

# Mindful Listening: Culling and Shaping Client Narratives

by Gail Noppe-Brandon





**W**hen working recently with a conference coordinator, as we put our heads together about the content that follows, she explained to me that because narrative work was at the cutting edge of the field, she hoped to “push out into something new, that was rooted in something older”. The “something older”, I gathered, was Narrative Therapy, as it was devised by White and Epston in the '80s. Their method has been practiced for many decades as a humanistic intervention, one that tries to separate the person from the events that befell the person and then became their problem-saturated story . . . a story that they could, with the assistance of a therapeutic guide, de-role from and step out of. To give you a concise and yet vivid example of how the story is not the person, I want to share something wonderful that I recently heard from biologist and Buddhist monk, Matthieu Ricard:

“You would not go to the doctor and say, *I am* the flu!”

Epston and White’s novel intervention of reclaiming self from a pathologized story of self was a way to help people change their relationship with the problem influencing their lives. Learning to speak one’s truth sometimes included writing and sharing letters to key characters in the story. This allowed for the story to be revised, a re-authoring of the story.

So, what, I was asked, is this “something new”, this Narratology that I and others are speaking about? Narratology is what I just demonstrated, in sharing the story of how the content for this article evolved. It’s a practice of *storying*, the sharing of an authentic account of what happened as we perceived it. And it’s a practice that’s not limited to therapists, much like the diverse audience I spoke to that day was not limited to therapists. It’s a practice that I believe can and should be employed by everyone: from doctors, lawyers, realtors and educators, to journalists, parents and clergy. It’s an anthropological way of learning a person, or a group of people, by discovering what they’ve lived, and how they hold that experience. It’s a way of respectfully communicating, and of getting into shared reality . . . the very currency of interpersonal attachment. In his new book, *Mind* (2017), Dr. Daniel Siegel astonishingly asserts that a child cannot have a truly secure attachment to a parent if their parent hasn’t come to terms with, and shared, the story of their own childhood. In other words, without this narrative, that parent remains something of a stranger, to themselves and to their child. Many decades before Siegel’s book, sociologist Jules Henry asserted in *Pathways To Mad-*

ness (published several years after his death) that the main predictor of whether a family will come through trauma with resilience, or not, is whether they have a shared narrative about it, as opposed to shared silence, and shame. Now, decades later, in our classrooms, teachers are finally being encouraged by the Department of Education to take the time to learn the back story of their students: who they live with, what they enjoy, what's stressing them, and so on, as a way to both understand them and maximize their learning experiences. Even collaborative divorce lawyers are being trained to learn the whole stories of their clients, not just their current grievances, so that they might anticipate, and then better guide them through the challenges of ending their marriages; and doctors are being trained to ask for more than just a history of surgeries, genes, and allergies. In fact, Columbia and New York University now offer entire graduate programs in Narrative Medicine. Narratology is a simmering revolution of relating and relatedness, and happily its possibilities go well beyond the boundaries of our clinical consulting rooms.

So that's what this new old thing is all about, and it melds handsomely with the growing mindfulness movement that invites the cultivation of the kind of full presence needed to produce good listeners for all these stories! Sad to say, listening is not a formal part of graduate study, in any field, though it is both an art and an act of mindfulness. Most of you reading this article listen for a living, probably with compassion and hopefully with presence and intelligence. I simply hope to offer some additional tools to heighten your ability to listen, and to augment your own listening practices with a deeper *questioning* practice.

To continue the narrative with some of my own. I began my education and career as an English major and then a professor of writing, and went on to become a theatre director who also practiced and taught playwriting and *dramaturgy*. This arcane term and practice is the core of what I hope to plant in you. Dramaturgy is a way of eliciting and listening to story, and of questioning the teller, prompting them toward discoveries and *coherences* beyond their current conscious knowing and, hopefully, when applied to the clinical process, alleviating their current suffering. This other word, *coherent*, is also key to my particular narratological practice,

as I'm on the forensic path of helping the people I work with to create not just a fuller story (with much that has been forgotten filled in, and much that has been misunderstood reframed) but a coherent one. This endeavor draws on the modality of coherence therapy, developed in the '90s by my colleague, Bruce Ecker, which looks at the symptoms our clients present not as pathological problems, but as necessary solutions. These solutions may not seem rational, but they are coherent with the learnings and obstacles that our clients encountered. As I listen to and question their stories, it's these coherences that I'm listening for and sharing aloud with them. To demonstrate this kind of coherence, I ask you to consider a client of mine who came in suffering from extreme workaholicism and fearing that he might have a stroke. I'll call him Don. In listening to and questioning Don's story, it became clear to us both that being constantly and productively busy was a solution he'd learned as a child when living with a raging bipolar father, and whose radar he wished to fly below. Had I simply tried to help him toward working less, without that cause and effect being explicitly in place, I would have been swim-

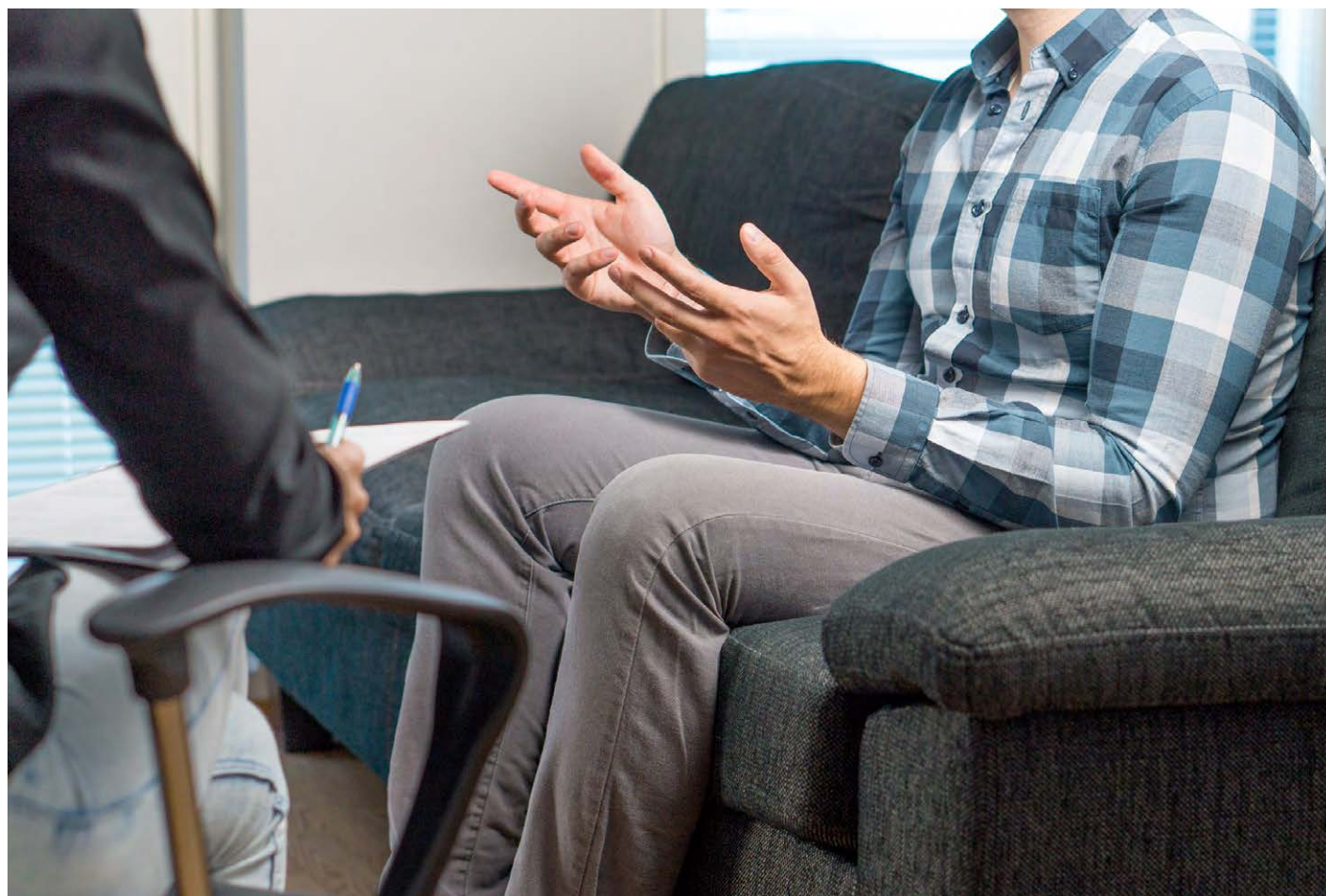




ming against the tide of his own survival schema, because being idle was still felt as a far greater danger than working too much. Once this early solution was made explicit, we then had to cull enough repressed traumatic memories to give greater evidence to the original need for this coherent solution, then wade through the profound grief about a joyless life that's been lived in hypervigilance, and then begin to test the viability of a new habit, one safely enjoyed moment of leisure by one safely enjoyed moment of leisure. This creating of a mismatch in the danger/leisure pairing also created a juxtapositional new learning in his brain. That entire process is called memory reconsolidation.

Initially Don had merely told me that his father "had a temper" . . . the bulk of the traumatic memories were out of this awareness. It was my pulling for details, and my horrified reaction to them, that opened up the knowing about what happened, and how he learned to cope with it. In order to listen as a good dramatuge, one must also become a good questionologist—someone who poses good and creative questions about what they're hearing, someone who listens for themes and patterns and helps

the teller to connect the dots. Drawing forth story, and then opening it out into coherence through good dramaturgical questions, are two of the three strands that make up the trifecta of the work I call narrative reconstruction. The third strand is what I refer to as the *write brain*. This involves using a writing practice drawn from the client's own material to prompt both memory recovery and memory reconsolidation. Psychologist and researcher James Pennebaker discovered that when we write, we are tacking between the right and the left hemispheres of the brain—one that holds memory, and one that holds the story-telling drive, as in hypnosis and EMDR (eye movement desensitization and reprocessing). In so doing, we remember things previously out of awareness. When we write we also become more intimate with ourselves, more transparent to ourselves, and better regulated in the bargain. As Dr. Mark Epstein asserts in his book, *The Trauma of Everyday Life* (2014), "When we write, we listen to ourselves in a holding environment equivalent to the one created by an attuned parent." In essence, when we write, we write and care about what we have to say—we enable a secure attachment to our-





selves. This is a kind of secure attachment that can be accessed at any time, and may be the first that many of our clients, particularly those who suffered traumatic aloneness, have known.

Though we have long-standing degree programs in music, dance, art, and drama therapy, we have not yet codified writing therapy. I hope to encourage you to consider adding it to your practice, whether or not you like to write or have ever written for personal, professional, or healing purposes. I want to persuade you that this is something that you can and should be offering to your clients as

part of your work. If it feels completely foreign to you, I encourage you to start keeping a journal daily, or to consider taking a writing workshop.

But let's begin at the beginning, with the culling of The Story. At the start of my work with every client, I ask him or her to tell me "the story of them". Having someone solicit your story, listen one hundred and fifty percent to every word, ask smart questions that open your own story up to you, and notice the major themes within it is, I believe, perhaps the single greatest act of healing one human being can bestow upon another. The themes of our



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lives are what make us uniquely us and, for better or worse, these themes are our shelters, our fingerprints, our signatures. Discovering them with a radical listener/questioner is both life-changing and brain-changing. It's something that only sentient beings can experience. It's what makes us human, connects us to one another, and gives our existence meaning. It's the path toward our own truth; and I also fervently believe that knowing this truth—and *only* this truth—of who we are, can liberate us from delusion and suffering.

The man we call the Buddha said: "Nirvana is the

destruction of delusion." Even our most rational clients are bedeviled by a delusion of some kind, usually a distorted belief about themselves, or the world, which was learned in childhood. We learn about the world in the families of origin that comprise our universe as children, particularly in those first five years before full-time attendance at school widens our perspective. And even then we're already seeing primarily what we were taught to see in that original group of two or three, or four or five, depending upon how many siblings and how many parents we had. As you all know from your



knowledge of what makes research technically valid, no scientist would ever draw generalized conclusions from data based on an *N* of two or three, or four or five. But that's what children do, and whether their parents are highly able or highly compromised, their way of parenting and the culture they establish (their terms of engagement as it were), and the way they view us, become the rules of the world. Often this represents a delusion, and that delusion grows with us into adulthood and shapes our relationships with the people beyond our families, as well as with the families that we might go on to create. And the misfit between what we believe and expect of the world and ourselves, based on what we learned in that original universe, and how and what we come to actually feel in the world and with ourselves, is often what causes our greatest misery and dis-ease.

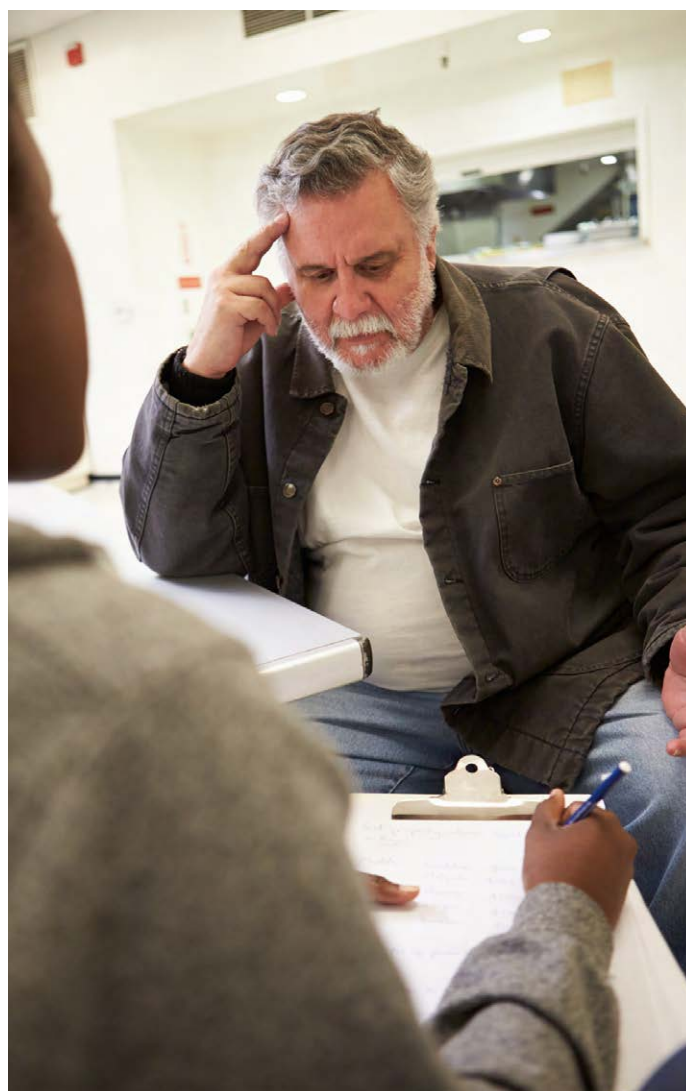
I believe that our job as healers is not only to help connect the dots between what clients observed and were taught in that original universe to their current suffering, but also to discover with them that the ways in which they frame "the current problem" is actually "the old solution". Their solution may not be serving them well, but it was, in some way, preferable to the original problem, as with my workaholic client. Don grew up believing that every adult was unsafe, and relaxation was akin to deadliness. It's also our job to demonstrate the logic and coherence of these painful present-day manifestations as the natural and legitimate outcomes of what they learned, delusional and irrational though some of those learnings might appear on closer reflection, and painful though the accommodations to them may be. In other words, we must de-pathologize their troublesome behaviors. Don works seven days a week. He believed that he was simply neurotic, as did all his friends and his partner. The demonstration of his urgently necessary learning—to stay busy in order to sustain safety—as part of the creation of a more coherent narrative, was his path toward health, Nirvana, and modern-day liberation. In her most recent book, *Real Love*, Buddhist teacher Sharon Salzberg writes:

Our minds are wired to create order, a cohesive narrative, and our stories are our anchors. They tell us who we are, what matters most, what our lives are all about. . . . Fortunately, as soon as we

ask whether or not a story is true in the present moment, we empower ourselves to reframe it. (Salzberg, 2017, pp. 25–26)

Don was no longer subject to the rages of his now dead father, but because he didn't even remember these episodes well he still expected danger everywhere. Don had no notion of what his busyness was solving until I asked him whether he would take the deal if his workaholicism could be eradicated tomorrow. I received an immediate and unequivocal "No!" "Why?" I asked. "Because", he quipped, "if I had more time, I would just get into trouble!" Indeed. That survival schema was actually a traumatic memory.

In order to help our clients connect these dots between what they were taught and what they're now stuck in, and then reframe the problem, we must invite clients to *re-member*. This is not a simple task when a good fifty percent of them claim to not



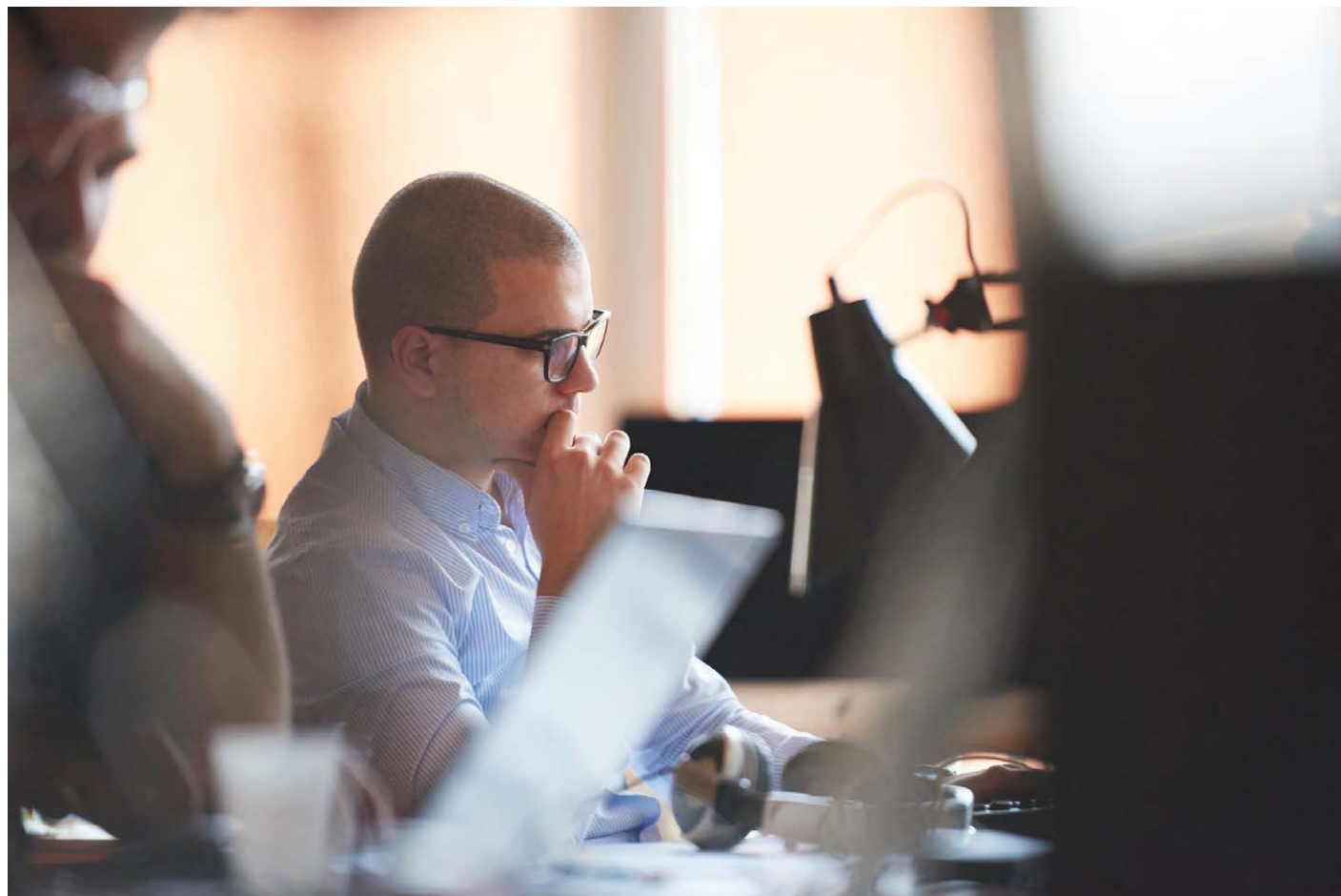
recall much of their childhoods, particularly in those crucial world-shaping first five years. But in order to form a coherent narrative, and in so doing to heal, implicit memory must become explicit. Again, in his book *The Trauma of Everyday Life*, Epstein writes:

Explicit memory . . . allows for conscious recollection. It is also called narrative memory, and is what we normally think of when we talk about remembering something. It is mediated by thought of one kind or another, and has a quality of reorganization. Raw experience is sorted out and reformulated and given coherence by the mind. A process of symbolization, of which language is a tool, is employed. When a parent helps her child regulate her anxiety by reflecting back what is happening and making it more tolerable, she is setting the stage for this kind of second-order symbolization, for a flow between the implicit and the narrative. Explicit memory functions through reflective self-awareness—when we have this kind of memory, we know that we are aware . . . the re-remembering aspect of mindfulness, like the writing process . . . creates a bridge

between implicit and narrative memory. One begins to give name and form to one's inchoate feelings, to gather one's dissociative elements back into the self.

A colleague of mine, Dawn Garisch, who practices Narrative Medicine in South Africa, defines trauma as *a rupture in the narrative*.

I'm certain that you are getting to know the story of your clients' lives, often through a brief biopsychosocial, often across years of random tellings. I begin therapy by listening to the outline of their whole life story (like a dramaturge listening to a play) in one or two sessions. This integrating experience is powerful enough to offer as a stand-alone intervention. I begin the search for coherence before we even meet, by asking: "Exactly where are you feeling stuck?" This moves them away from the vaguery of *I'm depressed* or *I'm anxious*, and into the specifics of what they are depressing or what is making them anxious. Then when we actually meet, before we begin their story, I ask them to spontaneously tell me *the earliest most defining thing* about themselves. Ten times out of ten this is related to





the current stuckness. For example, one client's earliest and most defining thing was that her sister was "conceived for her, to give her company". Her current crisis was panic attacks brought on by the impending death of her mother, who had been caring for this bipolar sister for a lifetime, and whose burden would soon fall to my guilty and suffocating client. She hadn't connected this path from the beginning of her story to the end until that moment.

Then we begin the story of them proper. If they're a fluid teller, I just follow them through time, questioning everything they say to be sure of exactly what they mean, asking ancillary questions as they arise in my mind, and writing down all the key things they say. This note-taking not only ties me to their utterances in a radical-listening way, it also assures them that their story is note-worthy. When I read back things clients have said they're often hearing them for the first time, because we don't always take in while we tell. Often they say, "I said that?" This is where they begin to gain authorship. Authority, authority, is a key narrative tenet for healing: they're beginning to hear a new and fascinating voice of expertise about themselves—their own. I also note, and share, any narrative jumps ("What happened to high school? You skipped from middle school to college, what do you make of that?"), or left-out characters ("You've spoken a lot about your father, but nothing about your mother; what do you make of that?"). What I might make of it is not nearly as interesting, but I will share my wonderings after they share theirs!

If they're not a fluid teller, I break my questions about their story into time frames:

**Birth:** Who were you born to? What did your parents do? Where did they live? Do you have siblings? What early memories do you hold? What conflicts do you recall? Any crises?

I will also include early parental history and the history of their marriage, and then I unpack each of these for further details, and in response to their affect, or *lack* of it, as they tell:

**Preschool:** Who stayed with you? What did you love, hate? What stands out? What might your parents have said about you?

**Elementary School:** How was separation? Did you like school? Have friends? Do well? What hobbies did you have? What might your teachers have said about you?

**Middle School:** How was the transition? What was puberty like? Life at home? At school? Did you have friends? Romance? Any crises during these years?

**High School:** More of same, plus how was the launch from home?

**College:** Did you go? Why or why not? Where did you go? What did you study? What did you enjoy and not enjoy? Relationships? Sex? Drugs? Life back home? What was your major?

**20s, 30s, etc.:** Where was your first home? First job? Relationships? Marriage? Do you have children? Why or why not? How was the birth? Parenting them? Divorces? Health issues?

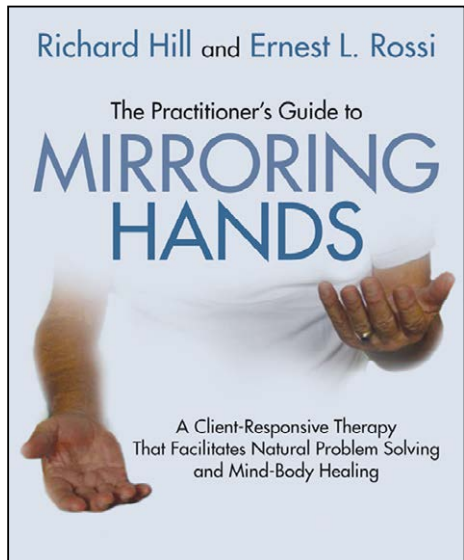
I ask them about loss, about their conflicts, tri-



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umphs, and crises at every stage, and as they tell, I'm pulling for details, clarifying ambiguities, highlighting themes, and connecting dots back to where they're currently stuck, and this will be true during every subsequent session. I'm also listening for potential writing prompts, which I circle as I go. These are heightened words or phrases that relate to the major themes that brought them in, or that could serve as keys to unlocking forgotten events. I share these prompts with them at the end of the session so that they can write between sessions. They can also use them as points of contemplation if they don't wish to write, so that they're meta-cognitive of what we're unearthing. As an example of prompt material, one client who'd suffered a traumatic miscarriage, and was struggling with a very complicated grief that was preventing her from pursuing adoption, was only able to recall one detail of the dissociated night on which it happened: "Blood on a white rug". I asked her to write freely to this phrase, and the memory filled in and the grief began to move. Writing in an open-ended manner is, itself, both a kind of mindfulness (and has been proven to have the same effects on the nervous system as meditation) as well as *an act of imagination*. Using

one's imagination, not unlike expressing one's emotions, is the opposite of trauma. It's an unfreezing; it is *flow*. It's opening up to your own thoughts and feelings, not knowing where they'll take you, and discovering new answers. As the young and courageous heroine of *The Diary of Anne Franck* said to her fellow teenaged prisoner when she didn't know what else to do in her terror and captivity: "I think myself out." She imagined the parks and the flowers and the sky, and then she wrote her experience of past and present. Those writings not only helped her to cope with her situation—they've helped countless others to understand what her people suffered, and to heal.

According to a study reported in the *New York Times*, veterans found greater healing and resiliency through a narratological approach, that is, doing guided writing about their traumatic experiences, than they did via either medication or talk therapy alone. Not everyone likes to write. One current client, I'll call her May, who manages her fear of "things spinning out of control" by attempting to control everything, resists writing. She also let me know, before we began, that she didn't want to talk much about the past. This became coherent



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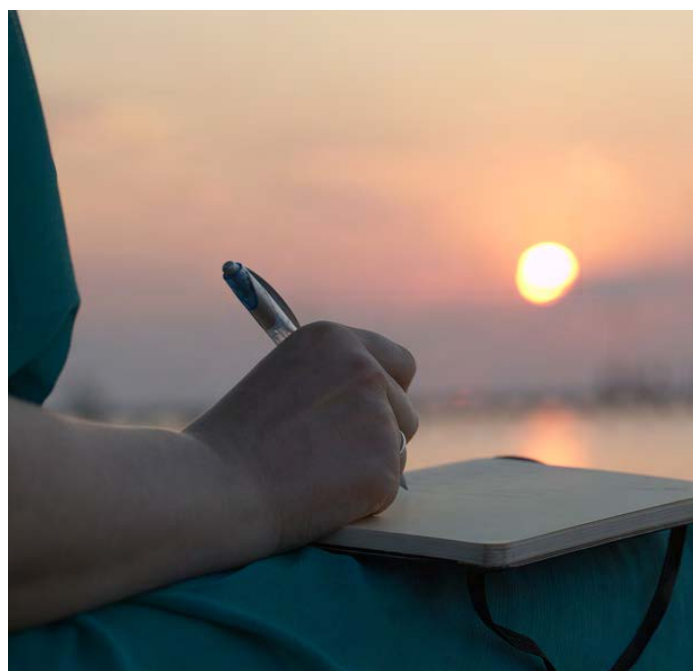
as I heard her story, which involved her profoundly depressed mother and her parents' difficult divorce that she had to manage when she was five. May was deeply afraid of the darkness within her, and did not wish to dislodge it. That said, she was struggling with the terror of incipient depression, and this required a joy-killing hypervigilance in order to manage it. I gave her a prompt from her own in-session text recently, "screaming in my shower", which she had found herself doing the night before, and she relented and wrote the following:

I scared myself when I was screaming in my shower. I felt out of control. In some ways, this felt good—satisfying to just lose it. I keep things together so much, and fantasize sometimes about losing it, having a nervous breakdown. I think I just want to take a break from working so hard to keep everything together . . . I just felt like I had no control over anything, and wasn't able to shape things the way I wanted them. But as I type this, I feel very differently, which shows how "passing" thoughts and feelings can be. I feel grateful for my life, my family and friends, and even my job. I guess the idea with this mindfulness is that if we're more aware of how fleeting all our thoughts and feelings are, we're not as affected by them. The hard part was I wanted to be affected by the good thoughts and feelings, just not the bad ones.

This awareness, that thoughts and feelings are fluid, which came to her on her own, and in her own voice, was a major juxtapositional step out of the hypervigilance and reactivity that had held her in joylessness for a lifetime. She could feel sad, and then *not* feel sad. In my experience of many decades, writing accelerates the time it takes to get someone unstuck by about fifty percent. Writing *authorizes* clients: it introduces them to themselves, while also teaching a self-regulating and self-understanding skill.

Because not every client writes, and not every clinician feels comfortable to introduce writing, here are some other narratological tools you might include:

- Have clients entitle a session, or a week, or a decade, or an event, to encourage meta-cognition of what was experienced and discovered. They always surprise themselves with ready responses, and me with their clarity and poesy.
- Have them bring in writing about themselves for real-life purposes, such as resumés. These are not only stories of them, but also opportunities for them to dare to know and share what they've done in this world. I've also dramaturged online dating-site blurbs, bios, job applications, and college essays. Any time a client is helped to story him or herself with compassion, clarity, and good coherent dramaturgy, and to confront the coherent blocks to doing so, it is a healing.
- Often I ask clients who have a diffuse sense of their worth, to write the blurb for the back of their own memoir. I ask them what people might learn from reading about their journey. Many can't imagine anything heroic in what they've struggled with, but when they begin to write the summary, it emerges. And when I read it back to them, in session, we're both usually in tears. Hearing their story, as a story, in someone else's voice, is a powerful way to separate the essence from what befell them and to gain perspective on what they accomplished despite the adversity. It's a chance to meet—perhaps for the first





time—the hero within, and can create the mismatches needed to reconsolidate new ways of seeing themselves.

- Another good technique is to invite clients to write letters to lost loved ones, as well as letters to (or perhaps dramatic scenes) with living people who are difficult to talk to. The pen is indeed mightier than the sword, and once we've written our truths, we often change the dynamic of the relationship without ever having to share what was discovered in the writing.

There are also tools that help clients to notice and learn from their own style of spoken articulation, for example:

- Patterns of *de-authorization*, such as constant self-derogatory comments. After I point it out, we begin to notice it and laugh about it together and discuss the coherence of putting themselves down, and it soon stops.
- Not finishing their own sentences. I always pull for those endings, as they're often the most important articulations of the session and were being muted for good coherent reasons!
- The placement of the voice in the body. Many women speak in a young voice up in their heads, when they are not connected to their own authority. When I ask them to drop their voices into their chests, a different, more adult person emerges. I ask what this feels like, and why it might feel necessary to appear younger and less authoritative; there is always a coherent reason!
- Control of the voice. Volume can be an indication of their comfort level with themselves, and with intimacy, for example, talking too softly to be heard, or too loudly for the space between us. When I ask a bellower what it would be like to speak only loudly enough to reach me a few feet away, they suddenly make eye contact, soften, and begin talking to me instead of at me. This is the kind of adjustment that can change their brains. It's a

new experience of attunement and secure connection.

- Body language. This can be noticed out loud and brought in lovingly to the experience I have of them as a communicator, as are the somaticized stories they bring, in the form of aches and diseases. All of these are narrative maps of how they hold themselves.

I feel that the work has been successful when clients are fluent in what they've lived, without shame—when they understand and can articulate how it affected them and what they now want, and are able to speak what they want to others, as forms of both advocacy and intimacy. In order to get them there, we clinicians must model transparency through non-judgmental and curious questions and wonderings, clear speak, and poesy: our words matter, too. *The artful use of language*, as my colleague Dr. Robert Neimeyer calls it, can be as effective as aloe on a wound. What this means, for example, is that when a client writes to me, or asks me in session for encouragement in a state of distress, I try to respond with words that form an arrow straight into their hearts. And that was an example of such language. How we say what we say, matters. It can be as different as throwing pills at a person, or giving them water so that they might actually swallow them. As often as possible I try to quote *them*, use their precise language and noticings, as part of the authorizing process. As we go, they begin to speak more specifically, and also become quite adept at predicting which word or phrase will be served up as a writing prompt . . . they have become crafted narratologists too!

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*This article was drawn from a talk given to The Institute for Spirituality and Psychotherapy, in New York City, November 11, 2017.*

# About the Author

Gail Noppe-Brandon, LCSW, MPA, MA, has over 25 years of experience in narratology. Her method has been used by universities, social service organizations, and individuals to bring authenticity, empathy, and clarity to dialogue...with self, and with others. Additionally, through her former non-profit, Find Your Voice, Gail has helped hundreds of people (including entrepreneurs, managers, clinicians, educators, students, parents & artists) discover their voices.

Gail served as Assistant Dean of Arts & Science at NYU and holds an MA in Writing, an MPA in Organizational Development, and an LMSW in clinical social work. A graduate of LaGuardia High School for the Arts, in addition to being an SSDC theatre director, Gail is a published playwright and was the first ever recipient of the Drama League's Grant for New Works. She is author of three books, several chapters and many articles on voicing and revising self-narratives, and is a featured Communication Coach on PBS. A documentary film about her work received the Chris Award at the Columbus International Film Festival in 2008.

Her Narratological method has been endorsed by such organizations as the Heyman Center for Philanthropy, Bank Street and Hunter Colleges, the New York City Department of Education, and The Society for Professional Marketing Services. Noppe-Brandon is a master teacher who has received five Carnegie Awards for Excellence, as well as an award from the President's Council on the Humanities. She has given talks and trainings at: National Institute for the Psychotherapies (NIP), The Jewish Board of Family & Children's Services (JBFCs), The Constructivist Psychology Network (CPN), and The Psychoanalytic Psychotherapy Study Center (PPSC). She was in clinical practice at the JBFCs Manhattan West/Greenberg Counseling Center from 2010-2105, and currently provides therapy, coaching and training to individuals and groups privately.

Gail's Narratology practice evolved out of her non-profit organization, Find Your Voice (FYV), which used dramatic writing as a source of self-discovery. For 25 years, FYV helped people of all ages and backgrounds articulate and revise their stories, and develop the flexibility to change their lives. The award winning FYV method, which used the tools of acting and playwriting, also enhanced emotional intelligence and boosted communication skills.

