Unpacking the “Healing” Metaphor

Panel Discussion:

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Moderator; Chris Behan, M.S.W.

CB: Welcome to today’s panel, which is on unpacking the healing metaphor. To get started, if the folks on the panel wouldn’t mind introducing yourselves and locating yourselves in this conversation that we’re having.

KAREN YOUNG: I’m mostly strongly influenced by narrative therapy ideas for many years now. In addition to being a faculty member of Brief Therapy Training Centres-International with the Hincks-Dellcrest Institute, I also work in a children’s mental health centre in Ontario with children and families. And I work primarily in a walk-in therapy setting; so often some very brief work. I’m very interested in the metaphor of healing from lots of different points of view including what I hear from people coming in to the walk-in clinic from time to time. They want to talk in some kind of way to get healed or in a way that’s healing for them. So, it’s certainly a word that I’ve been very attracted to for a long time. And I got particularly interested in it for this conference when I noticed it in the front-page title of the conference. So, the four of us got e-mailing and thought that it might be interesting to unpack a bit our reflections on the topic.

DAVID PARÉ: I teach at the University of Ottawa in the Faculty of Education where we have a Counselling program. My professional roots are mostly Narrative Therapy as well. I also think in terms of a post-modern umbrella of Narrative, Solution-Focused, and Collaborative Language Systems. So I teach graduate students and I have a private practice. And I do some group supervision and training in the community and often use reflecting teams as a vehicle for these. Karen got us going with the idea of the healing metaphor and I think how we take up the topic varies. So for me it was something closer to discourse analysis: it was not so much “what does healing mean to me?” but some reflections on the word “healing” and where it leads to. And it’s a word I don’t really use in my work. It’s a word that resonates for me in lots of ways outside my work, in other contexts--literary, or poetic. So the way I got engaged initially with this process was to start thinking about how I find this word resonating in a professional context and in what way do I find those resonances useful and what ways do I have concerns about where they might lead and so on.

JILL FREEDMAN: I’m from Chicago. I teach and write about narrative practices, and I have a half-time practice. I don’t think that the word “healing” is one that I use in my work very much or think about very much, so when people introduced the idea I thought I could respond from more of an outsider perspective. The one place I think it would be a usual part of my vocabulary is a multi-service agency for people with HIV/AIDS, where I
have consulted for years. At that agency a number of staff people have come through 12-step programs. They work with addictions and HIV. They would be more likely to talk about healing and that is a context where I would be most likely to join in using that metaphor.

TOD AUGUSTA-SCOTT: I work at a domestic violence program in a rural Nova Scotia town called Truro. I have narrative conversations with men who have used violence toward their families. I am interested in unpacking the healing metaphor through discourse analysis and looking at the history of that language and that metaphor and its influence on therapeutic conversations. I want to be careful about how I use the word ‘healing’ is in my practice. As a result, I do not use the language of healing very often in my practice very often. I am interested in unpacking why this word does not show up more in my conversations.

Along with medical discourses, the word ‘healing’ is also found in religious discourse. One of the salient contexts of my work with the men is that I work in communities where there is a strong commitment to various religious traditions—particularly Christian religious traditions. I suspect the word ‘healing’ probably resonates quite a bit with the people with whom I actually see. Many people I am in conversation with probably find the healing metaphor quite helpful. I am interested in the dissonance between the kind of unpacking that I do and the context of community that I work in. As well, until recently, I have not acknowledged the connections between these religious traditions and the therapy movement nor have I utilized the helpfulness of many religious metaphors that may be useful in my therapeutic conversations.

CB: Great, and thank you. Does anyone on the panel have an idea to get us started in this conversation?

KAREN YOUNG: Well, I don’t think I’ve approached it very much from a place of discourse analysis, but when I was thinking and preparing for this conversation I did some re-reading of things that I’ve read in my life about healing; because it’s also not a word that I would currently use in my practice. I wouldn’t talk about “healing” someone and I certainly wouldn’t feel very comfortable situating myself as a healer. So some of what it brings up for me is the question of “healing from what?” And then when I thought about “healing from what”, that evoked some metaphors for me—metaphors to do with people being wounded, or injured, or damaged, or hurt. And again, those aren’t necessarily metaphors that I would feel close to in my work. So, when I thought about that I remembered a quote. This actually wasn’t hard for me to remember because it’s sitting up on my bulletin board in front of my telephone at my desk. So it was kind of funny to realize that it was right there, and that’s where those thoughts took me. So I thought I’d read it because it’s meant something to me. Where it comes from is not in a narrative therapy book particularly. It’s a book written by a medical doctor named Rachel Naomi Remen and it’s called “Kitchen Table Wisdom”. Has anyone heard of that book? She talking about the idea of process as it relates to healing, and she says: “Another word for process is ‘yet’. We have a choice. We can be the fixer of the broken or the holder of the yet.” And I’ve always really liked that idea because I think it positions me away from
that idea of people being broken and needing to be fixed, which is certainly a place that I prefer to be away from in terms of my thinking. It brings me more to an idea of moving forward, that there’s a “yet”, a future difference, that something is going to be changing or possibly transforming. And I wonder a bit about the word “transformation”, whether it might be a word that suits me more. I guess I was starting to think about, if I was going to substitute other words for healing, what they might be? And I thought about transformation. I was thinking about—whether it’s physical or emotional or spiritual hurt that people have—that somehow all three of those can kind of be a doorway or an invitation to some kind of transformation in our lives. I’m guessing lots of people have had that kind of experience; that some kind of suffering—physical, emotional or spiritual—might lead to some kind of transformation. So I wondered whether transformation might be another word, if I was going to unpack healing in a way that felt more close to my own beliefs and preferences.

Then I got thinking about something that’s really important to me in my work, which has been the ideas of Michael White about moving from the “known and familiar” to “what’s possible to know”. And also the idea of transport from one place to another—from a “what you know right now” place to “what you might know place”. So I’m thinking about that, in terms of maybe there’s something about moving into the unknown that’s possibly healing. That idea of allowing ourselves to see something familiar with new eyes, in a way, and whether there’s some aspects of that that might connect for me in relation to healing. So, I started bringing forward more ideas that felt closer to my own beliefs and preferences. In a way I unpacked the word into something I felt more comfortable with, and in fact that’s what I do with my practice. If someone is coming in, whether it’s at the walk-in clinic or anywhere, and they’re talking about feeling a need for a healing conversation or to be healed, or whatever, definitely my response to that is to inquire more— to get into as much curiosity as possible and inquire what that means to them.

JILL FREEDMAN: In anticipating this panel, I too thought that this is not a word that really resonates for me. Like you, I thought maybe I could talk about meanings that do resonate for me. I kept being pulled back to one particular experience. I have to fill you in a little bit because this experience sits on other experiences:

My mother has had Multiple Sclerosis for fifty years. My dad was an amazing caregiver for her but he died about three and a half years ago. When he died, it was immediately obvious to everyone—except for my mother’s physician (but that’s another story)—that she couldn’t live alone. She had tremendous physical disabilities. A lot of people would say to me, as the oldest, “Are you going to put her in a nursing home?” Even when my mom was there people would talk to me, not her, about it. She was really irritated about that. My brother Steve and I asked my mom what she wanted to do. Over a three-week period we had many conversations about where she should live. She clearly preferred to stay in her own home. Almost all of her life she had lived in St. Louis. She had two living siblings there and many, many close friends and neighbours. She didn’t want to leave. So we investigated agencies that would provide round-the-clock care in her home. For about a year and a half she stayed in her home with this care. It was very difficult in many
respects. Her caregiver would go out to the drugstore and four hours later I’d get a call from the neighbour saying “Your mother’s at home by herself.” My mother couldn’t walk at all or do much of anything physically on her own. I lived three hundred miles away, so it wasn’t like I could do anything except hassle the agency. My Aunt Bertie, my mother’s older sister who had always been close to my mom and lived just down the street, was always filling in and responding to problems. Over time, more and more things went wrong, so we began to wonder and to have some conversations with my mom about whether our plan was really working.

About a year after we started this process, I got a letter from a cousin in Cleveland who had visited my mom. This letter was sort of like a punch in the stomach. In it Gwen said, “Your mother’s living situation is awful; you can’t let this go on; this is irresponsible; you’ve got to do something!.” It went on to say, “Your mother’s home is filthy; the caregiver is lazy; you’re just turning your back on your responsibility. You must put your mother in a nursing home!” It was a horrible, horrible letter and I chose not to respond to it. I didn’t call, didn’t write, didn’t do anything. I also chose not to tell anybody in my family about it. One of the things repeatedly emphasized in the letter was the message that this was too much for my Aunt Bertie. She shouldn’t have to do this. There was a strong implication that the stress could kill her. Although Bertie was my confidante about all things related to my mother, I decided not to even let her know about this letter because although I agreed that this was hard on Bertie, I believed that she would be outraged to have Gwen speak of putting my mother in a nursing home on her behalf and I couldn’t imagine that knowledge of this letter could contribute anything good to any of the relationships between the people involved.

About four months after I got the letter, in a conversation with me and my brother, my mother decided that she wanted to be in a nursing home because she wanted more people around and she wanted more consistent care. We were glad that we hadn’t made this decision for my mom, but that she made it with us. So we found the best nursing home we could, near us.

A year and a half after my mother came to Chicago to live in a nursing home, my Aunt Bertie was diagnosed with pancreatic cancer. Because the prognosis was quite poor and she was eighty-six, she decided that she didn’t want any treatment. She didn’t have very long to live. I loved this aunt and had a wonderful relationship with her. As soon as I heard of her illness, I went to visit her, as did many other people. Her condominium was full of friends and family. At one point I found myself in Bertie’s bedroom with ten or twelve other people circling her bed. One of those people was Cousin Gwen from Cleveland who had written the letter. It was the first time I saw her since I experienced that punch in the stomach. During the time my Aunt Bertie was lying in bed, whenever somebody walked into the room she said something wonderful about them and there was great reminiscing and telling of stories. At one point Bertie started talking about me, about what a wonderful daughter I was. She talked about how difficult it had been since my father died and how I had been just amazing—how I had stepped forward and how I listened to my mother and how I cared about what was important to her. Then Bertie turned to our Cousin Gwen and said, “Tell her what a good daughter she’s been.” Our
Cousin Gwen looked at me, and I could see her floundering. She didn’t say anything. My Aunt Bertie said, “Tell her.” And so Gwen turned to me and said, “You’re a good daughter.” Whenever I think about that experience or talk about it, I find myself saying that was a really healing experience. I just can’t find another way to describe it.

DAVID PARÉ: Jill, I said earlier I don’t use the word healing to describe my work, but your story touches on something that the word evokes for me. It’s about the healing of forgiveness and absolution. Your story brings that forward for me. It’s a meaning also found in the religious traditions we were referring to earlier, and that aspect of the word I find very beautiful. For me it evokes a kind of soothing quality, a soothing of the rough edges or the unfinished moment.

JILL FREEDMAN: It made me think, not that someone healed someone else but that there can be something healing in a process.

KAREN YOUNG: Jill, when you were telling your story I was thinking, none of the other words quite evoke that picture that the word “healing” does. I like the word soothing too, but it isn’t the same word either as healing. When you said it was healing, I thought yeah, it wouldn’t be enough to say it was “transforming” or “moving” or some kind of process like that. It wouldn’t be enough. So, somehow the word healing seems to be enough of a word. And maybe that’s something to do with the history it stands on and the different meanings it has in our culture.

DAVID PARÉ: I was thinking about how the word healing too, evokes images for me of an open wound which is closed, a cut which is now healed, and a kind of a returning to a kind of a whole. I was also thinking about the distinction between the word “healing” and the word “healer”. The “healing” word evokes appealing images and the “healer” word becomes a bit problematic for me in my own work. And it has to do with how it situates the healer relative to the healing or the “healed”. If find that it privileges the healer as the agent of the transformation.

KAREN YOUNG: Like the expert?

DAVID PARÉ: Yes, I’ve spent my career trying to grapple with those dilemmas: how to be in relationship with someone where I’m engaged in the process but keeping out of the way so they can be the agent of what is happening, or at least we can construct that agency together. So that they can be the self-healer, I suppose, in some ways. So yes, the image of the “healer” evokes images of a therapeutic shaman who knows how to make it happen (in a surreptitious way) with the magic wand. That becomes problematic for me because of how it situates the professional or the therapist in relation to the person that they’re working with.

TOD AUGUSTA-SCOTT: I am interested in exploring how the healing metaphor and the emotional resonance around it can be both helpful and unhelpful. Within some religious and medical traditions, the metaphor of healing emphasises the agency of the priest or therapist – the healer - to create change rather than the person being helped. When people
use metaphors like ‘healing’ and negate people’s agency in the change process they
become unhelpful.

The language of ‘hope’ is also used in religious and medical discourse. In the context of
only the ‘healer’ having agency, the language of ‘hope’ that change will happen is often
disconnected from people’s agency. When I do use the term hope, I want to make sure it
is associated with people’s agency or use terms like ‘creating possibilities.’

Also the word “healing” is part of the same therapeutic and spiritual traditions that
invokes ideas like “wholeness”, “true self”, “completeness” and “self-actualization”.
These terms can be used to suggest that the goal of therapy is a static state of being, in
which a person no longer has to be reflexively engaged with the world. A person no
longer has to investigate how their ideas and practices may be both helpful and unhelpful.
Further, by invoking this language as a therapist, I have inadvertently invited people to
see themselves in terms of deficits—not being good enough, that they have not arrived,
and that they are not complete, not yet perfect. I think it is helpful to use metaphors in a
manner that emphasise both how reflexively engaging life is important, focuses people on
possibilities, and emphasis how identity is fluid.

JILL FREEDMAN: So you’re saying one of the ideas of healing is that you would have
to heal to be whole?

TOD AUGUSTA-SCOTT: Yes, yes. I think that is how those ideas often work together
in unhelpful ways. Part of what I am trying to render visible is the care I want to take in
how I use metaphors in my work--the metaphor of ‘healing’, for example, invokes a
cluster of other metaphors whose meaning I would also want to clarify before using. I
think that ‘healing’, ‘wholeness’ and ‘completeness’ and ‘self-actualization’, are also part
of that same discourse.

DAVID PARÉ: So the sense is there that life is fixable.

TOD AUGUSTA-SCOTT: It will be all better.

DAVID PARÉ: Yes, and then also you’re saying that if it isn’t, then to what degree do
we judge ourselves as incomplete or not whole or…

TOD AUGUSTA-SCOTT: Perpetual striving because people are invited only to focus on
deficits.

And I often hear people talking about the choice to become a therapist as a ‘calling’,
which is another connection to religious discourse in our work. I am nervous about using
this language without both unpacking the multiple meanings it invokes (e.g., the
traditional notion of ‘healer’) and clarifying my use of it.

DAVID PARÉ: There’s another piece here related to what you brought up, Karen. It’s
the notion of how the word “healing” brings us into emphasizing wounded-ness and
possibly victim-hood. And I was thinking about the language around abuse, and the
movement over the last twenty years or so from “victim” to “survivor”, and more recently
an alternative that comes up in Allan Wade’s work (among others)—he talks about people
responding to abuse. Something important happens when we can help to make sense of a
person as responding to what has happened—since the abuse or even in the moment
when it was happening. So he’s zero-ing on agency. And language is critical, because it
can highlight or render invisible very real actions and meanings that might be helpful to
the situation at hand. Do we obscure the degree to which the person is responding to
something? Or obscure the degree to which they are not just wounded but also
“whole”…or perhaps another word might be “perfect” in some way? Perhaps we’re all
wounded, and perhaps that’s the perfection of our human-ness.

JILL FREEDMAN: The healing metaphor implies that there’s some sort of identity
problem.

DAVID PARÉ: Yes, a broken-ness maybe.

JILL FREEDMAN: That it’s not just something that happens, it’s something that affects
the identity.

KAREN YOUNG: The word that comes up for me when I’m listening to this is also the
word “traumatized”. I think there are a lot of conversations that circulate around the
word traumatized that relate to needing to be healed-- the need to be healed from trauma,
and lot to do with identity conclusions that relate to that as well.

TOD AUGUSTA-SCOTT: So can you say more about that?

KAREN YOUNG: Well, when you were talking about “victim”, that’s when my mind
went to the therapeutic culture that surrounds “trauma” and “traumatized”. That there
are certain things that need to happen to “get better”, “recover”, or the word I often hear
is “healed” from trauma. So that takes me back to the question of “what does that mean?
Does that mean that we’re assuming or understanding that if a person has experienced
trauma, then the inevitable result is the wounded, injured, damaged, metaphors going
with that? And I think that’s where I start to feel discomfort with this word “healing”. I
really felt drawn though to what you said, Jill, away from all that…some personal
experiences, feeling quite connected, really warm towards the word “healing” as well.
I’m not sure why, but those two seem to be very separate for me.

DAVID PARÉ: For me I think part of it is that some of the other language, like
“transforming”, doesn’t capture the emotional, visceral, embodied experience in the same
way as the word suffering. I had a really interesting conversation with Diane Gehart
(she’s a family therapist) yesterday about suffering. We talked about how one could
argue that our work is all about getting together with people, and facilitating with them a
process that helps in some way to alleviate suffering. But we never talk about suffering
at all in our work, in our language. It’s just not one of the big catch phrases. In fact, I’m
sure if you did a PsychInfo search, you probably don’t come up with much.
JILL FREEDMAN: I like “suffering” though. (Laughter). I don’t mean I like suffering—I like the word. It doesn’t have to include an identity conclusion. You can acknowledge the experience of suffering without thinking of a person as “a sufferer.”

KAREN YOUNG: I really like your distinction between the experience of, and it becoming an identity conclusion.

CHRIS BEHAN: I had a couple of thoughts. I hear all of you stepping back from the word “healing” and examining, critiquing and unpacking it. Also the idea of the “healer” being centered, or possibly over-centered, and the danger of that. Is there a sense that any of you have of times and places that you (and I think Jill your story could be an example of that) step toward healing, times when the idea makes sense, fits, is à propos? I know you were saying, Karen, that when a client uses that kind of language, you want to help them to unpack so that you understand it better. Are there times when you feel that you want to step towards that idea of healing? Are there times when you’ve actually felt like a healer? I mean, I know that might be a little dangerous territory, but I know I have had experiences as a therapist--I’m not really into shamanism personally--but often I have felt like there’s some magic going on that I’m part of. I don’t know if you folks would be able to speak to that a bit, because I know you’ve stepped back from healing and I’m just wondering if you could also step toward it.

KAREN YOUNG: In the title of the conference is the phrase “Healing Conversations”, I feel I could step towards the question of what my part is in those. I do have experiences in conversation with people where I’m recognizing and they are, that something very, perhaps, healing is happening. I can’t step towards myself being the healer in that context because I feel very strongly that what’s happening is being co-developed in terms of my part in asking questions. But the much bigger part is their responses. So I don’t feel like I can step towards being a healer, but I certainly could step towards the idea of participating in or maybe facilitating healing conversations.

TOD AUGUSTA-SCOTT: Or using a word like ‘scaffolding’ to describe what we do.

KAREN YOUNG: For sure, I would see myself as having a big responsibility in therapeutic conversation to create questions that, whether you want to call it scaffolding, or creating possibilities for transport from the known and familiar to what’s possible to know— I absolutely think that’s what my business is, that’s what I’m there to do. I wouldn’t really think of it as, I’m there to do healing. But if the word healing meant a lot to them… and I guess I’d have to say that occasionally it does, I could embrace the idea that maybe something healing is happening for them in this conversation. So I feel like I could step toward it in that way.

TOD AUGUSTA-SCOTT: While I am concerned about invoking the traditional religious idea of the ‘healer’, I am interested in the connections between some religious traditions and the therapy movement. As I have gotten more exposure to Buddhism and
Christianity, religious traditions that circulate in the communities that I work, I see more of the connections between those historic religious traditions and this kind of therapeutic enterprise that I am engaged in. For centuries, within the Buddhist tradition, people have been encouraged to understand suffering and pain, for instance. And also within Christianity there is the tradition of facing sin or shame, mistakes that have been made. In the context of working with violence, I find a lot of my conversations are powerfully shaped around specifically those ideas and practices.

Acknowledging connections with those traditions, specifically within the domestic violence movement, is a new development for me. Until recently, I and a number of my colleagues have only been critical of the Christian tradition for how it has maintained men’s abuse and control in relationships with women. And I did not spend much time appreciating the helpful aspects of this tradition that I actually include in my therapeutic practice.

I find it helpful to acknowledge that many of these therapeutic practices I now use are not new since the birth of the therapy movement, or the narrative therapy movement in particular. There is actually a lineage here that I am connected with, a heritage that I am linked with that goes back centuries. In accordance with the ideas of narrative therapy, acknowledging these traditions to which I am connected helps thicken and strengthen my story about my therapeutic practices. I am connected across time in these practices, that date back much further than the 1970’s or even Freud. So while I want to be careful in using metaphors used in religious discourse such as ‘healing’, I am moving toward a willingness to look at those connections between the religious traditions and my therapeutic practice.

CHRIS BEHAN: What in Christianity, do you see yourself as following?

TOD AUGUSTA-SCOTT: Well specifically that example around facing sin or facing shame, facing mistakes, owning up to stuff. I think that is a piece of it. But also the idea of confidentiality, of people going to religious leaders in confidence and talking about what is going on for them. The church has often been the site in communities that has maintained those traditions. As well, part of my work is creating possibilities and hope for those who are in prison. Traditionally, people from the church have gone into jails and kept alive possibilities and hope that people can change and that their lives can be different. In these and other ways, I see the therapy movement as a secularization of religious traditions. While I am familiar with and believe in the critique of these religious traditions, I now recognize this critique is also similar to the many concerns I have of the therapy movement (e.g., traditional role of the expert, appealing to a larger authority, etc.). The change, however, is for me to recognize the connections between the religious traditions and my own practices as a therapist.

JILL FREEDMAN: Do you think the people that you work with may experience some of those traditions as healing?
TOD AUGUSTA-SCOTT: Oh, I suspect, for sure. And I think that probably my work could be a lot better if I had more literacy around those religious metaphors and stories that they have in their lives, to which they attach meaning and importance. I would be able to “center” them more in the conversation, and increase my “influence” in the conversations. Here I am drawing on Michael White’s language.

DAVID PARÉ: So, there’s almost a bit of paradox or an irony to me in what you’re saying in the sense that in a lot of ways you’ve tended to distance from a healing metaphor, but as you stand back you start to see what you’re doing as an outgrowth of a tradition that goes back thousands of years. We haven’t really talked very much about this yet; in preparing of the panel, we talked more about how we were going to have this conversation.

TOD AUGUSTA-SCOTT: Talking about talking.

DAVID PARÉ: But there’s that piece, too, Tod--the idea that in some ways we can’t really step out of our cultural heritage—that our cultural practice of therapy is embedded in a long cultural tradition. And even in moments when it appears to be an attempt to provide an alternative to the tradition, it can also be seen in some ways to be a re-enactment of the tradition in a slightly different guise. I guess what occurs to me is that narrative therapy with its beautiful devotion to respect, social justice, community connection, resonates in some ways more with Western (Christian) traditions than with Eastern traditions. And also the general therapeutic endeavour to facilitate change--change the behaviour or change the meaning, change the story, reauthor. It’s an out-there-in-the-world enterprise that fits with Christian social traditions. So I guess in responding to you, Tod, my impression is that narrative—which is the most deconstructive of the therapies I’ve encountered--in some ways also re-enacts longstanding Christian values. And I don’t see that as a problem, but I think that it doesn’t get named very often.

TOD AUGUSTA-SCOTT: And I think part of the naming of that for myself (as much as I can critique those religious traditions), the naming and acknowledging of those connections between the religious and therapeutic traditions has actually been rich for me in my work.

JILL FREEDMAN: I’m curious if you think about it that way, Tod--if you think about religious traditions—where does your role fit?

TOD AUGUSTA-SCOTT: Do you mean in terms of the “healer” idea associated with the “priesthood” or the “shaman”?

JILL FREEDMAN: Yes.

TOD AUGUSTA-SCOTT: I would not feel comfortable with that legacy or the tradition of therapist as “healer” in the traditional sense. Often the traditional role of “healer”, “priest”, “doctor” or “therapist” does not involve adopting a collaborative, self-reflexive engagement with those they are trying to help.
JILL FREEDMAN: One of the reasons that I ask you that question is that a number of years ago I was seeing a man who felt really stuck in his life. He was Catholic and he had a history of masturbation, and that was a problem for him because of Catholicism. I invited a friend of mine who’s a Jesuit priest to join us in therapy so that I could interview both of them and so that the person I was working with could ask my friend the priest some questions. That was a really helpful conversation. I can’t remember exactly what the priest said but I think he made a distinction between acting like something never happened and finding a way to continue after something happened. He told some metaphors about beautiful broken pottery still being beautiful, but different, after it has been mended. When you were talking about this I was reflecting on my part in that conversation in that particular therapy—the pivotal conversation in the therapy for this person. I’ve always thought that what I did that was helpful was to find a person who could be helpful in a particular role. I could not have had a conversation that had that kind of meaning without the priest, but I could facilitate the conversation. That’s what I thought about when you were talking. I was wondering in thinking about these traditions, what’s our role? I wasn’t suggesting we enter as priests. It seems like there’s an importance in an outside facilitative role.

KAREN YOUNG: Can I interrupt that for a second? What you were saying, Jill, just now, and the things that you were saying, Tod, got me thinking. You were talking about traditions, long historical traditions. And you were talking about bringing others in and I’m thinking about the importance and centrality really of outsider witness practices in narrative. And whether it would be interesting to think about those practices like the definitional ceremonies, outsider witnesses as possibly related to an idea that telling stories is healing? Or is listening to each others’ stories healing? The way that each other’s stories resonate with one another, is that healing? Is there something important about that? And that tradition in narrative practice obviously has long historical and cultural roots in terms of story-telling. So I was thinking a lot about that too, while you both were talking. I was thinking about the effects of your story on me, Jill, your lovely story about your aunt. Because while you were telling that story, I was thinking about a story in my life, about something that someone said to me years ago, more than thirteen years ago now. And they felt like “healing words” to me. But they couldn’t have come from just anyone. They were words from someone in particular that were healing. They wouldn’t have been healing words if a therapist had said them to me, or someone else, but that this particular person said them, was healing for me. So I was thinking about that too, in terms of stories and words, and to what extent do we all experience those as healing?

TOD AUGUSTA-SCOTT: I would like to mention another piece of that healing metaphor, religious metaphor and what it gets connected with that I struggle with. I like the word “transformation” too. I am sure sometimes this language, along with the language of conversion, can be helpful in describing some people’s experience of change. Often this is the only language men I talk with have to talk about their change process. Initially, men talk about their lives in terms of “before and after counselling”. They name their experience as a kind of “transformation” or “conversion experience” — that is the
language and metaphor they have to talk about change. They take up possibilities for
change in their lives through the “born-again” language. I can appreciate that and I also
find for some that change becomes more sustainable if they are invited to investigate the
history of these “new” values and practices in their own history. If the man is thinking
“this is a new me”, and it goes back to, say, last Friday, his relationship with these
preferred values and practices maybe weak and thinly described. For some men, if they
identify these preferred values and practices across the whole span of their life, they
develop a stronger identification with, relationship with, and commitment to these values
and practices. If he develops the story and history of his values and commitments, the
man can see relapses as part of his on-going journey and struggle to live his preferred
values and commitments. He can see change as a fluid process. In contrast, a risk of
only using the conversion metaphor is that it rests on the binary that people either have or
have not changed. As a result, if a man uses the “conversion” metaphor and he relapses
and uses abuse again, often he simply concludes that he did not change. This conclusion
often stalls the movement toward change. And so, when I enter into that language of
change, I am often trying to thicken the story of his history of commitment to these
values and practices, rather than only relying on the conversion or transformation
metaphors to talk about change.

DAVID PARÉ: What comes up for me there is the notion of enlightenment. It seems to
be a popular notion that one someone attains enlightenment like a Cosmic Lightbulb
going on, and somehow they’re now on a whole new plateau. And then I hear others
describing enlightenment differently, as an accomplishment that you have to re-achieve
every day. Jack Kornfield—he’s an American Buddhist who’s been writing about
Buddhism for years---has a book called “After the Ecstasy, the Laundry”. (laughter) The
process doesn’t quite end. That kind of goes back to some of the things we’ve said
earlier--that it’s not as though the wound closes and life is perfect from then on. But on
the other hand, I wonder in your story Jill, whether there’s something that will never be
the same again because of that one moment.