

1 have consulted for years. At that agency a number of staff people have come through
2 12-step programs. They work with addictions and HIV. They would be more likely to
3 talk about healing and that is a context where I would be most likely to join in using that
4 metaphor.

5
6 TOD AUGUSTA-SCOTT: I work at a domestic violence program in a rural Nova Scotia
7 town called Truro. I have narrative conversations with men who have used violence
8 toward their families. I am interested in unpacking the healing metaphor through
9 discourse analysis and looking at the history of that language and that metaphor and its
10 influence on therapeutic conversations. I want to be careful about how I use the word
11 'healing' is in my practice. As a result, I do not use the language of healing very often in
12 my practice very often. I am interested in unpacking why this word does not show up
13 more in my conversations.

14
15 Along with medical discourses, the word 'healing' is also found in religious discourse.
16 One of the salient contexts of my work with the men is that I work in communities where
17 there is a strong commitment to various religious traditions—particularly Christian
18 religious traditions. I suspect the word 'healing' probably resonates quite a bit with the
19 people with whom I actually see. Many people I am in conversation with probably find
20 the healing metaphor quite helpful. I am interested in the dissonance between the kind of
21 unpacking that I do and the context of community that I work in. As well, until recently,
22 I have not acknowledged the connections between these religious traditions and the
23 therapy movement nor have I utilized the helpfulness of many religious metaphors that
24 may be useful in my therapeutic conversations.

25
26 CB: Great, and thank you. Does anyone on the panel have an idea to get us started in this
27 conversation?

28
29 KAREN YOUNG: Well, I don't think I've approached it very much from a place of
30 discourse analysis, but when I was thinking and preparing for this conversation I did
31 some re-reading of things that I've read in my life about healing; because it's also not a
32 word that I would currently use in my practice. I wouldn't talk about "healing" someone
33 and I certainly wouldn't feel very comfortable situating myself as a healer. So some of
34 what it brings up for me is the question of "healing from what?" And then when I thought
35 about "healing from what", that evoked some metaphors for me--metaphors to do with
36 people being wounded, or injured, or damaged, or hurt. And again, those aren't
37 necessarily metaphors that I would feel close to in my work. So, when I thought about
38 that I remembered a quote. This actually wasn't hard for me to remember because it's
39 sitting up on my bulletin board in front of my telephone at my desk. So it was kind of
40 funny to realize that it was right there, and that's where those thoughts took me. So I
41 thought I'd read it because it's meant something to me. Where it comes from is not in a
42 narrative therapy book particularly. It's a book written by a medical doctor named Rachel
43 Naomi Remen and it's called "Kitchen Table Wisdom". Has anyone heard of that book?
44 She talking about the idea of process as it relates to healing, and she says: "Another word
45 for process is 'yet'. We have a choice. We can be the fixer of the broken or the holder of
46 the yet." And I've always really liked that idea because I think it positions me away from

1 that idea of people being broken and needing to be fixed, which is certainly a place that I
2 prefer to be away from in terms of my thinking. It brings me more to an idea of moving
3 forward, that there's a "yet", a future difference, that something is going to be changing
4 or possibly transforming. And I wonder a bit about the word "transformation", whether it
5 might be a word that suits me more. I guess I was starting to think about, if I was going to
6 substitute other words for healing, what they might be? And I thought about
7 transformation. I was thinking about--whether it's physical or emotional or spiritual hurt
8 that people have--that somehow all three of those can kind of be a doorway or an
9 invitation to some kind of transformation in our lives. I'm guessing lots of people have
10 had that kind of experience; that some kind of suffering--physical, emotional or spiritual--
11 might lead to some kind of transformation. So I wondered whether transformation might
12 be another word, if I was going to unpack healing in a way that felt more close to my own
13 beliefs and preferences.

14
15 Then I got thinking about something that's really important to me in my work, which has
16 been the ideas of Michael White about moving from the "known and familiar" to "what's
17 possible to know". And also the idea of transport from one place to another--from a
18 "what you know right now" place to "what you might know place". So I'm thinking
19 about that, in terms of maybe there's something about moving into the unknown that's
20 possibly healing. That idea of allowing ourselves to see something familiar with new
21 eyes, in a way, and whether there's some aspects of that that might connect for me in
22 relation to healing. So, I started bringing forward more ideas that felt closer to my own
23 beliefs and preferences. In a way I unpacked the word into something I felt more
24 comfortable with, and in fact that's what I do with my practice. If someone is coming in,
25 whether it's at the walk-in clinic or anywhere, and they're talking about feeling a need for
26 a healing conversation or to be healed, or whatever, definitely my response to that is to
27 inquire more-- to get into as much curiosity as possible and inquire what that means to
28 *them*.

29
30 JILL FREEDMAN: In anticipating this panel, I too thought that this is not a word that
31 really resonates for me. Like you, I thought maybe I could talk about meanings that *do*
32 resonate for me. I kept being pulled back to one particular experience. I have to fill you in
33 a little bit because this experience sits on other experiences:

34
35 My mother has had Multiple Sclerosis for fifty years. My dad was an amazing caregiver
36 for her but he died about three and a half years ago. When he died, it was immediately
37 obvious to everyone—except for my mother's physician (but that's another story)—that
38 she couldn't live alone. She had tremendous physical disabilities. A lot of people would
39 say to me, as the oldest, "Are you going to put her in a nursing home?" Even when my
40 mom was there people would talk to me, not her, about it. She was really irritated about
41 that. My brother Steve and I asked my mom what *she* wanted to do. Over a three-week
42 period we had many conversations about where she should live. She clearly preferred to
43 stay in her own home. Almost all of her life she had lived in St. Louis. She had two living
44 siblings there and many, many close friends and neighbours. She didn't want to leave. So
45 we investigated agencies that would provide round-the-clock care in her home. For about
46 a year and a half she stayed in her home with this care. It was very difficult in many

1 respects. Her caregiver would go out to the drugstore and four hours later I'd get a call
2 from the neighbour saying "Your mother's at home by herself." My mother couldn't
3 walk at all or do much of anything physically on her own. I lived three hundred miles
4 away, so it wasn't like I could do anything except hassle the agency. My Aunt Bertie, my
5 mother's older sister who had always been close to my mom and lived just down the
6 street, was always filling in and responding to problems. Over time, more and more
7 things went wrong, so we began to wonder and to have some conversations with my mom
8 about whether our plan was really working.

9
10 About a year after we started this process, I got a letter from a cousin in Cleveland who
11 had visited my mom. This letter was sort of like a punch in the stomach. In it Gwen said,
12 "Your mother's living situation is awful; you can't let this go on; this is irresponsible;
13 you've got to do something!." It went on to say, "Your mother's home is filthy; the
14 caregiver is lazy; you're just turning your back on your responsibility. You must put your
15 mother in a nursing home!" It was a horrible, horrible letter and I chose not to respond to
16 it. I didn't call, didn't write, didn't do anything. I also chose not to tell anybody in my
17 family about it. One of the things repeatedly emphasized in the letter was the message
18 that this was too much for my Aunt Bertie. She shouldn't have to do this. There was a
19 strong implication that the stress could kill her. Although Bertie was my confidante about
20 all things related to my mother, I decided not to even let her know about this letter
21 because although I agreed that this was hard on Bertie, I believed that she would be
22 outraged to have Gwen speak of putting my mother in a nursing home on her behalf and I
23 couldn't imagine that knowledge of this letter could contribute anything good to any of
24 the relationships between the people involved.

25
26 About four months after I got the letter, in a conversation with me and my brother, my
27 mother decided that she *wanted* to be in a nursing home because she wanted more people
28 around and she wanted more consistent care. We were glad that we hadn't made this
29 decision for my mom, but that she made it with us. So we found the best nursing home
30 we could, near us.

31
32 A year and a half after my mother came to Chicago to live in a nursing home, my Aunt
33 Bertie was diagnosed with pancreatic cancer. Because the prognosis was quite poor and
34 she was eighty-six, she decided that she didn't want any treatment. She didn't have very
35 long to live. I *loved* this aunt and had a wonderful relationship with her. As soon as I
36 heard of her illness, I went to visit her, as did many other people. Her condominium was
37 full of friends and family. At one point I found myself in Bertie's bedroom with ten or
38 twelve other people circling her bed. One of those people was Cousin Gwen from
39 Cleveland who had written the letter. It was the first time I saw her since I experienced
40 that punch in the stomach. During the time my Aunt Bertie was lying in bed, whenever
41 somebody walked into the room she said something wonderful about them and there was
42 great reminiscing and telling of stories. At one point Bertie started talking about *me*,
43 about what a wonderful daughter I was. She talked about how difficult it had been since
44 my father died and how I had been just amazing—how I had stepped forward and how I
45 listened to my mother and how I cared about what was important to her. Then Bertie
46 turned to our Cousin Gwen and said, "Tell her what a good daughter she's been." Our

1 Cousin Gwen looked at me, and I could see her floundering. She didn't say anything. My
2 Aunt Bertie said, "Tell her." And so Gwen turned to me and said, "You're a good
3 daughter." Whenever I think about that experience or talk about it, I find myself saying
4 that was a really *healing* experience. I just can't find another way to describe it.

5
6 DAVID PARÉ: Jill, I said earlier I don't use the word healing to describe my work, but
7 your story touches on something that the word evokes for me. It's about the healing of
8 forgiveness and absolution. Your story brings that forward for me. It's a meaning also
9 found in the religious traditions we were referring to earlier, and that aspect of the word I
10 find very beautiful. For me it evokes a kind of soothing quality, a soothing of the rough
11 edges or the unfinished moment.

12
13 JILL FREEDMAN: It made me think, not that someone healed someone else but that
14 there can be something healing in a process.

15
16 KAREN YOUNG: Jill, when you were telling your story I was thinking, none of the
17 other words quite evoke that picture that the word "healing" does. I like the word
18 soothing too, but it isn't the same word either as healing. When you said it was healing, I
19 thought yeah, it wouldn't be enough to say it was "transforming" or "moving" or some
20 kind of process like that. It wouldn't be *enough*. So, somehow the word healing seems to
21 be *enough* of a word. And maybe that's something to do with the history it stands on and
22 the different meanings it has in our culture.

23
24 DAVID PARÉ: I was thinking about how the word healing too, evokes images for me of
25 an open wound which is closed, a cut which is now healed, and a kind of a returning to a
26 kind of a whole. I was also thinking about the distinction between the word "healing"
27 and the word "healer". The "healing" word evokes appealing images and the "healer"
28 word becomes a bit problematic for me in my own work. And it has to do with how it
29 situates the healer relative to the healing or the "healed". I find that it privileges the
30 healer as the agent of the transformation.

31
32 KAREN YOUNG: Like the expert?

33
34 DAVID PARÉ: Yes, I've spent my career trying to grapple with those dilemmas: how to
35 be in relationship with someone where I'm engaged in the process but keeping out of the
36 way so they can be the agent of what is happening, or at least we can construct that
37 agency *together*. So that they can be the self-healer, I suppose, in some ways. So yes, the
38 image of the "healer" evokes images of a therapeutic shaman who knows how to make it
39 happen (in a surreptitious way) with the magic wand. That becomes problematic for me
40 because of how it situates the professional or the therapist in relation to the person that
41 they're working with.

42
43 TOD AUGUSTA-SCOTT: I am interested in exploring how the healing metaphor and the
44 emotional resonance around it can be both helpful and unhelpful. Within some religious
45 and medical traditions, the metaphor of healing emphasises the agency of the priest or
46 therapist – the healer - to create change rather than the person being helped. When people

1 use metaphors like ‘healing’ and negate people’s agency in the change process they
2 become unhelpful.

3
4 The language of ‘hope’ is also used in religious and medical discourse. In the context of
5 only the ‘healer’ having agency, the language of ‘hope’ that change will happen is often
6 disconnected from people’s agency. When I do use the term hope, I want to make sure it
7 is associated with people’s agency or use terms like ‘creating possibilities.’

8
9 Also the word “healing” is part of the same therapeutic and spiritual traditions that
10 invokes ideas like “wholeness”, “true self”, “completeness” and “self-actualization”.
11 These terms can be used to suggest that the goal of therapy is a static state of being, in
12 which a person no longer has to be reflexively engaged with the world. A person no
13 longer has to investigate how their ideas and practices may be both helpful and unhelpful.
14 Further, by invoking this language as a therapist, I have inadvertently invited people to
15 see themselves in terms of deficits--not being good enough, that they have not arrived,
16 and that they are not complete, not yet perfect. I think it is helpful to use metaphors in a
17 manner that emphasise both how reflexively engaging life is important, focuses people on
18 possibilities, and emphasis how identity is fluid.

19
20 JILL FREEDMAN: So you’re saying one of the ideas of healing is that you would have
21 to heal to be whole?

22
23 TOD AUGUSTA-SCOTT: Yes, yes. I think that is how those ideas often work together
24 in unhelpful ways. Part of what I am trying to render visible is the care I want to take in
25 how I use metaphors in my work--the metaphor of ‘healing’, for example, invokes a
26 cluster of other metaphors whose meaning I would also want to clarify before using. I
27 think that ‘healing’, ‘wholeness’ and ‘completeness’ and ‘self-actualization’, are also part
28 of that same discourse.

29
30 DAVID PARÉ: So the sense is there that life is fixable.

31
32 TOD AUGUSTA-SCOTT: It will be all better.

33
34 DAVID PARÉ: Yes, and then also you’re saying that if it *isn’t*, then to what degree do
35 we judge ourselves as incomplete or not whole or...

36
37 TOD AUGUSTA-SCOTT: Perpetual striving because people are invited only to focus on
38 deficits.

39
40 And I often hear people talking about the choice to become a therapist as a ‘calling’,
41 which is another connection to religious discourse in our work. I am nervous about using
42 this language without both unpacking the multiple meanings it invokes (e.g., the
43 traditional notion of ‘healer’) and clarifying my use of it.

44
45 DAVID PARÉ: There’s another piece here related to what you brought up, Karen. It’s
46 the notion of how the word “healing” brings us into emphasizing wounded-ness and

1 possibly victim-hood. And I was thinking about the language around abuse, and the
2 movement over the last twenty years or so from “victim” to “survivor”, and more recently
3 an alternative that comes up in Allan Wade’s work (among others)--he talks about people
4 *responding* to abuse. Something important happens when we can help to make sense of a
5 person as *responding* to what has happened—since the abuse or even in the moment
6 when it was happening. So he’s zero-ing on agency. And language is critical, because it
7 can highlight or render invisible very real actions and meanings that might be helpful to
8 the situation at hand. Do we obscure the degree to which the person is responding to
9 something? Or obscure the degree to which they are not *just* wounded but *also*
10 “whole”...or perhaps another word might be “perfect” in some way? Perhaps we’re *all*
11 wounded, and perhaps that’s the perfection of our human-ness.

12
13 JILL FREEDMAN: The healing metaphor implies that there’s some sort of identity
14 problem.

15
16 DAVID PARÉ: Yes, a broken-ness maybe.

17
18 JILL FREEDMAN: That it’s not just something that happens, it’s something that affects
19 the identity.

20
21 KAREN YOUNG: The word that comes up for me when I’m listening to this is also the
22 word “traumatized”. I think there are a lot of conversations that circulate around the
23 word traumatized that relate to needing to be healed-- the need to be healed from trauma,
24 and lot to do with identity conclusions that relate to that as well.

25
26 TOD AUGUSTA-SCOTT: So can you say more about that?

27
28 KAREN YOUNG: Well, when you were talking about “victim”, that’s when my mind
29 went to the therapeutic culture that surrounds “trauma” and “traumatized”. That there
30 are certain things that need to happen to “get better”, “recover”, or the word I often hear
31 is “healed” from trauma. So that takes me back to the question of “what does that mean?”
32 Does that mean that we’re assuming or understanding that if a person has experienced
33 trauma, then the inevitable result is the wounded, injured, damaged, metaphors going
34 with that? And I think that’s where I start to feel discomfort with this word “healing”. I
35 really felt drawn though to what you said, Jill, away from all that...some *personal*
36 experiences, feeling quite connected, really warm towards the word “healing” as well.
37 I’m not sure why, but those two seem to be very separate for me.

38
39 DAVID PARÉ: For me I think part of it is that some of the other language, like
40 “transforming”, doesn’t capture the emotional, visceral, embodied experience in the same
41 way as the word *suffering*. I had a really interesting conversation with Diane Gehart
42 (she’s a family therapist) yesterday about suffering. We talked about how one *could*
43 argue that our work is all about getting together with people, and facilitating with them a
44 process that helps in some way to alleviate suffering. But we never talk about suffering
45 at all in our work, in our language. It’s just not one of the big catch phrases. In fact, I’m
46 sure if you did a PsychInfo search, you probably don’t come up with much.

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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

1 Christianity, religious traditions that circulate in the communities that I work, I see more
2 of the connections between those historic religious traditions and this kind of therapeutic
3 enterprise that I am engaged in. For centuries, within the Buddhist tradition, people have
4 been encouraged to understand suffering and pain, for instance. And also within
5 Christianity there is the tradition of facing sin or shame, mistakes that have been made. In
6 the context of working with violence, I find a lot of my conversations are powerfully
7 shaped around specifically those ideas and practices.

8
9 Acknowledging connections with those traditions, specifically within the domestic
10 violence movement, is a new development for me. Until recently, I and a number of my
11 colleagues have only been critical of the Christian tradition for how it has maintained
12 men's abuse and control in relationships with women. And I did not spend much time
13 appreciating the helpful aspects of this tradition that I actually include in my therapeutic
14 practice.

15
16 I find it helpful to acknowledge that many of these therapeutic practices I now use are not
17 new since the birth of the therapy movement, or the narrative therapy movement in
18 particular. There is actually a lineage here that I am connected with, a heritage that I am
19 linked with that goes back centuries. In accordance with the ideas of narrative therapy,
20 acknowledging these traditions to which I am connected helps thicken and strengthen my
21 story about my therapeutic practices. I am connected across time in these practices, that
22 date back much further than the 1970's or even Freud. So while I want to be careful in
23 using metaphors used in religious discourse such as 'healing', I am moving toward a
24 willingness to look at those connections between the religious traditions and my
25 therapeutic practice.

26
27 CHRIS BEHAN: What in Christianity, do you see yourself as following?

28
29 TOD AUGUSTA-SCOTT: Well specifically that example around facing sin or facing
30 shame, facing mistakes, owning up to stuff. I think that is a piece of it. But also the idea
31 of confidentiality, of people going to religious leaders in confidence and talking about
32 what is going on for them. The church has often been the site in communities that has
33 maintained those traditions. As well, part of my work is creating possibilities and hope
34 for those who are in prison. Traditionally, people from the church have gone into jails
35 and kept alive possibilities and hope that people can change and that their lives can be
36 different. In these and other ways, I see the therapy movement as a secularization of
37 religious traditions. While I am familiar with and believe in the critique of these religious
38 traditions, I now recognize this critique is also similar to the many concerns I have of the
39 therapy movement (e.g., traditional role of the expert, appealing to a larger authority,
40 etc.). The change, however, is for me to recognize the connections between the religious
41 traditions and my own practices as a therapist.

42
43 JILL FREEDMAN: Do you think the people that you work with may experience some of
44 those traditions as healing?

45

1 TOD AUGUSTA-SCOTT: Oh, I suspect, for sure. And I think that probably my work
2 could be a lot better if I had more literacy around those religious metaphors and stories
3 that they have in their lives, to which they attach meaning and importance. I would be
4 able to “center” them more in the conversation, and increase my “influence” in the
5 conversations. Here I am drawing on Michael White’s language.

6
7 DAVID PARÉ: So, there’s almost a bit of paradox or an irony to me in what you’re
8 saying in the sense that in a lot of ways you’ve tended to distance from a healing
9 metaphor, but as you stand back you start to see what you’re doing as an outgrowth of a
10 tradition that goes back thousands of years. We haven’t really talked very much about
11 this yet; in preparing of the panel, we talked more about *how* we were going to have this
12 conversation.

13
14 TOD AUGUSTA-SCOTT: Talking *about* talking.

15
16 DAVID PARÉ: But there’s that piece, too, Tod--the idea that in some ways we can’t
17 really step *out* of our cultural heritage--that our cultural practice of therapy is embedded
18 in a long cultural tradition. And even in moments when it appears to be an attempt to
19 provide an *alternative* to the tradition, it can also be seen in some ways to be a re-
20 enactment of the tradition in a slightly different guise. I guess what occurs to me is that
21 narrative therapy with its beautiful devotion to respect, social justice, community
22 connection, resonates in some ways more with Western (Christian) traditions than with
23 Eastern traditions. And also the general therapeutic endeavour to facilitate *change*--
24 change the behaviour or change the meaning, change the story, reauthor. It’s an out-there-
25 in-the world enterprise that fits with Christian social traditions. So I guess in responding
26 to you, Tod, my impression is that narrative--which is the most deconstructive of the
27 therapies I’ve encountered--in *some* ways *also* re-enacts longstanding Christian values.
28 And I don’t see that as a *problem*, but I think that it doesn’t get named very often.

29
30 TOD AUGUSTA-SCOTT: And I think part of the naming of that for myself (as much as
31 I can critique those religious traditions), the *naming* and acknowledging of those
32 connections between the religious and therapeutic traditions has actually been rich for me
33 in my work.

34
35 JILL FREEDMAN: I’m curious if you think about it that way, Tod--if you think about
36 religious traditions—where does your role fit?

37
38 TOD AUGUSTA-SCOTT: Do you mean in terms of the “healer” idea associated with the
39 “priesthood” or the “shaman”?

40
41 JILL FREEDMAN: Yes.

42
43 TOD AUGUSTA-SCOTT: I would not feel comfortable with that legacy or the tradition
44 of therapist as “healer” in the traditional sense. Often the traditional role of “healer”,
45 “priest”, “doctor” or “therapist” does not involve adopting a collaborative, self-reflexive
46 engagement with those they are trying to help.

1

2 JILL FREEDMAN: One of the reasons that I ask you that question is that a number of
3 years ago I was seeing a man who felt really stuck in his life. He was Catholic and he had
4 a history of masturbation, and that was a problem for him because of Catholicism. I
5 invited a friend of mine who's a Jesuit priest to join us in therapy so that I could
6 interview both of them and so that the person I was working with could ask my friend the
7 priest some questions. That was a really helpful conversation. I can't remember exactly
8 what the priest said but I think he made a distinction between acting like something never
9 happened and finding a way to continue after something happened. He told some
10 metaphors about beautiful broken pottery still being beautiful, but different, after it has
11 been mended. When you were talking about this I was reflecting on my part in that
12 conversation in that particular therapy--the pivotal conversation in the therapy for this
13 person. I've always thought that what *I* did that was helpful was to find a person who
14 could be helpful in a particular role. I could not have had a conversation that had that
15 kind of meaning without the priest, but I could facilitate the conversation. That's what I
16 thought about when you were talking. I was wondering in thinking about these traditions,
17 what's *our* role? I wasn't suggesting we enter as priests. It seems like there's an
18 *importance* in an outside facilitative role.

19

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

39

40 TOD AUGUSTA-SCOTT: I would like to mention another piece of that healing
41 metaphor, religious metaphor and what it gets connected with that I struggle with. I *like*
42 the word "transformation" too. I am sure sometimes this language, along with the
43 language of conversion, can be helpful in describing some people's experience of change.
44 Often this is the *only* language men I talk with have to talk about their change process.
45 Initially, men talk about their lives in terms of "before and after counselling". They name
46 their experience as a kind of "transformation" or "conversion experience" —that is the

1 language and metaphor they have to talk about change. They take up possibilities for
2 change in their lives through the “born-again” language. I can appreciate that and I also
3 find for some that change becomes more sustainable if they are invited to investigate the
4 history of these “new” values and practices in their own history. If the man is thinking
5 “this is a new me”, and it goes back to, say, last Friday, his relationship with these
6 preferred values and practices maybe weak and thinly described. For some men, if they
7 identify these preferred values and practices across the whole span of their life, they
8 develop a stronger identification with, relationship with, and commitment to these values
9 and practices. If he develops the story and history of his values and commitments, the
10 man can see relapses as part of his on-going journey and struggle to live his preferred
11 values and commitments. He can see change as a fluid process. In contrast, a risk of
12 only using the conversion metaphor is that it rests on the binary that people either have or
13 have not changed. As a result, if a man uses the “conversion” metaphor and he relapses
14 and uses abuse again, often he simply concludes that he did not change. This conclusion
15 often stalls the movement toward change. And so, when I enter into that language of
16 change, I am often trying to thicken the story of his history of commitment to these
17 values and practices, rather than only relying on the conversion or transformation
18 metaphors to talk about change.

19
20 DAVID PARÉ: What comes up for me there is the notion of enlightenment. It seems to
21 be a popular notion that one someone attains enlightenment like a Cosmic Lightbulb
22 going on, and somehow they’re now on a whole new plateau. And then I hear others
23 describing enlightenment differently, as an *accomplishment* that you have to re-achieve
24 every day. Jack Kornfield—he’s an American Buddhist who’s been writing about
25 Buddhism for years---has a book called “After the Ecstasy, the Laundry”. (laughter) The
26 process doesn’t quite *end*. That kind of goes back to some of the things we’ve said
27 earlier--that it’s not as though the wound closes and life is perfect from then on. But on
28 the *other* hand, I wonder in your story Jill, whether there’s something that will never be
29 the same again because of that one moment.

30