Brief narrative practice at the walk-in clinic:

The rise of the counterstory

AUTHOR
SCOT COOPER

Scot is a practicing narrative therapist, trainer, and Supervisor of Child Clinical/Brief Services at a Children's Mental Health Centre in Ontario Canada. He has founded the Brief Narrative Practices Project to provide a forum for the ongoing exploration of narrative practice in time-constrained contexts. Scot Cooper can be contacted c/o Brief Narrative Practices Project, 48 Caledonia Avenue, Caledonia, ON, Canada, N3W 2M3. E-mail: scooper@rogers.com or www.briefnarrative.com

This paper describes the development of counterstories in brief narrative single session therapy. Counterstories, being a specific kind of story, involve the juxtaposition of counter plot to the problem plot and set out to rehabilitate a compromised identity. Although in the time constrained context of therapeutic walk-in clinic conversations counter stories are vulnerable to eclipse by the problem narrative there are ways to inoculate it and assist it to further thicken well after the initial face to face contact.

Keywords: Brief narrative therapy, walk-in clinic, counterstory

INTRODUCTION

Daniel[1] greeted me hesitantly in the walk-in counselling clinic waiting room. A review of his pre-conversation paperwork offered only a hint about him. He had indicated very little other than he was 'depressed' and wanted to 'get help with his mental health'. The school social worker who accompanied this 14-year-old young person elaborated noting how she was very worried because Daniel 'is depressed' and has been 'thinking about suicide'. Although Daniel did not answer the question asking what one might come to know and appreciate about him if they had time to get to know him (see Young, 2008), his School social worker added that he was 'kind hearted and never gives up'. That was all I needed to ignite my excitement about how this conversation might proceed.

This scenario is common at the walk-in clinic[2]. People arrive and introduce themselves through a variety of diagnostic categories with little to say about what lives outside those descriptions. In the context of a walk-in therapy clinic this can create some challenges for the therapist given the time constraint of the conversation. A brief narrative therapy approach provides important ways forward in such time constraint while respecting the process ethics of longer-term narrative practice. Despite the time constraint, these conversations often involve a broad project including the revision of long held identity conclusions and/or the development of actions to take long past the face-to-face contact. In these projects I often turn specifically to co-authoring 'counterstories' (Freeman, Epston, Lobovits, 1997, Lindemann Nelson, H. 2001) as a means to canvas enthusiasm, possibility, and a particular attitude in addressing a problem story.

This paper will review the development of counterstories in brief narrative therapy and their relevance to the context of single session walk-in clinic therapy contexts. Primarily I will draw from the chapter Thinning the plot, Thickening the counter-plot, where Freeman, Epston, Lobovits, (1997, p. 94-111) provide a clear account of developing counterplot. David Epston also introduced me to the work of Hilde Lindemann Nelson who provides a comprehensive account of counterstory in Lindemann Nelson, H. (2001). Her work adds to our understanding of master narratives and the kinds of counterstories that can hold up, resisting master narrative dominance. In addition, drawing from literary concepts I'll review what's important in developing the protagonist/antagonist relationship that assists to render the counterstory more meaningful assisting it to ripple out into the everyday.

MASTER NARRATIVES

Before turning to what constitutes a lasting counterstory I want to first highlight what Hilde Lindemann Nelson (2001) refers to as a 'master narrative'. Understanding a shared problem-saturated story as a master narrative provides ideas about how these stories are so influential. Lindemann Nelson contends that master narratives are widely circulated stories in cultures that '... serve as summaries of socially shared understandings' (p. 6). They '… are often archetypal, consisting of stock plots and readily recognizable character types … [and] … ignore or underplay details and

complexity' (p.6.). As such, master narratives are influential and oppressive in constricting meaning making and serving as justifications for people's actions. Consequently they are resistant to change and difficult to dislodge.

Of particular concern in a therapeutic context is how master narratives shape how people come to know and think about themselves. Master narratives '…cause doxastic damage - the damage of distorting and poisoning people's self-conceptions and their beliefs about who other people are' (p. 106). Prescribing how a person understands themselves and how others know them, master narratives limit the range of actions available to people compromising their freedom to shape their lives. This is achieved as people internalise damaging self-concepts ascribed and circulated by the master narrative.

From Daniels' pre-conversation paperwork, the theme of the master narrative was that of pathology and helplessness. Daniel had internalised this narrative as a self-definition that spoke to who he is. The school social worker noted 'he is depressed', a reflection sharing how the master narrative had shaped her understanding of Daniel. As such, a very limited repertoire of responses to the world was available to him. In a sense he was experiencing the oppression of the master narrative as it prevented him from exercising his ability to direct his own life.

Often I will meet people at the walk-in who have internalised the identity stories of pathology. When the problem is located internally as a reflection of who they are, any means to address the problem often means 'turning on one self' as the only way forward whether that is through self-injury or suicide. Often it is in these circumstances of internalised pathology at the walk-in clinic that I turn to the co-development of a counterstory. The development of a counterstory involves an identity project; self-redefinition counter to a limiting internalized understanding of one's self.

COUNTERSTORIES

Counterstories rise out of the gaps and inconsistencies of the problem story involving a plot in juxtaposition to the master narrative. In brief narrative therapy they are woven together response by response into a storyline rendering the Problem[3] as the antagonist in juxtaposition to the Protagonist. However, a freshly developing counterstory is vulnerable lacking significant meaning to withstand long held and widely circulated master narratives. As such, a counterstory able to hold its own and adequately counter the problem story, must be more than the linking together of counterpoints and exceptions to the problem.

Again, drawing from Lindemann Nelson (2001) counterstories:

- fill in details the master narrative has left out, ignored or underplayed
- resist, address, and repair the damage of identity caused by master narratives
- are shared, recruiting others to witness and respond to revived preferred identity, and
- invite new proposals for action as they resist master narratives.

As such, 'counterstories don't merely reflect a shift in understanding they set out to cause a shift' (2001, p. 156). Thus a 'counterstory-in-the-making' at the walk-in clinic has to concern itself with the shaping of identity. This focus on identity is very relevant to our brief narrative conversations in which our understanding of identity as relationally shaped is ever present.

Our responsibility at the walk-in clinic then, when involved in co-authoring counterstory is to get on to a storyline involving self-redefinition that will resist and eventually replace a narrative that defines one's identity to the extent that they experience oppression. We begin to achieve this through externalising the problem (Epston & White, 1990, White and Morgan, 2006, White 2007).

CO-CRAFTING COUNTERSTORIES

Meeting the antagonist

Externalising conversations (Epston & White, 1990, White et al, 2006, White, 2007) provide a quick entry point to the story fragments that can be woven into a compelling counterstory. 'Externalizing[4] is an approach to therapy that encourages persons to objectify and, at times, to personify the problem that they experience as oppressive' (White & Epston, 1990, p. 38). Externalising the problem provides a space for the recognition and naming of the problem as the Antagonist while positioning the person as the Protagonist. I meet the Antagonist through an exploration of the 'relative influence of the Problem on the person' (White and Epston, 1990). This invites a shift in the way the Protagonist perceives the world of the Antagonist making visible the Problem's oppression of the Protagonist.

Freire (2011) highlights how a shift in how the world of oppression (the Problem in our instance) is perceived invites a struggle for liberation. 'The oppressed must confront reality critically and simultaneously objectifying it and acting upon that reality' (p.52). The struggle for liberation can be compelling, garnering people's resolve to carry on or take up new actions with great vigor and determination.

Returning to my conversation with Daniel, I asked questions from White's statement of position map one that assisted Daniel to characterise and name the Problem of 'Depression'. He shared how It had him feeling down and drained of energy. He often experienced sadness, had trouble sleeping and thoughts about suicide. It struck me how Daniel's expression of his distress fit the stock plot characterization of the diagnosis of depression. When Depression was dominating him, small things felt big and he couldn't clear his mind from the kind of thinking that he came to name 'Discouraging talk of a crappie day'. That talk was often typified by statements such as 'don't bother trying because you're just going to fail', 'you're the reason your dad's not around', 'you're useless', 'you're a disappointment', 'you can't do anything', and at its worst 'maybe you should just kill yourself'[5].

As a means to further the characterisation of the Problem, I listed on paper these statements and invited reflection upon the list that included an exploration of the effects of these thoughts and the intentions of the externalised problem. I often use lists at the walk-in clinic as a means to quickly and visually juxtapose the voice and effects of the Problem to the counter voice and intentions of the Protagonist. You have to listen closely for the counter voice. It can be heard in statements such as, 'I know that's just the Depression talking – it's not really me' or 'sometimes I think it's no use[6]'. These statements hint towards what the Protagonist knows outside of the Antagonist's oppression. Other times, you can elicit this voice through further inquiry such as, 'I imagine that you haven't always thought this way and that you know some things about yourself that this Depression has tried to hide from you or silence. Can you tell me about that?' Through this inquiry, Daniel's counter-knowledge started to become visible.

Listening for the plot/counterplot

Listening with a 'brief narrative ear', in part, involves listening for the dominant plot and contradictions to that plot (White 1995). In listening for plot, we are tuning into overarching meanings ascribed to a series of historical and recent events. What is revealed are the conclusions about self and life that people have settled on and the ways those conclusions limit their responses to the world. Listening for plot lines assists us to seek contradictions to the dominant plot that inform a counter plot. Problematic plot lines may reflect notions of incompetence (White, 1995), helplessness, futility, personal failure (White, 2002), and mistrust, to name a few. As the dominant plot is revealed, counter themes become available such as competence, purpose, perseverance, personal agency, protest, resistance, or testament, inviting a broader range of inquiry. The practice is to seek experiences that further inform these themes rather than only counterpoints to a named problem. When experiences are brought into a counter theme they find greater meaning, association, and simply make more sense.

The characterisation of Daniel as Depressed shaped an overarching theme of helplessness in affecting his world. He was rendered powerless in that storyline. Daniel expressed a longing for things to be different in his life yet saw no way forward. Responding to the theme of helplessness, a counterstory needed to highlight a context for his experience of distress, a renewed sense of personal agency, and a self-definition that would sponsor new options for proceeding in life. This involves a very different process than listening solely for contradictions to the problem of Depression. Contradictions void of a broader theme would have limited our conversation to times when he experienced less 'depression' or was 'not as depressed'. Although those experiences are important, they would have lacked the meaning sufficient to resist the master narrative of the problem.

Naming the plot/counterplot

As our single session conversation proceeds it becomes necessary to negotiate together a name for the plot and counterplot. Naming in single session practice is important as a means to quickly develop a frame in which other initiatives can be mapped, associated and linked (Zimmerman, J. & Dickerson, V, 1996). I begin to seek a name for the counterplot working with people to put words to what is counter to the problem story or reflecting their activities that fit with their preferred view. These names often build from the contrasting list of the protagonist/antagonist characterisation I have mentioned earlier. The names of counterstories often involve movement metaphors such as the beginning of 'life projects', 'journeys', or 'steps' (see Freedman & Combs 2002, p. 21-24., White, 2004, p. 44-57).

Understanding what Lindemann Nelson (2012) refers to as the 'faces of oppression' assists with recognising plot and counterplots and the naming process. If we hear Problems as marginalising, exercising the ' … unjust exclusion of people from participation in life' (p. 109), we are invited to canvas experiences informing a counter project of 'reclaiming' domains of life. Hearing the 'violence' of Problems as ' … members live in fear of attacks that are motivated by nothing but the desire to humiliate, hurt or destroy them' (p. 111), compelling counter themes of 'self-care steps', 'survival', and 'steps for my future' emerge especially in the face of problems such as bullying, problematic eating, or personal injury.

In Daniel's situation he had become ' … supervised by the professional rather than supervised by the self' (p.110). The know-how and local wisdom of the protagonist and his family was discounted as the Problem had enforced a sense of 'powerlessness'. Universal science shaped who he was as he became '… represented by that science' (p.110). When we hear a Problem's enforcement of 'powerlessness', counterstory themes related to the revival of personal agency are negotiated such as 'my breakup with depression', or 'being the boss of myself'. These themes support a shift to White's (2011) 'second posture' in which ' ... people initiate action to diminish the influence of the problem and to pursue what they identified as important to them' (p. 30). Questions inviting naming may include:

- *Okay so you have been blocked from living the life you want by the 'wall of depression', what would you call this project you have started today in working to reclaim your life and future from Depression? Answer: 'Taking apart the wall'.*

- *When you look back at these developments what would you call this journey you have embarked on if you could give it a name?*

- *What would you call that? Is this like a 'step for safety' or a 'stand for safety' in a sense?*

- *Okay so if you connect all these initiatives together and were to give them a name that reflects the journey you're on, what would you call it? What might the title be? Answer: 'Dismantling the wall of Depression!'*

Contextualising distress

Often the influence of a master narrative relies on leaving important details such as context out of the storyline. As context is erased, stock plots and characterisations of people are left to circulate and shape how people come to know themselves. The experience of distress absent of context or the flow of life can be disconcerting. Struggles don't make sense for people and they are left to implicate themselves as defective. Contextualising distress invites important details to the foreground, renewing meaning making. Contextualising or contexting refers to the ways in which our questions foreground the context of people's distress assisting them to make sense of their experiences. It assists with the linking of events and meanings made of those events. It is within the context of life that counterstory fragments can be found.

Whereas Daniel had come to understand his distress as an aberration of his mind, I sought links between the context of his life and the description of Depression. Daniel noted that as a young boy he had been in and out of foster homes as his mother struggled with addiction. His father was frequently absent from his life, which had Daniel understanding himself as unwanted and

unloved. With multiple school changes his education was full of gaps contributing to the conclusion that he was stupid. It was in this contextualising of experience that it came to light that Depression had come into his life in response to the widening gap between his life circumstances and the life he wanted for himself. He came to say that Depression was uninvited and like a wall surrounding him and limiting his world. He wasn't going to accept Its place in his life any longer. The context of his experiences provided extensive meaning making material to draw into the developing counterstory.

Collecting counterstory fragments

Drawing from past events, I elicit and document the fragments of stories outside the problem story. These could involve events, actions, intentions, hopes, and dreams that relate to the counterstory theme as well as counter thoughts/feelings/actions that may be counterpoint to the problem. The idea is through collaboration with the family to bring those fragments into a collection related to the counterstory theme that begins the 'rehabilitation of identity' (Lindeman Nelson, 2001), and sets the stage for the noticing and/or addition of future experiences congruent with the developing storyline.

With Daniel's assistance the scene was unfolding in which the external entity of Depression known as the antagonist in his life, had purpose and intention. He was clear that he wanted what he called 'the Wall of Depression' taken apart. In response to inquiry seeking contradictions to the plot of helplessness Daniel described a previous life in which he could do something to make himself happy. These experiences involved a counter voice of 'encouragement' and experiences of directing his life more towards his wishes. He had friends and left the house more. He exercised an ability to clear his mind, work through what was going to happen, and use breathing to bring relief. He recalled times at school in which he told himself, 'I have to start working towards my goals and trying even if I know I might fail: I still need to do it'. He explained this was a talk counter to 'discouragement talk' and led him to greater success at school.

Daniel reflected on more recent developments such as his father's efforts to have a relationship with him. This had fostered a realisation that his father's absence was not his fault or due to a problem with him as a son; an idea Depression would have had him believe. As if this realisation provided an off-ramp to other counter developments, Daniel shared with some enthusiasm that his mother was doing good too, the way she used to be, as she was around more and happier. These developments put into question the 'self-blame' he had experienced for the adults' past actions. As these counterstory fragments were collected they became associated and linked under a theme beginning to counter helplessness while hinting at a revived identity storied as able and cared about. Although the counterstory at this time in the conversation may not be thickened enough to dislodge the master narrative, the process has begun and further practices will serve to stretch the story out into the real world.

Developing the Protagonist/Antagonist relationship

Attention to specifically fostering the protagonist/antagonist relationship assists to thicken the counterstory. This is a relationship in which our protagonist becomes increasingly centred in the storyline opposing the named antagonist. Literary theory suggests a well-written protagonist is active. They know

what they want, they know what is in their way and they know what they are going to do about it (Pace, 2014). Weaving these threads into the unfolding counter narrative serves to bring forward how Protagonists act on the world, mustering their resolve while canvasing their determination to overcome the Problem.

1. Questions to render the protagonist as active?

These questions foreground how the Protagonist has been active despite the oppression of the Problem. This recognises that people remain active in resistance to oppression. Our questions serve to elicit this activity as it is compelling and provides fertile ground for making more visible what is in the way and what can be done about it.

- *In the face of those lies Depression was trying to have you believe what did you do to carry on, to refuse to be completely persuaded by Its discouragement talk?*
- *As Depression clouded your view of the world how did you respond? Was the 'shutting down' a way of protecting yourself from the harsh treatment in experiencing bullying?*
- *The Depression had you consider killing yourself yet you refused. How did you hold on to the possibilities ahead for your life?*

2. Questions to make visible what the Protagonist wants.

Questions that elicit what the Protagonist wants serve to bring into further contrast the intentions of the antagonist with the wishes of the Protagonist. I want to elicit the Protagonist's preference for one plot or the other. Becoming more richly acquainted with what they want, the protagonist's agenda becomes clearer and more within reach. With that agenda becoming visible, teamwork is invited as meaningful relations can play a part in the agenda or project.

- *So if you gave your life over to the Problem what kind of life would it want for you?*
- *Is that okay with you or do you have a picture of the life you want for yourself? What is it that you want more for yourself? How would you prefer things to be in your life?*
- *Do you prefer to be in charge of your own life or are you fine with Depression directing you?*

3. Questions to make visible what stands in the Protagonist's way?

These are questions that make the antagonist more visible and further implicated in the interference of the protagonist's life and preferences. The intention of these questions is to muster a revised attitude towards the antagonist. The attitude sought is one that is equal or exceeding that of the Problem (Freeman et al, 1997, p. 98).

- *Is it my understanding then that this Problem stands defiantly in your way to more of the kind of life you want for yourself?*
- *Given your up close experience with this Problem what is your understanding about how it gets in your way of thinking good thoughts about yourself?*
- *This Problem has brought it's tyranny into your life and continues to steal from you your fun and friendships. With what level of your own determination do you want to address Its next attempts to mess with your future?*

4. Assisting the endurance of the counterstory

A freshly formed counterstory opens a wider horizon of possibilities yet is vulnerable to fading especially after a single session. It's important to tend to the endurance of the counterstory by setting the stage for the noticing of events that thicken the counterstory. This will serve to inoculate it against future assimilation by the Problem. I often invite the protagonist to discern what they will take with them from our conversation when they leave and invite proposals for action in the real world[7]. This may relate to an idea or a clear action to try out in the context of their life. For Daniel, these questions were explored following a short re-telling[8] of our conversation:

- *Given what we have talked about today what idea would be useful to keep with you when you leave here or what might be something to try out as a next step?*
- *Suppose you were to continue dismantling the wall of Depression when you leave here today, how would you specifically go about it? What will be the first thing you do when you leave here today that is guided by you rather than by the Depression?*

Following this discernment, I invite the protagonist into wild speculation about how the unfolding narrative and proposals for action will shape their life after the conversation. This is a means to re-contextualise the counterstory and situate the proposals for action into the real world. It's also a means to further expand the possibilities through the unfolding counterstory.

- *Where will you try that out? When would be a good time to have that idea with you, when you need it the most?*
- *Suppose you do that what difference do you suppose that will make? What will it make possible?*
- *What will you come to know more about yourself that Depression had tried to blind you and others from?*

Thirdly, enduring counterstories must be widely circulated and witnessed as a means to counter and eventually displace the problem story. I invite the protagonist to audience their story by asking them to highlight who it may be important to share this counter narrative with, how might they share it, and how might those named respond[9]?

- *Who would it be important to share this story with when you leave here?*
- *How might they respond knowing about these developments?*
- *How will this begin to shift how they have come to know you?*

Very often as part of these various categories of inquiry I invite people to co-develop 'take-home documents' archiving the counterstory that can be shared and consulted further as needed. Daniel was invited to co-craft a letter addressed to Depression sharing his new understandings and the change in relationship with Depression that was unfolding[10] (See Appendix 1). Throughout the letter, the theme of exercising personal agency – 'the conduct of action under the sway of intentional states' (Bruner 1990, p. 9) – counters the original problem-dominating theme of helplessness. The crafting of the letter itself is acting upon the Problem, directing his life with intention towards how he wants it to be. Daniel speculated that it would be important to read this letter to himself three times a day and should he start to 'feel down'. He thought he would share this with his

mother and the school social worker who had brought him on this day. Others have shared their letters more widely, posted them on Facebook or circulated copies to the significant people in their life.

Lastly, assuming the resistance of the antagonist I engage people in speculation about what might try to get in the way of preferred developments, cause setbacks or invite the re-emergence of the problem. Once identified, counter plans can be developed.

- *When you take these steps how might the Problem try to discourage you or re-establish the hold on your life it had for so long?*
- *If that was to happen how will you counter it? What actions will you take?*
- *What will you say to yourself or remind yourself about to remain on this path?*

Daniel identified that returning to school could be difficult as it was a place in which he experienced failure and bullying. He supposed in that setting it would be much harder to dismantle the wall of Depression. He speculated that it would be useful to have more 'talks' like the one we had that day[11].

These four categories of inquiry constitute a scaffold (White 2006, 2007) for extending the endurance of the counterstory while situating the unfolding narrative into the real life context of the protagonist.

CLOSING

This paper has described the development of counterstories in brief narrative single session therapy. Counterstories, being a specific kind of story, involve the juxtaposition of counter plot to the problem plot and set out to rehabilitate a compromised identity. Although in the time-constrained context of therapeutic walk-in clinic conversations counter stories are vulnerable to eclipse by the problem narrative, there are ways to inoculate it and assist it to further thicken well after the initial face-to-face contact.

APPENDIX 1

Dear Depression,

I have some things you need to know. I'm taking apart the wall and you probably won't like that. You have been making me feel really, really bad about myself and life in general. You try to convince me to not even try to do my schoolwork, or do the things I need to do because you want me to think I'm setting myself up for failure. Yes, I'm worried about failing but I know I have to try and take chances in order to do things to succeed. Failing is part of how to learn in life! You try to hide hope from me and make me think there is only darkness for my future. I've had enough of your constant drag down. Now, here's even harder news for you.

I have a clear vision of myself and the kind of life I want to build. I am a nice person, I have strength to overcome many things. I'm good at English and art. But there is more. There are things that are really important to me such as being the first in my family to complete high school, my family, my friends, running my own life, being who I am. I will keep strong with these ideas and of how I want to live my life.

I understand that you came into my life during hard times. But now things are better, even though you still drag me down. I'm not who I used to be or who you want me to be. I am taking old weight off of my shoulders like figuring out that it's not my fault that my dad was in and out of my life so many times. He owns that not me. I'm not that violent kid I used to be. My mum has made changes and I have too. So things are going to start changing with you as well. You are no longer something I keep bottled up and hidden. You are now out in the open and being dealt with. You may not like that but it's what I want. I have people I trust and can now talk to about you. I'm getting stronger and stronger every day to deal with this. Soon you'll be gone and I won't be worrying about you. Then I can live my life the way I want.

So depression, this is your notice to pack your stress and bad things that have me angry and sad to take them with you. This may take a while but it's going to happen whether you like it or not.

NOTES

1. The name Daniel is a pseudonym to respect privacy. I wish to express my appreciation to him for his willingness to share his story to contribute to our practice.
2. Walk-in therapy clinics provide a venue for immediate single session therapy encounters. The clinic I work at serves children, youth and families and is free to access.
3. The word 'problem' is capitalised to reflect the externalised entity.
4. For a thorough account of the practices of externalizing conversations see White and Epston 1990, White 2007, White 2011.
5. This expression may invite the reader to experience concern for Daniel's safety. Although walk-in clinic therapy is most often a single session, safety is a priority. Should safety remain a concern following any conversation, steps are initiated to co-identify and assemble a circle of care to bolster safety in the face of distress. With respect to Daniel, he had a long history of resisting killing himself that was foregrounded in our conversation. He identified several people in his circle of care including the School social worker who he saw often. Further he was acquainted with and agreeable to using the community 24-hour child and youth crisis phone service should distress try to take his future possibilities from him. Although we may hear these kinds of expressions often at the walk-in clinic, with the development of a compelling counterstory the Problem may have far less influence by the end of a single session. When the person is no longer viewed as the problem, several alternative means to address the problem become more available bringing greater safety for proceeding in life.

6. The word 'sometimes' hints that there are other times when the person is thinking differently. Those contrasting thoughts can be canvased and added to the counter-voice.

7. I often noticed Michael White use these sorts of questions in his live consultations during training workshops. Freedman and Combs, (2002) have also highlighted these questions to 'extend the story into the future' (p.35). More recent explorations have linked this line of questioning to 'futures discourse' as a means of fostering anticipatory action learning (see Milojević, 2014).

8. This is a specific re-telling that I share as we near the end of our conversation. It is more than a recounting of events. It is storied and derived from the exact words used in the conversation juxtaposing the problem story and counterstory, highlighting a turning point in which the Protagonist takes centre stage in the journey.

9. White and Epston (1990) have shaped this category of inquiry for me in their discussion of 'unique circulation questions'. They note how 'the scope of alternative stories can be further extended through the introduction of questions that invite persons to identify and recruit an audience to the performance of new meanings in their life'(p.41).

10. It is not uncommon for people to take an impassioned adversarial posture towards the Problem as the counterstory unfolds. However, the intention is not to vilify the antagonist recognising some problems come into people's lives for very important reasons and as meaningful responses to the context of their life. Counterstory development reflects a shift in relation to the antagonist rendering the Problem less dominating of the person while no longer defining their identity. In these conversations, and in the take home documents, there is opportunity to acknowledge the importance of the problem at one time in the protagonist's life and to recognise the wish or intention to modify the relationship. There are times as well when it is fitting to thank the antagonist for assisting the protagonist through hard times yet notifying it that it will no longer define the person or hold them back from what they want different in their life.

11. At the time of this conversation, Daniel was on a wait-list for a short term eight session counselling service. Approximately a month following his walk-in conversation Daniel participated in that short-term service model and continued to thicken the counterstory begun at the walk-in clinic. That service also assisted to address the effects of poverty and bullying on Daniel's life. Although he has continued to have ups and downs in his life for the past year and a half he has not had to use crisis services, has resumed full time classes at school and is not currently involved in counselling services.

REFERENCES

Freeman, J., Epston, D. & Lobovits, D. (1997). *Playful approaches to serious problems: Narrative therapy with children and their families.* New York. W.W. Norton.

Freedman, J. and Combs, G. (2002). *Narrative therapy with couples… and a whole lot more! A collection of papers, essays and exercises.* Adelaide, Dulwich Centre Publications.

Lindemann Nelson, H. (2001). *Damaged identities, narrative repair.* Cornell University Press, New York.

Milojević, I. (2014) Creating alternative selves: The use of futures discourse in narrative therapy, *Journal of Futures Studies*, March 18(3), pp. 27-40.

Pace, B. 4 Steps to creating a truly active protagonist, retrieved Jan 20, 2014 from www.scripteach.com/?page_id=667

White, M. & Epston, D. (1990). *Narrative means to therapeutic ends.* New York: W.W. Norton.

White, M. (2002). Addressing personal failure. *The International Journal of Narrative Therapy and Community Work*, No.3.

White, M., Morgan, A. (2006). *Narrative therapy with children and their families.* Adelaide: Dulwich Centre Publications.

White, M. (2007). *Maps of narrative practice.* New York: W.W. Norton.

Young, K., Dick, M., Herring, K., & Lee, J. (2008). From waiting lists to walk-in: Stories from a walk-in therapy clinic. *Journal of Systemic Therapies:* Vol. 27, No. 4, pp. 23-39.

Zimmerman, J. & Dickerson, V. (1996). *If problems talked: Narrative therapy in action.* New York: Guilford Press.