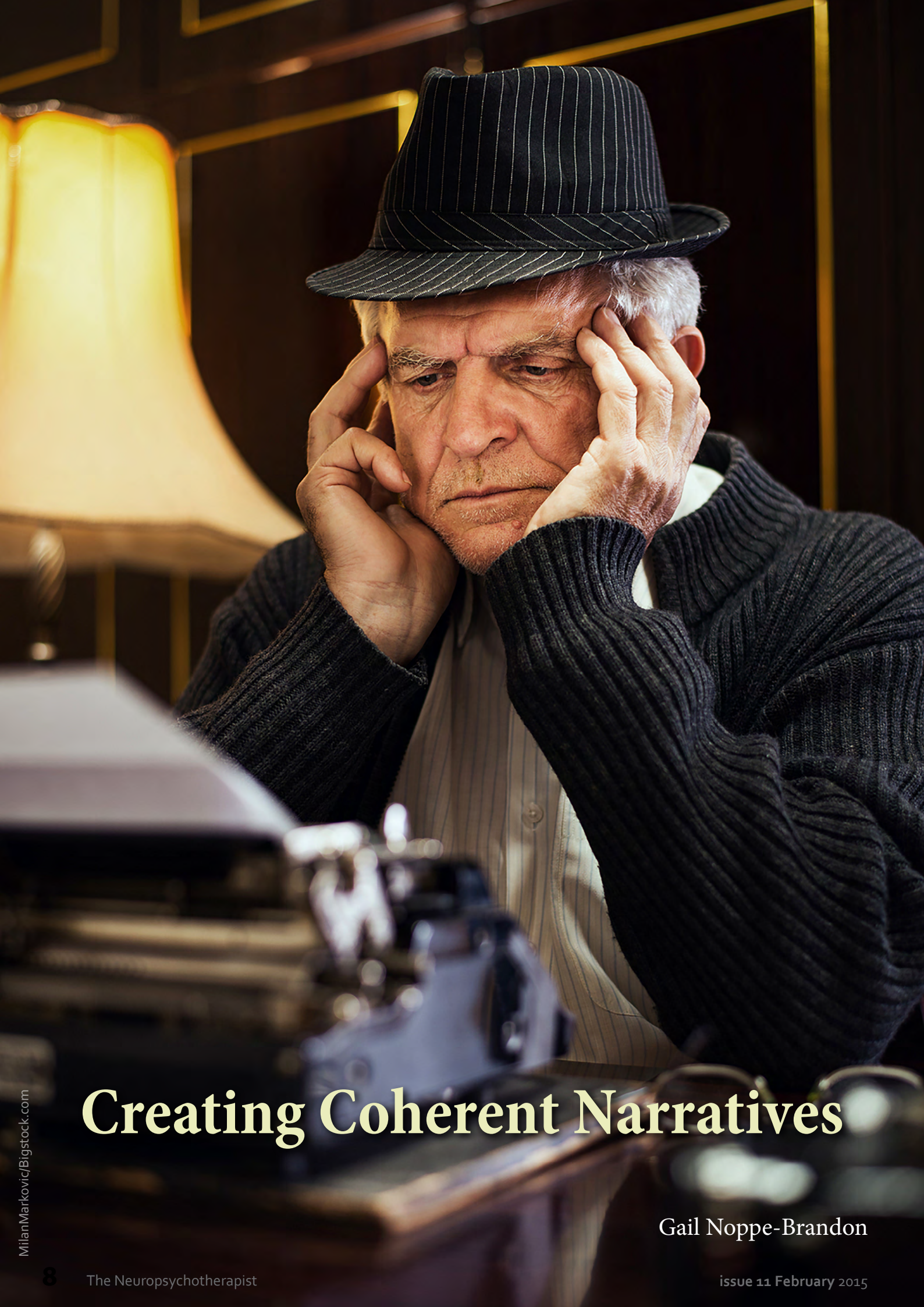

Creating Coherent Narratives

Gail Noppe-Brandon

The Power of Words

I think it is now widely believed by clinicians and meditation teachers alike that the creation of a coherent narrative allows us to be both mindful and related, to ourselves and to others. As a narratologist—one who studies human story—I love words, not just for their own sake, but because they're the building blocks of human stories, human meaning, and human interactions; every word can carry or unlock a feeling. In this article, rather than simply sharing cases, I want to *make* a case for the power of narrative reconstruction as both a healing and a meaning-making tool. Because small and large traumas—ranging from loss of other to loss of self—create blocks and ruptures in narrative flow, I'll share moments from several cases where narrative flow was achieved, and which were crucial movements toward healing. There are many roads to healing, but I hope to demonstrate how paying deep attention to the specific words our clients speak, at the same time paying deep attention to what they're feeling and how they're behaving as they share their stories, is a fruitful path toward the healthy reconstruction of their life narratives as well as their lived lives. This path entails a rhythmic tacking back and forth between the left brain, where we use words to make sense of the past, present, and anticipated future, and exploration of the felt feelings in the right brain. It is this tacking which allows for deep memory retrieval and reintegration. As Dan Siegel (2007) described it, "Narrative integration is more than just making up a story—it is a deep, bodily and emotional process of sorting through the muck in which we've been stuck" (pp. 308–309). My desire here is to share some ways to use your clients' words, both spoken and written, to help sort the muck.

My Story

My own romance with words began a long time ago. As a child of very early parental loss, I privately wrote reams of poems and, as I wrote them, I became clearer about what it was that I felt. As a teenager the short poems grew into short stories and the audience expanded to include my English teachers. In college I was fortunate to study with a renowned deconstructivist with whom I had my first exposure to analysis—the literary kind. His intention was to explore written text at a depth that most clinicians would recognize as not so different from the way in which they were trained to read their clients: between the lines, around the lines, and above and below the lines. I learned to watch for patterns in the text, to pick up subtle threads of meaning, and to unpack character motivation within the text and beyond. "The self, the mental self anyway, is a linguistic structure . . . It lives via communication or dialogue, it is constructed out of units of meaning . . . It is a story; it is a text" (Wilber, 2001, p. 163). Literary deconstruction was painstaking and profoundly meticulous work, which revealed more about what had been written than any of the authors whom we deconstructed could possibly have been conscious of writing.

Later, in graduate school, I was exposed to the

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more emotive and dialogical art of playwriting, and began what became a 15-year foray into the professional world of writing, directing, developing, and producing plays. I had also begun my own psychoanalysis at that point, and was keenly aware of the ways in which the characters on my written pages were stand-ins for the characters on the stages of my lived life. I benefitted enormously from the extraordinary malleability with which I could articulate, observe, recall, and then revise that life through writing. I began to teach playwriting soon after, at first making articulation safe for terrified and inarticulate freshmen students and then ultimately coaching graduate-level dramatic writing students as their dramaturge. In sociological terms dramaturgy is the study of human interaction. In theatrical terms, dramaturgy means the shaping of a story into something that can be acted upon. This interactive shaping toward coherence is done through deep explorative questioning and, as such, mirrors the basic intent of therapeutic work.

Write Brain

While I was serving as midwife to the articulations of others, I became keenly aware of several fascinating phenomena: one was that we often write from an unconscious place. For example, I asked one master writer (with whom at the time I was beginning work on a full-length piece) what the significance of the comic book references in her play was. She stared at me blankly. I pointed out that she'd named her two main characters Betty and Veronica. Her jaw fell open. In fact, although this choice hadn't been in her awareness, our subsequent discussion of it led us to the key that unlocked her whole purpose in writing the play, where and why she was stuck in the writing, and how to bring out its fuller meaning. This is just one of several hundred such examples of unconscious writing that I could describe here. I also discovered that writing itself is an act of reflection, and that even those who did not seem to be greatly endowed with self-awareness were nevertheless led into more overt explorations of their inner lives simply through the meditation of committing their thoughts to paper each day and then re-reading what they'd written, particularly when guided in this by an outside and discerning eye. Following Kornfield (2008), "I once suggested that one of my students write a letter to himself, trying to articulate whatever he sensed was hidden from his ordinary awareness. After a day of meditation he began to write about his fears for [the] future . . . Then he remembered this same insecurity from his childhood . . . When he read the letter to me, he came alive. He was able to feel his inner tumult, to know his own experience with greater clarity and honesty" (pp. 232–233). Similarly, Siegel (2007) has observed that when we are in a reflective state we can choose to engage "autobiographical memory stores, inviting whatever comes into awareness to come fully . . . The healing that emerges with this reflective form of memory and narrative integration from a mindful exploration is deeply liberating" (p. 133). It was already evident to me that writing invites the brain into just such a reflective state. My own playwriting mentor had a sampler over his desk that read: "We write to discover what we know."

The very first thing clients chose to tell me was almost always a crucial frame for the way in which they held their story…for better or for worse.

I went on to learn from my own experience, as well as from the experiences of many of my students and clinical clients who would follow down the line, that when we write we also often remember what we've forgotten. Toward understanding this, psychologist James Pennebaker conducted research demonstrating that we write from a different part of the brain than we speak from—a place closer to where memories are stored, and from which we're more able to access these memories for narrative integration (Pennebaker, 2004). Siegel (2007) weighs in with this: "Narrative integration . . . utilizes the unique aspect of our species as a storytelling animal . . . The mindful telling of our tale can be greatly

healing of unresolved issues in our life. . . . A coherent narrative is essentially a story that makes sense of our lives in a deep, viscerally full way" (p. 309). It's clear to me in hindsight that the dramaturgical work I was doing with aspiring writers was, in many ways, no different than the work I do now, in both coaching and therapy sessions, using deep listening and active questioning to discover and strengthen the coherence of a person's story with the help of their conscious and unconscious feelings, thoughts, memories, intentions—and words.

I always began my dramaturgical work with writers by asking them to tell me the story of their plays, even though I'd read these before we met. Through this exercise they not only articulated (perhaps for the first time) how they understood the meaning of their story, but I was assured that we were united in trying to articulate the same story. Similarly, I now begin the first session of every clinical treatment by asking my clients to tell me the story of *them*—not the history of their breakdowns or medications or symptoms, but the most important thing—the earliest defining factor—I should know about their lives as they saw it. After countless sessions initiated in this manner, I now see more clearly than ever the benefits of this framing exercise and ways in which dramaturgy opens up clinical practice.

The First Thing

The very first thing clients choose to tell me is almost always a crucial frame for the way in which they hold their story, for better or worse. For example, in response to an invitation to tell me the most important thing I should know about his story, one client who had presented with suicidality said, "I'm not supposed to be here." At first I thought he meant the clinic where I was meeting him for an intake, but it soon became clear that he meant "here in this world". He went on to tell me that his mother had had her tubes tied, but had then got pregnant with him. Everything he shared about his life after that confession was a harrowing account of self-destruction, helped along by a sexually abusive older brother and a raging father. At the conclusion of our 45-min exploration I leaned in and asked if he might consider a reframe: that perhaps his birth, and subsequent survival, was not so much an accident as a miracle. With that, this buttoned-down and constricted man spontaneously burst into tears of relief. That was where the work began; right there, with that potential revision.

In response to being asked to tell me the story of them, a client will sometimes sketch an outline of their story, seemingly dispassionately, but this is not a concern—I know that we'll go back with more time and breath to embody it (sometimes dozens of times), with greater clarity unfolding for each of us as they master their tolerance for the material, and as the memories fill it out.

Another clinic client, who had enormous anxiety and relationship issues, said in response to the invitation to tell me the story of her, "I have a bi-polar sister." She then spent almost the entire first session talking about this sister. When I noticed it aloud with her, this high-strung and loquacious woman finally grew profoundly quiet and flatly said, "My sister was born eight years after me. My parents didn't want another baby, but my mother told me that she kept the pregnancy so that I would have a sibling . . . that she'd had her for me." I held her story gently and closely in this hard place for a while, allowing her to rest and to feel felt. She then continued her telling in a more fully embodied manner: her parents subsequently divorced after she had left the house, and her sister was passed around from relative to relative until she ran away in her teens. Now 65, and never having had her own children, my client had been supporting this emotionally unstable sister financially and emotionally for a lifetime. I mirrored back what a burden she had borne and how anxiety inducing it must have been. At the second session, with her observer function now fully in play, she reported having been very disturbed all week because her whole life story had revolved around her sister. It had become clear to her that, as her mother was now dying and she herself was having some financial problems, that she had been growing more and more anxious and, for the first time, angry about having had to sacrifice her own life for her sister's. Following this initial exercise, my client had already found the courage first to tell her mother that she'd been having panic attacks and then to ask her mother to establish a trust that would release her from the burden of having to pay her sister's mortgage. I affirmed her courage and her truth telling. I think you can sense that this framing exercise is strong medicine, especially at a time when the alliance is just being formed. For these reasons it is crucial, therefore, that the clinician pay close attention to the words and the feelings the words are unearthing, taking time for the client to breathe, attending to what is being stirred, and affirming the effect the story is having on each person, just as one would authentically recognize the effect of a movie or novel. This undistorted reflection is often the truest sense clients have ever had of what has happened

to them, and it is almost always profoundly organizing. As clients bump into new discoveries (saying, for example, "I never thought about that before" or "I've never said that aloud before"), I acknowledge their courage and reflect back what I've heard and felt. Quite often clients hold and tell their stories in a detached or frozen manner and only begin to thaw as I respond to what I've heard, and then we begin to hold it together as they begin to master the material.

Ruptured Narratives

Another phenomenon, which occurs alongside what is revealed in the content of their core stories, is apparent in the structure of the telling. Many clients, who seem to carry a disorganized or ruptured narrative, begin the telling at the point in their lives when a rupture or trauma was experienced. For example, a 45-year-old computer programmer who was struggling with disabling depression began her life story with her marriage. As I listened, it became clear that this jailbreak marriage to an abusive man she had since left had followed the death of her beloved father in late adolescence. It had occurred at a time when she had stopped feeling loved and had begun to feel as though she were living "someone else's life". Toward the close of that first session, when I noticed out loud that she had said nothing about the first 24 years of her life, she wept, and said, "It's like I was a different person . . . I can hardly remember who that was." I affirmed what a jarring sensation that must be, noticing that a part of her had been left behind, and how odd it is to reencounter a lost part, to reach for wholeness—making space for the sadness, and the strangeness, and the hope. In our second session we began to fill in that earlier story, which she remembered more and more vividly as we discovered her coherent reason (Ecker, 2012) for distancing from the girl her father had loved so much and then left with a raging mother, abruptly, due to a fast-moving cancer. Her stated treatment goal had been to try and "find her love of life again". She and her father had been very close, and, with some effort, she recalled that they'd shared a love of reading, something she had stopped doing. After two more sessions she reported having started a book club at the outpatient program where she volunteered and said, "I'd forgotten what it was like to do nice things for others—to care. I read them a poem. They loved it. It was a small thing, but *I'm starting to feel a little like myself again*." The beauty of this discovery is that she noted having lost herself, she languaged the desire to reconnect to that part of herself, she figured out how to do so, and she sensed the joy in doing it.

Timelines: Connective Tissue

To aid in this sense-making process, and because so many clients have ruptured narratives, I often ask them to write a timeline between sessions. I explain that this should not be a strict or exhaustive accounting of their biographical data, but a felt sense of their lifeline—one that features those things that stand out to them emotionally, much like the beginning of the core story that they were asked to tell during the first session. Even those who claim that they remember almost nothing of their childhoods, and many clients claim this, when their brains are in a reflective writing state they will find themselves retrieving moments that were memorable for important reasons. One middle-aged clinic client, Leah, who had been diagnosed with dysthymic disorder, dysmorphia, and borderline personality, and had lost her teenaged sister at the age of eight, was astonished to see that she'd created a timeline that featured only attachment ruptures. There was almost no connective tissue around those harrowing events, which we spent the next six months talking and writing back into awareness. The creation of an emotional timeline will often reveal events that the constructer did not even realize they held with importance. Another 44-year-old client, Pete, was having severe anxiety and relationship problems. He, too, had suffered a variety of attachment ruptures throughout his childhood, which he had only sketchy memories of. This included his parent's divorce following the mother's moving them out of their home, behind his father's back one day while he was at work. Pete returned to me for our third session with an emotional timeline that featured a succession of boundary violations by his unstable and alcoholic mother: showering with him when he was eleven and had broken his arm, asking him to retrieve tampons from the linen closet and bringing them to her while she was waiting on the toilet, and cuddling his head between her bare breasts when he was thirteen. Sometimes what is retrieved through writing meditations alone at home is not fully felt until the memories are witnessed in session. Even after recording this disturbing account, Pete didn't notice that there was a thematic link between these standout events before I asked him to consider one. At this point he looked at me in horror and then back at the words he himself had written; he was just beginning to notice, and I left it as a vague knowing that suggested further exploration. Listening to

one's own words is a practice that needs to be cultivated right alongside feeling one's feelings. Only at the next session was he able to language that he'd been violated. His ability to hold that knowing had required him to reread this timeline every day that week in order to remind himself of what he'd written, of what he'd already known. It was at this point that he began to connect differently—to his fear of having to perpetually please women in order to sustain attachment and to their bewildering accusations of feeling objectified by his behavior toward them.

Active Listening: A Two-Way Street

What is crucial in a narratological approach is not for the clinician to simply invite the telling or writing of client stories, but to listen actively as a dramaturge with ears, hearts, and pens. I take notes as my clients speak, not to record what I'm thinking or noticing or assuming about them, but to record their exact words during crucial moments of telling. This leads me to another phenomenon I've encountered: that we don't always hear ourselves very well when we're telling for someone else's benefit. To illustrate, some of the biggest breakthroughs I've witnessed in session have been when I've simply read back a poignant piece of the client's own beliefs or noticings. One young client I worked with, Kate, lost her mother to cancer when she was in her early twenties. Prior to the death her family had never dealt with the mother's alcohol abuse, which had been hidden throughout Kate's childhood. She asserted: "The family narrative was that we had an ideal childhood." This was delicate terrain because unearthing a different narrative now felt like a kind of desecration of her mother's rather romanticized memory; nevertheless, part of Kate's stated goal was to stop abusing drugs and alcohol and to live less self-destructively. During one session, therefore, I slowly and gently read back a catalog of knowings about her mother that Kate had just rattled off rather dissociatively, warning her beforehand that it might be startling to hear what she had just said: "My mother was in rehab three times when I was a little kid, for a month each time. I didn't really understand why; I guess because she drank in the attic while we were in school and hid the bottles." Upon hearing her own words read back to her, Kate burst into sobs of recognition, sat up straight in the chair, and said, "Oh my God . . . my mom was an alcoholic!" The grief and anger that followed, which I both made space for and contained, paved the way for three things: a truer knowing of her mother as she really was, a movement toward demanding more sharing of the family history from her narcissistic father, and an acknowledging of her own excessive drinking.

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In such moments of transcript sharing, clients sometimes respond to what I've shared back by saying: "I said that?" This kind of written record not only captures their own implicit knowings for them, it assures them that their story is literally noteworthy to me. It also assures them that I'm not sitting and judging their sharings, but rather marinating in them. As Siegel (2007) claims: "[One] way in which we attune to the mind of another is by way of a narrative of the other . . . [and] the ways we connect around making sense of [their] life (pp. 290–291). This sense making, of course, is also made by the senses, not just the words. I am always tacking back and forth between attending to verbal expression, facial expression, body language, and the client's affect, while speaking and while silent. Often the narrative that has to be unpacked is the one held in their body. One client, Kara, was removed from her birth mother at two days and adopted at six weeks. This is not only forgotten memory, it is preverbal. When Kara speaks about separation anxiety and the terror of abandonment in her present life, we use focusing work to explore the grief-pain in her chest that always ensues (Gendlin, 1978/2007). We listen for the story that is held in her heart, and how it revises itself when I move my chair closer to hers, and language both her pain and the pain relief of my presence. These revised feelings are also recorded by me and shared back to enhance her ownership of them. Although some clients can find my intermittent transcribing off-putting at first, they always come to value this record of their key utterings and often ask me to remind them of something they said. In my experience almost all clients find it extremely

healing to hear their key phrases read exactly as they said them; this reinforces the fact that it is their healing—and that they are the experts. Author is the root of the word authority: the words I store for them on my notebook pages are the life-scripts that my clients are revealing, remembering, revising, and reclaiming.

Unpacking the Pronouns

Another dramaturgical technique that I use in my work is what I call "unpacking the pronouns". People can get going with their stories at a rapid clip, and if their references are vague and we allow them to remain so, we might end up in two different narratives. I discovered long ago, both painfully and with wonder, that the meaning of whole plays could be changed with the revision of a single two- or three-letter word. Decoding vague references as you listen enables greater clarity for the teller and the listener. Here's a brief example of such a de-coding:

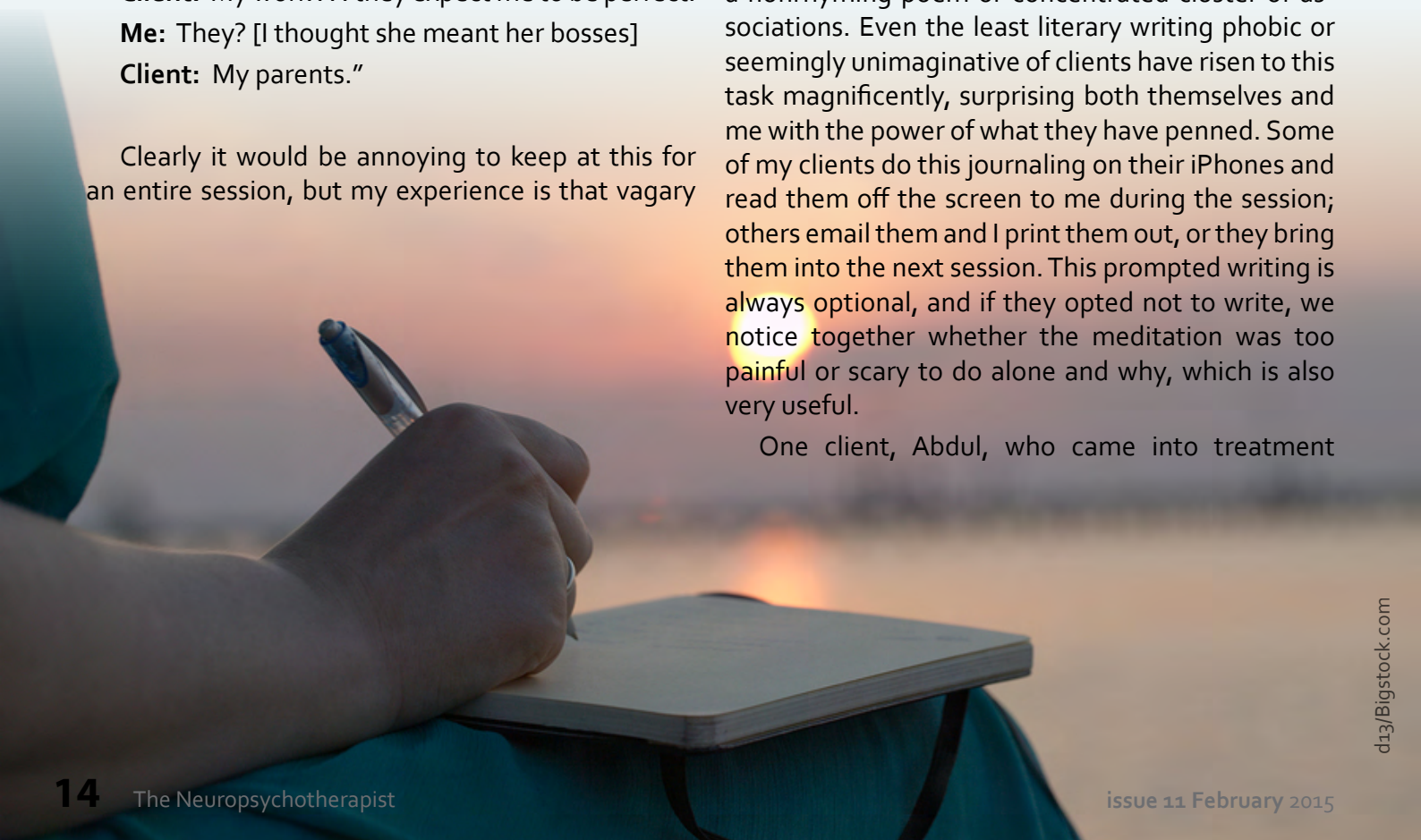
Client: I really hate it.
Me: What's the "it"?
Client: My life.
Me: What exactly do you hate about your life?
Client: All the pressure.
Me: The pressure to do what?
Client: Be perfect at everything.
Me: Everything?
Client: My work . . . they expect me to be perfect.
Me: They? [I thought she meant her bosses]
Client: My parents."

Clearly it would be annoying to keep at this for an entire session, but my experience is that vagary generally ensues when the client is uncomfortable with what's emerging. Once a kind of clear-speak is invited, however, clients will begin to correct for it themselves, quite involuntarily. Unpacking the meaning of something a client says, for them as well as for myself, is as simple and as crucial as our both understanding exactly what they mean, and I tell them so transparently.

Key Phrases and Key Schemas

This brings me to another dramaturgical technique that can clarify and forward clinical work exponentially. Because I always make the narrative threads that I'm noticing transparently clear to the client—we are, after all, on the trail of the same learnings together—as I listen and write, I circle what seem to me to be the most crucial key phrases. These phrases are often metaphorical and descriptive. I then share them at the end of the session, usually two or three. It always seems to be grounding for clients to be reminded of what they've spoken about meaningfully, and what we've discovered in their own words, so that they own it. "Therapy . . . is a process of assuming, or reassuming, the authorship for your own life text, your own self" (Wilber, 2001, p. 163). For clients who are willing and able to reflect between sessions, I invite them to do a written meditation using one or two of these key phrases as a prompt. Some will do a brief journal entry and others, who get lost in their own narratives and need more focusing, are encouraged to write a nonrhyming poem or concentrated cluster of associations. Even the least literary writing phobic or seemingly unimaginative of clients have risen to this task magnificently, surprising both themselves and me with the power of what they have penned. Some of my clients do this journaling on their iPhones and read them off the screen to me during the session; others email them and I print them out, or they bring them into the next session. This prompted writing is always optional, and if they opted not to write, we notice together whether the meditation was too painful or scary to do alone and why, which is also very useful.

One client, Abdul, who came into treatment



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when he was almost homeless and penniless, began his self-story during the first session by saying, "I've hit bottom." This seemed very dramatic to me, and it captured the feeling and action of his narrative—I sensed that the expression had some specific meaning for him beyond having learned it in AA. At the end of that very first session, because he happened to be trained as a journalist, I asked whether he might like to do a bit of writing in response to the phrase "hitting bottom". He did, and his musings became a crucial pull thread for the entire coherence (Ecker, 2013) of why he was refusing to support himself—because his orthodox parents planned to withhold his impressive inheritance unless he decried his homosexuality. Abdul wanted his true self *and* the support of his parents, and through his own writing he became aware that he was intent on showing them the consequences of the Sophie's Choice dilemma they had forced him into by literally hitting bottom. Another client, 50-year-old Shana, was grappling with complicated grief around her childlessness, infertility, and a now repressed miscarriage. All she recalled of the latter was numbly trying to get blood off of a white rug. I gave her "white rug" as a writing prompt, and as she wrote she accessed the entire event, feeling sorrow but not feeling retraumatized; it simply "floated up".

I undergo this same transcript circling process with key schemas that arise in client narratives, that is, the codes by which they've come to live. In the case of these constructions, which are often related to their symptomatic positions, we do the unpacking right there in session. I can recognize them as schemas because they sound like rules to live by. Here are a few examples:

- "I like being overweight . . . no one messes with me."
- "If I'm not a helper, I have no identity."
- "I only get opportunities when I'm not ready for them."
- "If I don't do my chores thoroughly, I'll be abandoned."

I never let these credos go by; they're core constructs, the meaning of which can be deconstructed by exploring exactly what would be at stake if they were actually overturned. I begin by simply reading the credo back to the client to be sure that they "know their own knowing". Another client, Deborah, initially came in because she was struggling with depression. Her mother had died in her late twenties and her father, who remarried shortly after, had essentially stopped parenting his three grown children. Deborah, now 40, had never been in a long-term relationship and had no real home base due to years as a teacher in international schools. She'd created a life in which sustained intimacy was impossible yet longed to be married and raising a family. Many months of avoided journaling made the "stuckness" of her complicated grief clearer to her, but even after failed attempts at online dating she never once wept. She insisted, "I'm fine on my own". When we coconstructed a timeline in session, it became very clear that she saw her life in two distinct halves, the time "before Mom died" and "after". She also saw herself as two distinct people, the one who'd been studying to be a designer and planning to live a creative life near her parents' dream retirement home on the west coast, and the other one who actually became a global math teacher with no home base. When I asked her to imagine how the first person would view the second, she coldly articulated all of the lost dreams. Using the coherence therapy technique of symptom deprivation (Ecker, 2012), when I asked what would happen if she dared to pursue and attain those dreams, she spontaneously articulated this deeply held schema: "I cannot even think of marrying with my mother not here to plan the wedding or raise my child with me." She stared at me blankly until I read this schema back to her. Only then, when she heard herself pronounce this, did she finally weep, understanding that her "bad luck with men" was in fact her own prohibition. Sometimes another part (Early, 2009) will speak up against the schema once it's articulated. For example, in the construct of a grossly overweight teenaged client, Germaine, after hearing it read back and him saying that he liked being heavy because no one messed with him, immediately coherently revised this statement to: "I don't really like being heavy, I just like looking too big to mess with." This client, at 17, was still afraid to take the subway alone and (as I knew from his narrative) had been jumped several times as a young boy; these were scenes we had dropped into experientially and explored before. I asked him whether the boys who had once jumped him hadn't been significantly older than he'd been at the time. He affirmed this. I wondered out loud whether he still felt significantly smaller than everyone on the street who might mess with him. Germaine laughed and said that, in fact, he was one of the tallest kids in his grade. Without my saying anything more, he added, "I guess I still feel smaller." I then asked whether he could also feel some compassion for that very small

boy who had once been so unfairly outnumbered and ganged up on by guys larger than he was. He nodded, for the first time relinquishing some of the shame of those traumatic beatings. I then asked whether he could also feel some compassion for the young man that the little boy grew into, who still felt the urgent necessity to be much larger than anyone he might encounter on the street. He nodded, again relinquishing some of the characteristic shame he felt about his weight. Both of these perspectives were now in his awareness, and he could choose one with agency. I affirmed how good it must be to feel larger and therefore safer on the streets now, and how I, too, would be reluctant to give up any protection that felt effective in that quest. With no further discussion, several weeks later he informed me that he'd decided to give up fried food, the mainstay of his diet, and he began to lose weight.

Naming It

These are examples of the kinds of key phrases and schemas that emerge spontaneously within the text clients speak during their explorations in session. Sometimes at the end of a session, if a client expresses the belief that this has been a particularly powerful exploration for them, I invite them to construct a key phrase by asking them what title they would give the session if it were a chapter in a book. Similarly, if they come in reporting that the week between sessions has been intense for some reason, I invite them to entitle the week. This is not simply a linguistic game but a practice in authority, in which they are mindfully framing experience for themselves. The goal of this is to have clients observe and author their own experience. I'm almost always amazed by the spontaneous clarity and coherence with which they're able to zero in on the emotional truth of their experience, and so are they. These frames can also be extended in out-of-session writing meditations.

Altered States

When clients are able to enter into fuller writing exercises on their own they seem to enter into some kind of altered meditative state, something akin to the effect of hypnosis or EMDR, due to the bilateral tacking. That is, in the secure attachment of our work, they begin to tap memories not previously accessed in the autobiographical archives of the right brain, using the storytelling drive in the left brain and making connections they were not yet fully conscious of. When I need things to open for a client in a different kind of way, I reach for the "write brain". For example, one of my more disordered clinic clients, Linda, who was diagnosed bi-polar and borderline, had what I came to view as an "imbedded trauma": her father and step-sister had lived through the suicide of his first wife before Linda was even born,

an air of family tragedy she'd deeply felt but never learned the truth about until adolescence, the scale of which dwarfed her own. Her sister's subsequent suicide when Linda was in college precipitated a long pattern of hospitalizations. Her trauma around not being seen and heard was so profound that at first she couldn't tolerate dramaturgical questions. Every interruption, as she perceived it, was a great injury and she flew into a rage. Ironically, she also had a hard time with my silence—which she imposed on me—because of her acute separation anxiety. Similarly, if I shifted in my seat or looked even briefly away while she was talking, she became destabilized. Linda was also averse to any kind of embodied or written explorations, and almost always took antianxiety medication before our sessions. I often felt bound and gagged as I listened to her rant endlessly about the people in her life who talked at her and didn't listen to her. After two years, when she was sure that she had total control over the communication, she wept one day about the block in her life that prevented her from relating to others. I asked if she might consider journaling just a few lines about her block, quite sure that, like all the other prompts I'd suggested before, she wouldn't do it. But Linda came in the next week, very casual about what she'd written, and I read it back to her: "As hard as it is to admit this, I think that *I'm* the block. Something happens when I talk with people. It's not what I want, but we both always end up screaming to be heard. I don't know why this happens . . . it's not what I want . . . I think I have a communication disorder." As she listened she said she wasn't even sure what she'd meant, or why she wrote it. I told her that it was exactly the block we'd been struggling with in session: how to have a dialogical flow in which we both felt heard and connected, rather than having serial monologues in which we both felt alone. She began to sob and with her permission I gently read her writing to her again after she settled. She then said, "It's like I have to learn to talk again." Yes, I replied, and you came to this all on your own, outside of session. This was the beginning of dialogical flow for Linda, otherwise known as relationship.

In and Out

Clearly it's ideal when clients can construct and re-construct text both within and beyond the session. For example, one of my blocked coaching clients, Aliah, in response to my request to story her life, spent almost the entire first session telling me each of her parent's stories. When I noticed this aloud, and asked what she made of that, she was almost too horror stricken to speak. She went on to explain that because her father was black and her mother white, she was brown and looked like neither of them. Over a lifetime, when she met someone new they would ask her, "What *are* you?" She would respond by describing her parents, because in her 30 years of life they had never once spoken about her identity as a mixed-race child. Consequently, she had none. Aliah came to me because she was feeling deeply depressed about an apparent writer's block: she'd been trying to write her father's biography for years and couldn't. During one session I asked her a series of dramaturgical questions using symptom deprivation (Ecker, 2012), beginning with: "What might happen if your writer's block was gone and you could go right ahead tomorrow and complete a brilliant biography of your father's life?" She grew quiet, and then tearful, and spontaneously explained to both of us, "I would once again be lost in someone else's story; obscured by someone else's identity . . . as if my story counted for nothing . . . as if I didn't even exist." Many sessions later I asked what might be at risk if she told her own story instead, and she explained, "I don't have a single story; there are two of me and both are hidden. They both make everyone uncomfortable. It's better to keep them apart." I asked whether she might do an out of session written meditation about how she had split herself into two halves, the black and the white—and this formerly blocked writer wrote a powerful piece about the time in adolescence when she jettisoned her black self. Aliah subsequently went on to pursue a Master of Fine Arts, and after deconstructing the taboo she began to write largely about being biracial. Having understood the coherent reason behind why she was hiding, Aliah was able to begin making the choice to come out of hiding.

Coherently Integrating Narratology

I'd like to emphasize the use of the word coherence in my previous section; it's a crucial adjective as I use narrative reconstruction to help clients make coherent sense of their experience. There are several modalities that integrate beautifully with this overarching purpose, and one of them is coherence therapy, which looks at the coherence of symptoms and experientially explores their roots as solutions to deeply held, past learnings. I share with this approach a basic core belief that all behaviors grow coherently out of the client's narrative. To my way of thinking our task is not to vanquish these pesky behaviors, those that often brought the client in to begin with, but to help them remember and then

understand the necessity for them: blockages have benefits. What a folly it might have been for me to try and work toward overriding Aliah's presenting problem—a writer's block—in the name of helping her tell her father's story. That writer's block was her greatest ally in eventually finding her own voice and telling her own story. As in traditional narrative therapy, clients reframe their stories by getting in touch with memories and knowings that have been forgotten and left out of the dominant plot (White & Epston, 1990). One way of excavating the coherence of a problem-saturated narrative is to try removing the problem. This symptom deprivation is essentially a kind of narrative reconstruction, as when I asked Aliah how it would feel if she published his biography tomorrow. My overweight client, Germaine, when asked what it would be like if he suddenly lost a great deal of weight, told me that "walking around slender would feel nasty". Germaine had found a way to pad and enlarge his body so as to survive in a world where threats of violence against the scrawny were very real. Had I simply tried to help him lose weight, without understanding the urgently held need for the extra weight, I would have been working at cross-purposes with his survival schema. As recent findings in neuroscience have shown, when we're able to remember and language what happened to us (in Germaine's case being jumped) and align it with a disconfirming experience (such as Germaine's realization that he's now the tallest guy, rather than the smallest guy), we can then understand and revise the solutions that we created in response to the problems. In my experience, written and spoken text revision can produce the same kind of deep neural retrieval and offers similar opportunities for revision as EMDR or hypnosis.

In sum, narrative reconstruction allows clients to discover the answers they already hold; it's a guided form of self-discovery that helps clients uncover where and why they're stuck and what's been misunderstood or forgotten in their own life stories. By helping them access their own knowings and then give voice to them, clinicians participate in a process that is much like watching the movie of your life with a really good editor. In this era of mindful meditation and Eastern thought, one of the current misunderstandings about narrative exploration is that it is somehow antithetical to being in the present moment, that focus on the story will somehow pull us out of direct sensation now. In fact, it is only when we can coherently link past, present, and future that we find the essence of who we are beneath the adaptations and the struggle, and can free ourselves of the story.

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