemed to take away so much. He had been a newly graduated engineer who was thinking about graduate school. Now his life switched to meeting with doctors and trying to get use to his illness and his medication. Gradually over time, he gave up on many things such as his mountain climbing, his graduate studies, his business plans, and his extended family. Over time, his life seemed to become a warehouse state where he was just waiting and hanging in there.

## Externalizing the Problem of Feeling Useless

As we spent time on discussing the problem, I asked Chris to name the problem as if it was something outside himself, a third party. He called the problem being useless. He had always been so useful and now he felt so useless and out of the picture now. He declined my suggestion to call the problem "Mr. Useless" so we went with "useless". I asked him how had "useless" snuck up on him through the years. He told me how "useless" tells him how everything is hopeless and there is no point in even trying. Sometimes, he has a good idea but "useless" takes over and tells him to be realistic and he gives up. He got involved with a peer counselling center for a while but "useless" took over and after a few months he didn't go back. He also volunteered with a local schizophrenia organization and started giving talks to high school students but "useless" said it was pathetic and he stopped. He wrote away to some graduate schools for calendars but did not pursue any of the programs because "useless" said it was unrealistic.

As we talked about "useless" a sudden thought occurred to me. I asked Chris if "useless" had eaten up his identity as well? Chris smiled, "Totally" he said. I asked Chris to tell me about who he was before useless showed up in his life ten years ago with his schizophrenia diagnosis. Chris began to talk about his oil and gas upbringing, going to private school, being a mountain climber, and going to university for two degrees. He talked about his first girlfriend, and other relationships since then, and now his wife. He talked about his first job at a gas plant after university and how he had thought about going to medical school. He kept coming back to the theme of loving the mountains and how much of a thrill he got. We were both stunned at how much "useless" was robbing from Chris. "Useless" had eaten up his past, his history, his identity. It seemed obvious that we needed to find a way to slow "useless" down.

## Looking For Unique Outcomes

We looked at unique outcomes. When had Chris been able to resist "useless" and do things he had wanted to do? Nine years ago, just a year after being diagnosed with schizophrenia, Chris had met his future wife, and although "useless" told him to not pursue the relationship as it was hopeless and would not lead anywhere, he had ignored "useless" and become involved with this woman. He knew it was just too good of a chance for love and companionship to even listen to "useless". And when his daughter was born it was very easy to avoid "useless" because his daughter was so important to him and he felt love in his heart and so to be there for his daughter, despite the presence of "useless", was easy.

We looked at other times Chris had turned away from the voice of "useless." Chris had not listened to "useless" in going to AA meetings which he had attended regularly over the last five years. I asked him how he did it? It was easy

for him because he liked going to the meetings. He got a great sense of companionship by going. This made it easy for him to resist "useless" because he looked forward to the meetings.

He also talking about being inspired and finding when he was inspired it was very easy to defeat "useless". Sometimes after reading from revolutionary scientist Buckminster Fuller's works he could go down and work on projects for hours. He felt passion for the rebellious scientist perspective and he could even start working on projects he had not worked on for years. Dreams of starting his own little consulting business would come back to him and he would start contacting former associates of his about possible contacts.

We looked at what other allies Chris had in his fight with "useless". It turned out that he had a powerful ally in that he had gained an inheritance from his family a few years ago and this left him with a safety margin. How could this be used in the fight against "useless"? We looked at how maybe his ideas or projects did not have to make money initially. He did not have to listen to the demands of "useless" and the capitalist discourse around money. By not listening to "useless" there were potentially many projects he could get involved in.

I asked Chris what this told him about his future knowing he had already managed to fend off "useless" in many ways. Chris felt he needed to keep using these strategies. Passion, love, intensity, and not listening to the need for making money had all helped him thwart "useless" in the past. Maybe he could actually go back to his dream of a small little company or consulting practice. He did not have to listen to the voice of "useless" telling him to forget it. Maybe he just could start with some projects and start to work away at them.

He also looked at what this told him about his family life. He could not afford to just give up and let "useless" take over and not take care of his wife and daughter. "Useless" had in the past convinced him to not pay attention and he could not afford to do that. He needed to feel the love and importance of these connections to thwart "useless."

As we met over the next few sessions we consciously tried to thicken the description of his whole life story and let Chris enjoy the identity of a life with so many aspects. Chris continued his work in externalizing the problem and defeating "useless". Chris became determined that he was going to resist the temptation of "useless" and honor the richness of his life story. He started going back out to the mountains and hiking and began to make plans for a small office to do his consulting practice in. He decided that it would be nice to join in with a couple of other people and began to make contacts around possible office partners.

It was about this time, I was invited to do some teaching in a city two hours away, so we met one last time to honor

all the work Chris had done in defeating "useless". We also revisited Chris's plan for defeating "useless" in the future. As we were saying our goodbyes, Chris said something that stood out for me, "It was nice to work as a team."

### Reflections of An Emerging Narrative Therapist

In turning to narrative therapy, I was forced to deconstruct my therapeutic practice and my "truth" claims around my preoccupation with authenticity and self-actualization. I did not realize that I was setting myself up as a gate-keeper of "being" and inadvertently contributing to the marginalization of peoples who did not fit into my individuation formula. Here, my humanistic intentions were counter-productive as some of my clients were feeling disqualified in the quest for authenticity and self-actualization.

As there is no such thing as contextless counselling, I must look at ways that I unwittingly set myself up as a counsellor in a privileged position with expert knowledge while withholding access of membership to my clients. Facilitating what White (1991) called "the escape of passengerhood" in clients can only be possible if I allow myself to be deconstructed as a counsellor and take up the therapeutic practice of co-authorship with the clients as they take an active role in shaping their own life. I need to be transparent to my clients and honor the feedback they give me. It is ironic that having a client walk out in the middle of a session turned out for me to be an invitation to explore narrative therapy. I have shared some of my narrative therapy journey in this article.

### References

- Freedman, J. & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York: W.W. Norton.
- Myerhoff, B. (1982). Life history among the elderly: Performance, visibility and remembering. In Ruby, J. (ed.), *A crack in the mirror: Reflexive perspectives in anthropology*. Philadelphia: University of Pennsylvania Press.
- White, M. (1991). Deconstruction and therapy. *Dulwich Centre Newsletter*, 3, 21-40.
- White, M. (1995). *Re-authoring lives: Interviews and essays*. Adelaide, Australia: Dulwich Centre Publications.
- White, M. (1997). *Narratives of therapists' lives*. Adelaide, South Australia: Dulwich Centre Publications.

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