



Navigating Anxiety Using Narrative Ideas and Practices

Jehanzeb Baldiwala ¹

Jill Sanghvi ²

¹ Therapist, Supervisor, Trainer,
Co-founder, Narrative Practices India,
jehanzeb.baldiwala@gmail.com

² Therapist, Supervisor, Trainer,
Co-founder, Narrative Practices India
jillsanghvi@gmail.com

Abstract

The paper describes nine year old Vivaan and his family's journey in responding to performance anxiety using narrative ideas and practices. Vivaan found himself vomiting or blacking out in these situations and unable to perform. The family worked together over a period of six months to externalize the difficulties, lessen their effects and to develop an alternative storyline. This storyline fits better with Vivaan's hopes for being pressure free, being able to use the anxiety to perform better and tame the nervous feeling. The paper highlights Vivaan's journey of taming the nervous feeling using his skills and knowledge of life across six sessions. Narrative ideas and practices supported the conversations that made these storylines come alive.

Keywords:

narrative, externalizing, therapeutic letter writing, unique outcomes, rich story development

Background

Narrative therapy is a form of psychotherapy and community work developed in the 1980's by Michael White and David Epston (White & Epston, 1990). It adopts a social constructionist approach as its theoretical framework (Freedman & Combs, 1996).

Narrative therapy emphasizes the importance of story and language in the development of persons' sense of self, their understanding of problems they face and their relationships. It draws attention to the idea that we exist amongst

discourses and these discourses have shaped the way we perceive our social world to be. Alternative discourses tend to be marginalized and subjugated; however, they can still challenge dominant discourses (Sanghvi, 2021). Questions are used as a tool to help people gain insight into their preferred sense of self and way of being and empower them to make the changes that fit with these preferred ways. When using the narrative approach in working with children and families the therapist's intentions are to pose questions that uncover meaning and generate experience rather than eliciting information about symptoms or problems. The family/child's understanding remain central and they are invited to see their stories from different perspectives, understand how the problem is operating in their life, make a choice for or against this problem and highlight rare but ever present hopeful outcomes, skills or developments that fit better with how they wish to live (Carey & Russell, 2003).

Indian culture is influenced by ideas of an understanding of interdependence; wherein family is an integral part of the social structure and collectivism is emphasized (Chadda & Deb, 2013). The collaborative nature of narrative therapy acknowledges collective ways of engaging in the therapeutic process by including all those whom the client considers important. Narrative ideas always take into account multiple realities, differences in belief systems, and client's perspectives as well as their context; while making visible for clients how ideas of their culture and systems of power play a role in creating the situations to which they are responding. Thus, the therapeutic process incorporates "cultural themes, social injustices, history, gender issues, politics, acculturation issues, immigration, and the politics of therapy" (Morris, 2006).

Internationally, there is an increasing use of narrative therapy with diverse populations; however, there is limited documentation within the Indian context (Baldiwalla & Kanakia, 2021). This article describes Vivaan's story and underlines the use of narrative ideas and practices in the therapeutic context in Mumbai.

Vivaan's story

Vivaan was nine years old and studying in standard three in Mumbai when he first came for therapy. Vivaan excelled at academics and was a champion

karate and chess player. Over a nine month period his parents observed that Vivaan had been experiencing ‘anxiety’ before tournaments and exams and despite being well prepared and having a high skill level was unable to perform when facing competition. They were distressed by this as they wanted him to be happy. He too felt distressed because he wished to compete, perform and win.

<p>One of the key principles of the narrative approach is to view problems as separate from people and to encourage the use of experience-near descriptions of problems. A diversity of metaphors can be engaged with in externalising conversations and people’s knowledges and, imagination can become an intricate part of the therapeutic conversations (Carey, 2002).</p> <p>In keeping with this idea, sessions began with an inquiry about the problem story. Externalizing questions allowed the therapist and Vivaan to better understand the nature of the problem and ways it which it was operating in his life.</p>	<p>Some questions asked:</p> <p>“How does the problem begin to enter your life? When is it most active? What does it do to you? Does it prevent you from doing some things you would like to?”</p>
--	--

Problems are separate from people - Externalizing Conversations

Vivaan described his problem as ‘sneaky vomits’ and later renamed it the **nervous feeling** and described sneaky vomits as one of its effects. The questions placed by the therapist made it possible for Vivaan to personify the problem. Through further questioning using the categories of inquiry of the externalizing map (White, 2007), he detailed the problem’s entry into his life, how it controlled him, and finally he took a stand that ‘enough was enough’ and he wanted to be

in control of the problem. The problem's controlling him was not acceptable to him anymore. Once he had taken this stand, a plan to respond to the problem was made. This plan was developed using Vivaan's own skills and knowledge. Some of the ideas that he decided to use were the image of a policeman in his underpants whistling and waving the thoughts away, trying to think of humorous situations to distract himself and ignoring the whispers of doubt. In doing this he hoped to reduce the influence of the nervous feeling so that he could compete and win without giving in to the pressure of the nervous feeling.

Use of letters to document an emerging story

Narrative therapists often use therapeutic letters to support the clients meaning making and change. After three sessions, Vivaan had taken a position of fighting the nervous feeling and he had outlined steps to start doing so. These included use of humour, learning to reduce the influence of the thoughts and trying to stay focussed on Vivaan's hopes from competitions and exams. At this point in the therapeutic process the therapist wrote a letter with the intention that it could be

Dear Vivaan,

It's been great meeting you and your mother and father and I enjoy playing with you.

Your parents describe you as a bright boy who can use strength and will power, who now and then, is outwitted by the nervous feeling that brings with it 'sneaky vomits'. You talked about how the sneaky vomits love to rule over you and control how you feel and act before tournaments and competitions. But now, you've decided to put your foot down and fight the Sneaky Vomits and shut out the nervous feeling.

To make this happen, we created the following plan. When the nervous feeling comes, you will bring up the funny policeman that whistles and waves them away. After this you will think of something funny to distract yourself, so they cannot return. When they come again, you will ignore them and the lies they tell you about losing. I look forward to hearing how this goes when we meet in two weeks.

Good luck with fighting.

Jehanzeb

a reminder of his plan and also support his initiative in taking small steps toward his goal. This is a practice of documentation used in narrative practices (White & Epston, 1990).

Finding exceptions to the problem story – Reauthoring Conversations

When Vivaan came back after two weeks, he talked about how he was unable to actually perform at a chess tournament and ended up losing due to a 'blackout'. He also had exams coming up and talked about how he expected the 'nervous feeling' to be in full force then. One of the priorities of narrative therapy is to support people to reduce the effect of the problem story and bring to the forefront more preferred ways of being. The pieces for this new story are found in exploring the small victories, thoughts, events or actions that do not match with those from the problem story. People often fail to notice these or dismiss them as trivial. In Vivaan's case this tiny piece was that he had managed not vomiting before or during the tournament. An inquiry into this very small yet significant achievement by asking him to describe in detail was the focus of this conversation. Questions such as i) How had he prepared himself for this? ii) How had he managed the nausea? iii) How did it make him feel to have done so? iv) What was the nervous feeling now thinking about who was gaining control? v) Whether this was a step toward his preferred way of being at tournaments? vi) Which skills had he used? and vii) Who would not be surprised to hear this account? highlighted this new story that was developing.

Vivaan shared how he had asked his father to remind him to use humour and the whistling policeman to manage the nervous feeling. They would also make up and sing funny songs on the way to the competitions and exams. Vivaan also described practicing and then using the skill of ignoring the 'nervous feeling' and lies it tells him about losing. Vivaan believed that this would make it possible for him to compete in ways that he preferred. His parents were people who knew that he could do this and extended their support during this time.

Towards the end of the conversation, the therapist also inquired as to how he might use these skills in the next two-three weeks, given that he had exams

coming soon. Vivaan described how he would remember the whistling policeman and also said he would use more firmness with the problem now that he was aware that it was possible to do so. He also talked in some detail about how he would try to argue with the thoughts about losing as his mother often told him to and shoo them off by giving them examples of when he had been a winner.

Developing the story of skills – Reauthoring Conversations continued...

The influence of problem stories is often deep-rooted. The therapist is interested to seek out, and create in conversations, stories of identity, hope, skills and knowledge that will assist people to break from the influence of the problem stories they are surrounded by. This story of preferred skills, hopes, dreams and values is referred to as an alternate story within narrative practices (Morgan, 2002).

For people to shake away the influence of the problem story, it is not enough to simply find an alternate story. Many different things can contribute to alternative stories being 'richly described' with articulation in fine detail of the story-lines of a person's life. If a person imagines reading a novel, sometimes a story is richly described – the motives of the characters, their histories, and own understandings are finely articulated. The stories of the characters' lives are interwoven with the stories of other people and events. Similarly, narrative therapists are interested in finding ways for the alternative stories of people's lives to be richly described and interwoven with the stories of others (Morgan, 2002).

Narrative therapy focuses on inviting people to speak about their identities in terms of 'intentional states' because this makes rich story development possible. One of the underlying ideas is that individuals form an identity by integrating their life experiences into an evolving story of the self that provides the individual with a framework to make meaning of their lives. These are guided by one's purposes, dreams, hopes, values, beliefs and commitments to the self and the world. If we seek out the values, hopes and dreams that are guiding someone's actions, there are ways to trace the history of these, to link them to the hopes and dreams of other people, and to forecast what future actions will flow from these

commitments (Carey & Russell, 2003). One of the ways to strengthen this new preferred story that Vivaan had begun to live was to use questions to elicit the history of these skills, more examples of how he had used these skills in the past and wanted to use them in the future and then to link them to his sense of self and how he viewed himself.

Subsequent conversations led to a vivid connection of these small steps to Vivaan's sense of bravery and how he performed this bravery in his life. He described how he had learned these skills from 'Hiccup', the key character in the movie 'How to tame your dragon'. Vivaan shared how he resonated with the Viking boy who had to conquer his fear and slay dragons. He too had conquered the nervous feeling. And similar to Hiccup who on capturing the dragon had decided not to slay it and display his power, but instead to tame it so and befriend it in order to have a relationship of mutual understanding and support with his dragon, Vivaan too had decided to tame the nervous feeling and befriend it. This made it possible for Vivaan not to be overwhelmed by the nervous feeling. His preferred way of seeing himself was as someone who could act bravely. He also viewed himself as bright and capable of competing and winning. He felt that choosing to tame the feeling would help him develop a relationship of understanding with the anxiety, where anxiety was not in control and by befriending it more wins could be achieved. A little bit of nervousness would encourage him to take steps to prepare well, focus and not take his skills in karate and chess for granted. And in this way nervousness can be his friend.

Definitional Ceremony

The definitional ceremony metaphor structures rituals that are acknowledging of and 'regrading' of people's lives, in contrast to many of the common rituals of modern culture that are judging of and 'degrading' of lives. Drawn from the work of Barbara Myerhoff, definitional ceremonies in narrative therapy are rituals that acknowledge and solidify achievements or changes that people make in their lives (White, 2007). These ceremonies provide people with the option of telling or performing the alternative stories of their lives to an audience chosen by them within the context of therapy (White, 2007). Through these tellings and retellings, many of the alternative stories of people's lives are thickened, and the stories

of people's lives become linked through these themes. Definitional ceremony structures are authenticating of people's preferred claims about their lives and their identities, and have the effect of pushing forward the alternate stories or counter-plots of people's lives.

The conversations with Vivaan were followed by a definitional ceremony in which Vivaan decided he would like to play some games and celebrate how well things were going for him. The intention of having a definitional ceremony for Vivaan was to have an audience to witness his journey and to thicken these alternative stories of his life. They also marked the end of his therapeutic journey.

Conclusion

The paper illustrates Vivaan's journey of taming the nervous feeling using his skills and knowledge of life. It provides a glimpse into the conversations that allowed him to personify the problem that was taking up a lot of space in his life, understand how it was operating and reduce the effect of nervous feelings on his life. Through the conversations and narrative practices such as therapeutic letter writing and performance of a definitional ceremony Vivaan discovered how to respond in skillful ways that fit with how he preferred to live and be. He learned to navigate anxiety and develop a relationship with the anxiety that supported him in his hopes of achievement.

These ideas and practices underpinning the narrative approach have guided the authors' work with young people and families in their practice. They have enriched the authors' work by providing a path for hopeful conversations that bring forward the agency and expertise of the people who consult them.

REFERENCES

- Baldiwala, J., & Kanakia, T. (2021). Using narrative therapy with children experiencing developmental disabilities and their families in India: A qualitative study. *Journal of Child Health Care*, 0(0) 1–12.
- Carey, M. (2002). What the Wildman, the Dragon-Arguing Monster and Camellia the Chameleon taught me about externalising conversations. *The International Journal of Narrative Therapy and Community Work*, 4.

Carey, M. & Russell, S. (2003). Re-Authoring: Some answers to commonly asked questions. *The International Journal of Narrative Therapy and Community Work*, 3, 60-72.

Chadda, R., & Deb, K. (2013). Indian family systems, collectivistic society and psychotherapy. *Indian Journal of Psychiatry*, 55 (Suppl 2), S 299 – 309. doi:10.4103/0019 – 5545.10 555..

Freedman, J., & Combs, G. (1996). *Narrative therapy: the social construction of preferred realities*. New York; W.W. Norton and Company.

Morgan, A. (2000). *What is Narrative Therapy? An easy-to-read introduction*. Adelaide: Dulwich Centre Publications.

Morgan, A. (2002). Beginning to use a narrative approach in therapy. *The International Journal of Narrative Therapy and Community Work*, 1, 85-90.

Morris, C. (2006). Narrative theory a culturally sensitive counseling and research framework. Retrieved from:

https://www.counseling.org/resources/library/Selected%20Topics/Multiculturalism/Narrative_Theory.htm

Sanghvi, J. (2021). Bringing forward voices of young people with autism in India [Unpublished, Doctoral thesis, Vrije Universiteit Brussel]. Belgium.

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

White, M. (2005). *Michael White workshop notes*. Adelaide: Dulwich Center Publications

Retrieved from:

<https://www.dulwichcentre.com.au/michael-white-workshop-notes.pdf>

White, M. (2007). *Maps of Narrative Practice*. New York: W. W. Norton.

