

Narrativt Forum E45

Aarhus d. 16. marts 2022

“Kunsten at skabe kollektive terapeutiske rum” - èn bevidning

Af: Amalie Agerbæk Jacobsen, psykologistuderende Aarhus Universitet; Eva Søndergaard, specialist i børnepsykologi og klinisk psykologi; Kirsten Børsting, specialist i børnepsykologi og klinisk psykologi. På vegne af Narrativt Forum E45 ©

FORORD

I Narrativt Forum E45 havde vi d. 16.-17. september 2021 arrangeret workshop med den hollandske psykolog og familierapeut Robert van Hennik, hvor han på dialogbaseret vis lærte deltagerne om at skabe kollektive terapeutiske rum, og inviterede os ind i nye perspektiver på, hvordan vi kan undersøge terapeutisk effekt. Robert fortalte blandt andet om metoden ”The Square”, og gav konkrete bud på, hvordan man kan forhandle, opbygge og skabe samarbejdsalliancer som et første skridt til at kunne udfordre dominante ideer og vedligeholdende mønstre. Robert havde også fokus på, hvordan du som terapeut, i samarbejde med dine klienter, kan undersøge, hvornår terapeutisk bevægelse sker. Robert er optaget af, at terapeutiske samtaler er økologiske processer, og han inspirerede os til, hvordan vi i terapi kan udforske de spontant oplevede øjeblikke, der kan gøre en forskel i terapeutiske processer.

Vi havde glæden af at have psykologistuderende med fra henholdsvis Aalborg og Aarhus Universitet. Både som deltagere, hjælpere og observatører af undervisningen. De arbejdede med poetiseringer igennem ”Rescue the words” og Bevidning. Blandt andet inspireret af Maggie Carey fra Narrative Practice i Adelaide som vi har haft besøg af flere gange i E45.

Ved at læse bevidningen føres du både som velbevandret og mindre velbevandret i Narrativ Praksis igennem mange af de centrale begreber i Narrativ Terapi.

Begge undervisningsdage blev bevidnet af Amalie Agerbæk Jacobsen, psykologistuderende fra Aarhus Universitet. De fire bevidnings spørgsmål Amalie lyttede ud fra i løbet af de to dage var:

1. Indtryk - Hvad har du særligt hæftet dig ved imens du lyttede? Ord, vendinger, udsagn

2. Billeder/fornemmelser - Hvilke billeder, fornemmelser får du af, hvad der ligger personen på sinde? Hvad er vigtigt?
3. Resonans - Hvad taler de særlige billeder, fornemmelser ind i i forhold til dit arbejde og/eller øvrige liv? Konkrete historier og oplevelser?
4. Bevægelse - Hvad bringer det dig i retning af, hvor bringer det dig hen at lytte til personen og emnet? Hvad bliver du inspireret til at gøre mere af, tale videre om?

BEVIDNING WORKSHOP DAG ET

1. Indtryk - Hvad har du særligt hæftet dig ved. Ord, vendinger, udsagn

Dialogue over monologue.

Narrative therapy.

The small differences make the difference – small differences as tipping points. “Changes evolved spontaneously” – the therapist cannot always know.

“Family member as co-researchers.” “Research not about, but with the family members.”

FEEDBACK – key word for Robert.

“Trust the process.”

“Zone of unconceived connections” – connections between something unconnected.

In therapy, creating zones for new connections.

Theorists of inspiration: Michael White and Thomas Anderson.

“Something can happen that we cannot predict.”

Improvisation as work method. (Shotter)

“Therapy is not talking, therapy is doing (...) to do things, to experience things, is very important.”

“Not about finding the truth, more about opening up dialogue [between family members].”

“Sometimes, when there are no words, we speak with our body.” (hence tense shoulders)

“I don’t want to talk about it, because then it becomes a part of my life story, a part of my identity. Then I must accept it, and I don’t accept it.” (Case with woman, victim of incest by grandfather, and issues with (ex) husband about sexual tension)

Work with story line opened for the client to be able to process the story which she has avoided – landscape of identity – writing about it on the story line on post-its (so she can throw it away) and with a pencil. (so she can erase it)

The more voices in the therapy session, the better. (hence often whole families instead of individuals)

“Sometimes, the ‘I don’t want contact’ (*related to teenagers*) is also a way of communicating.”

Shotter says: “We are always in the process of becoming.”

“Everything is multi storied.”

About coming from the “not-knowing position” – not about knowing nothing but allowing the process to unfold without knowing in what direction it goes.

A relational ‘not knowing’- stance.

“Suffering is not the problem itself – the reason we suffer is protest in our body in relationship to something else influencing our life in an unwanted way” – always the start, the reason why people enter therapy.

“(…) Connection between suffering/pain/disappointment and something valued that is threatened.”

A way of understanding why people come to therapy.

Externalizing.

The person is not the problem. The problem is the problem.

The client is expert, and the therapist is co-researcher – the externalizing position helps Robert to stay in the position of co-researcher and let the child/client becoming the expert of their issue.

“What color is your ADHD?”, the client answers “It is yellow” – the therapist in the position as co-researcher, the client expert on the problem, explaining how it looks/works.

Externalizing the problem by asking about its looks, its outer position outside the person, the body (case examples: “The man who said no” instead of the boy who has ODD, “The DDE” devil with hearts on the horns).

“Becoming an affective team”, relationship between all the family members in working together against the problem.

The pictures, the drawings, are not interpreted on – it is more an opening to communication, conversation about a certain problem or issue.

“We cannot help people that does not want our help (...) Sometimes it’s just not the time yet.”

2. Hvilke billeder, fornemmelser får du af, hvad der ligger personen på sinde? Hvad er vigtigt?

Robert is genuinely interested in his clients (“please come back during your life”). He is curious about what made the change for the clients. Robert works openly with his clients – he does not know the truth, what make it turn around for his clients; the clients will know or find out. Robert loves his work a lot. Finds honor in the work, where he can witness and sometimes be a part of clients work with their vulnerabilities and progress. “I don’t want to be too dominant about it [the therapy]” – letting it flow, following the process, trying to create space so everyone can join in if they want. Robert wants to expand the idea of trusting the process, not dominating, or strictly directing the situation/therapy, but trusting that the work is done in the client(s) with the mere open support from the therapist.

3. Resonans - Hvad taler de særlige billeder, fornemmelser ind i i forhold til dit arbejde og/eller øvrige liv? Konkrete historier og oplevelser?

When working with something, it becomes more progressed (if I find it something hard, it helps to talk about it, to process it to be able to deal with it (forholde mig til det).

Kirstens work with the whiteboard can at some points be paralleled with the story line work – it makes the different aspects of a client’s life and potential issues clear, conscious – the client itself can discover connections and get a deeper understanding.

The “Trust the process”- perspective resonates with me in my new job as an instructor on AU. Relation to my knowledge and work with family systemic theory in my BAC-assignment – the knowledge from Robert about using systemic narrative method in practice with families, resonates with, how I could imagine using the theoretical knowledge from families grieving (from BAC) and the practical perspective and knowledge from here

4. Bevægelse - Hvad bringer det dig i retning af, hvor bringer det dig hen at lytte til personen og emnet? Hvad bliver du inspireret til at gøre mere af, tale videre om?

Interest in narrative therapy and the principles in this

BEVIDNING WORKSHOP DAG TO

1. Indtryk - Hvad har du særligt hæftet dig ved. Ord, vendinger, udsagn

Improvisation. From dance impro video (words from the crowd): Dialogue, trust, sometimes leading sometimes following, never leaving the conversation, tuning in to each other in the movement, awoken in the relationship.

How to use this dance impro video in therapy: Sensitivity to the person sitting with us in the therapeutic room; Trust the process – not always enter a therapeutic room with a set structure but leaning into the possible flow; Saying yes but also adding something new to facilitate change, development – also as a therapist, not just saying ‘yes’ and being polite but adding something new.

“One size does not fit all” – regarding evidence-based practice. Instead: Practice Based Evidence.

FITS (feedback informed therapy within systems) as Practice Based Evidence Based Practice.

“The only information that counts is what happens in the living moment.”

Manualizations – “fluid manuals”, allowing for improvisation.

Systemic feedback – always making space for investigating how the cooperation between the therapist and the client/family are working.

Systemic therapists, post-modern therapists, believe in the not-knowing stance, the unpredictability.

“Who is involved” - as the first question asked a family seeking therapy/help, followed with “Who could be involved?” – making network map about who is involved, who is there, who is close, who is further away, group relationships etc.

Loud voices versus silent voices in the network.

“If your tears could have a voice right now, what would they tell us?”

Learning community: “The first and most important goal of treatment (here: girls with anorexia) is creating a network around them.” (informal network, formal network)

“We are not only in language. We are also bodies that speak” – in relation to the new perspective of complexity theory. (epistemology)

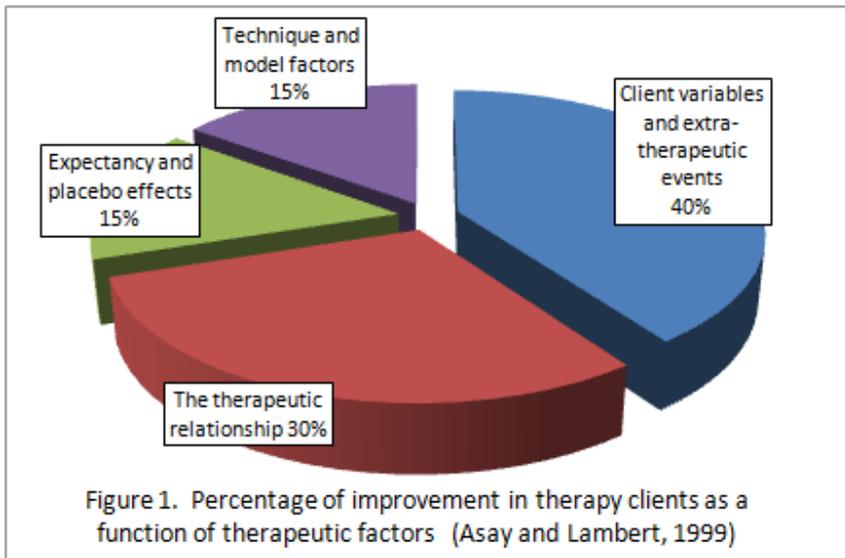
Sort sol – an image of improvisation/chaos on the one hand, structure on the other hand – maintaining homeostasis. Can also be related to the therapeutic room.

Theorists of inspiration): Humberto Maturana, Gregory Bateson, Scott Miller.

Feedback: creating a culture of feedback in the whole system/team. “I think we should learn on the base of feedback.”

“Controlling is the result of mistrust.” (from Maturanas principles of trust)

“Trust on one hand (...) To dare on the other hand.” (again in relation to improvisation)



“What is validity? Validity from within” – “You should not look for independent variables, because there are no one.” (Maturanas view)

Multi method collaborative research: “In research in therapy, I do not keep my findings and views for myself – I share them with the family” (continuous feedback between every member of the system) – resonates with ‘therapist as co-researcher.’

“This is learning how to learn. We might never find one answer, the right answer, but talking together about it here, or with the family, researching together, is learning.”

“It becomes intertwined. First, I thought I could do therapy, and I could do research. But it has become intertwined for me.”

Adding the inner dialogue to the transcripts: “What am I being invited to say or to do?” “What pattern/narrative would this help to sustain? What am I sustaining by doing something specific?” “How to make a difference without losing the connection?” Example with woman crying and man looking passively out the window. How to give some tissue to the woman? Instead of the therapist just handing the tissue, sustaining the pattern between the woman and the man where they are not comforting each other, the therapist could suggest the man’s comfort (handing him the tissues or speak up about his inner dialogue, his need to comfort the woman, hoping that the man experiences the same).

Going back, transcript the previous conversation from the family therapy and reading it out loud with the family later, asking what happened – feedback, giving up the expert position as a therapist and allowing the family members to find the solutions.

2. Hvilke billeder, fornemmelser får du af, hvad der ligger personen på sinde? Hvad er vigtigt?

“You cannot make a protocol for everything happening in the therapeutic room – you have to dare to improvise, to try something” – inviting to dare improvisation as therapist, as Robert does himself when he seems locked in the therapeutic context.

Robert are manualizing his working method but not in a fixed way – his manuals are allowing improvisation and individual differences in the situations and clients.

“I hope to create a culture where we can use feedback on each other as a team.”

3. Resonans - Hvad taler de særlige billeder, fornemmelser ind i i forhold til dit arbejde og/eller øvrige liv? Konkrete historier og oplevelser?

The talk about the bigger institutions demanding protocols, models, evidence-based methods, are talking into my experience of what is taught at the university – evidence-based practice methods are put as the only “right”, but you can also criticize evidence-based methods as being too far away from practice whereas maybe systemic method is related to practice.

“Controlling is the result of mistrust” (from Maturanas principles of trust). It resonates in me in relation to my work as a student teacher. I must let go of the control in the classroom and trusting the students’ movement, development, to show them trust. To establish trust.

4. Bevægelse - Hvad bringer det dig i retning af, hvor bringer det dig hen at lytte til personen og emnet? Hvad bliver du inspireret til at gøre mere af, tale videre om?

The talk about the bigger institutions demanding protocols, models, evidence-based methods moves me towards not naively searching for evidence-based therapeutic methods – I want to bring this knowledge with me when I hear about different therapeutic methods.

Intervention methods: Create new narratives in family therapy (storylines made by the family together, then presented for the rest of the group - can be about one event or about a whole life). Narrative therapy, working with storylines: Landscape of actions (actions; what happens - more objective, everybody can agree about the actions).

Landscape of emotions (“giving words to their emotions”).

Metaphors (support for the words of emotions, pictures etc. If the words are not available; in between actions and emotions). Landscape of identity (looking back at the story line work - what has happened during the work with action, emotions, metaphor etc.)

Yes-response (creating yes-response)

The methodological structure that Robert works from

Making a connection. Problem-free talk: families are much more than the problem that brings them to therapy. Talk into this.

Worries: word used instead of ‘problem’. Create completely different conversations. Makes it more personal, it’s not blaming but worrying about each other. Wishes: Values: Often are values threatened by the worries (problem), under pressure which makes the individual and/or the family react. By making a connection through these elements, you as a therapist learn a lot about the issue that brings them to therapy, but also a lot more about the family beyond the problem. They are so much more! Try to make connections between worries, wishes and values.

Making meaning. Something is happening that goes against your intentions, values and preferences in life

Externalisation: Drawing, explaining or describing the problem, naming it, making it external and conscious. Hands-on. Influence problem on persons/relations. (Re)position
Making a plan. How we cooperate as a collaborative team to live in harmony to our values and in a preferred relation to the externalised problem.

Making a difference that matters. Influence team on problem. Unique outcomes. Past, present, future. Values, knowledge, skills. Alternative storylines.

Robert is only progressing from one point (e.g., Making a connection) to the next point when all family members are giving their yes to proceeding.

“We often go too fast” – often needing to go back instead of moving forward to the next step. It takes a lot of time.