



Giorgio Morandi

Still life, 1947

oil on canvas

36 x 45cm

Art Gallery of New South Wales

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Hannah Olley Art Trust 2007

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Crafting Practice in Trauma Therapy

A dialogical and relational engagement with ethics and poetic, sacred, spiritual and unnamed moments in therapeutic relationships.

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Abstract

This study utilised narrative inquiry to explore trauma therapists' engagement with poetic, sacred, spiritual and unnamed moments in therapy. The research focuses on therapists, their therapeutic relationships and the ways they make their therapy practice and their practice ethics through the making and doing of their therapy. The thesis presents a poetic conceptual frame for the analysis of therapist's experiences of making (poiésis) and the generative discoveries produced within their therapeutic relationships.

Interviews were designed as dialogical and relational conversations with colleagues. The study explored: therapist's practices in violence and abuse contexts and poetic, sacred, spiritual and unnamed moments in therapy; whether therapists deliberately include practices to evoke unnamed moments in therapy, and how do therapists make sense of and interpret their experience with vicarious traumatisation. Using Polkinghorne (1995), the analysis produced three configured plots related to: resonance and transformation in the therapeutic relationship; therapy as threshold experience: narratives of self-discovery, practice and identity; and a relational and dialogical engagement with vicarious traumatisation: therapists and their practices.

This study has been intimately concerned with the making and doing of therapy practice and identified three practice components from the findings of the research, they are: In the making and doing of authentic therapy practices transformation occurs for both therapist and client and this leads to the emergence of unnamed moments in therapeutic relationships; unnamed moments offer therapist's threshold experiences of self-discovery related to their sense of self, identity and their therapy practices; and therapists' engagement with their ethical commitments and therapy practices are an integral part of the way they account for and live out their relationship to vicarious traumatisation.

Certification

This thesis is submitted for the degree of Doctor of Philosophy of the University of New England.

I certify that the substance of this thesis has not already been submitted for any degree and is not currently being submitted for any other degree or qualification.

I certify that any help received in preparing this thesis, and all of the sources used, have been acknowledged in this thesis

A handwritten signature in cursive script that reads "Lesley Anne Porter". The signature is written in dark ink on a light-colored background.

Lesley Anne Porter

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Publications arising from this research to date

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Porter, L.A. (2008). A Reflexive Narrative Inquiry: Spiritual Storylines in the Therapeutic Relationship. Proceedings: Postgraduate Research Conference Bridging the Gap Between Ideas and Doing Research. University of New England, Armidale, NSW.

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Chapter 1

Introduction

Places at the beginning

In Chapter One, I provide an introduction to the research project and an overview of the thesis, including a description of the research aims. I open this chapter with a poetic reflection designed to situate the focus of the research within a wide frame of reflexivity related to my practice and life orientation as an experienced therapist who works with trauma in its multiple contexts.

When I think back in an attempt to locate the starting point for this research, I am drawn to a period of journeying between Adelaide and Sydney. At that time I lived in Sydney, the city of my birth. I kept travelling back and forth between the two places, a driving distance of some 1600 kilometres, crossing three Australian state boundaries. I frequently drove between Adelaide and Sydney; Adelaide, the little city at the edge of a desert, and Sydney, a major city edged by the beauty of one of the most spectacular harbours in the world. On this particular trip I was heading away from Adelaide and driving through the Mallee in Victoria. Or was I heading towards Adelaide and only hours away from my destination? There were so many journeys back, and so many journeys to the desired destination. In the end, it is often hard to recall which way I was travelling. My thoughts are that I was travelling to Adelaide with perhaps five or more hours to go. It was a terribly hot day. At some point I had parked by some big old gums to rest in their shade in an attempt to ward off the overwhelming sleepiness that one can feel on a long Australian road trip. Back on the road again I was listening to the Summer Sessions on Radio National, and the poet David Whyte was being interviewed on a program called *New Dimensions*.

Whyte (2001) described his approach to work with corporate America, tackling the issue of work and identity by using poetry; reciting various poems in his Irish and Yorkshire influenced accent. Thick and resonating, his voice held the lyrical qualities of a northern voice softened and shaped by many Irish voices, as his mother, of whom he spoke in the interview, was Irish. I

was captured not only by his dulcet tones but also the concepts of place, selfhood and the role of work in our personal journeys of self-discovery. Through the radio interview, I kept on driving and found a small scrap of paper to scratch down the details of the poet and the interview, so that I could investigate it further once I arrived home, to Sydney or Adelaide which one I was leaving or returning to during that hot summer. And so this was the kernel of experience that began my interest in poetry and poetics and the connection with selfhood, the shaping of identity through a self-discovery process that relates to the doing of work and the making of what is our work.

Some years later I moved back to Adelaide, clearer and resolved about my comings and goings. I decided to make it my more permanent home. Much of my decision was pragmatic. I lived with the contradiction that I left Adelaide searching for my homelands only to discover that my homeland was still there, in that patch of a city with drought and dryness. Realising that my geographical image of Adelaide as home had previously been characterised by a certain level of dissonance and dread (all of my own making), I was determined to live beyond just settling. I began the process of reshaping my understanding of belonging and home, and the well-known contradictions came along with me. At the end of the day I knew I was returning to Adelaide for family, community, hearth and much needed anchorage. Still I told myself it would be a base, a base to travel from. My Peruvian sister in law, Carmela, gave me the image of a home base. Having travelled between Lima and Sydney for over 30 years she knew about home bases.

On my return to Adelaide I worked as a domestic violence counsellor. This work involved meeting with men in a therapeutic group context, to assist them in confronting and addressing their controlling, abusive and violent behaviours towards their sexually intimate female partners, and in a broader sense towards their children and families. Working with violence and abuse was familiar territory as I had, for the previous fifteen or so years, worked in a community context with people, responding to issues of power and control in relationship; namely domestic violence and sexual abuse work. In Sydney, I had extended a period of intense work that began in Adelaide with children and young people who had sexually harmed and assaulted younger, more vulnerable children and young people. For six years and in two different states of Australia, this work shaped and defined me. I threw myself into this work

with what now, in retrospect, seems like great gusto. I have come to understand that this period was about an intense pursuit of the doing and the making of my therapeutic craft (Mishler, 1999). This specialised area was, at the time in the late 1990s and early 2000s, an area of newly developing work. The emerging Australian work on sexual abuse prevention therapy in relation to the treatment of children and adolescents was based on important but narrowly articulated work by therapists such as Alan Jenkins (1988). The issue of gender relations in this work was under-theorised and bore little resemblance to feminist understandings. Feminist informed writings and research in this field of practice did not appear in an Australian context until the late 1990s. Indeed much of what existed at the time was influenced by the adult treatment work relating to paedophilia.

During my travelling between Adelaide and Sydney I was intensely focused on the making of this work, the making and the doing of therapy in this area from a feminist informed perspective (Fontana & Frey, 2008). I became known for doing this work with children and young people who had sexually abused others, but only after a period of self-discovery (Taylor, 1991) while I was theorising, developing and learning to apply new conceptual frameworks to the therapy. A number of theorists were important to my development. They included: Connell (1995), O'Grady (2005), Segal (1997), Silverstein and Rashbaum (1994), Weedon (1999) and particularly Bird (2000, 2004). Bird's writings, as a trauma therapist herself, showed how to incorporate gender relations and a resource centred approach to this specialist area of sexual abuse prevention therapy work. I was busy in what Mishler (1999) called 'the making of my craft' as a therapist. Making such a statement becomes possible after the event, once naming of the task at hand is formed and applied to the new way of being and doing. At the time, I was mostly grappling with the techniques and strategies for how to do the work in a way that was authentic for me as feminist informed therapy, not simply as a replication of what had come previously, which was largely the work of men. This process of self-discovery was intensely challenging and at times confusing, as I was operating without land maps, and I was in unknown conceptual terrain.

Stepping back into the present, I am aware that this experience was personal and my feeling of what was happening at the time was also described and experienced as personal, and yet I am cognisant that this personal narrative was both a political narrative, and a professional narrative

as well (Isenberg, 1992). At the time I would not have been able to name it as such. However, what I was attempting to do at the time was to give voice to, and to bring into discourse, a way of doing therapy. Sexual abuse prevention therapy was largely unarticulated from a feminist and gendered position, in the realm of therapeutic work with children and young people who had sexually abused younger and more vulnerable children.

The struggle to shape my ideas into a form of therapy practice was challenging on many levels. I did not come from a traditional therapy background. My counselling practice developed in the mid-1980s in my role as a women's health nurse. I completed a two-year family therapy training program with Michael White in Adelaide in 1991. The term 'narrative therapy' was yet to be widely used. White (1991) described the focus of the program I undertook as re-authoring and deconstructive therapy practices. Within a short space of time White and Epston became known as the originators of narrative therapy practices. In those early days many frameworks informed my practice. These included women's health practices, narrative therapy, and primary health care. At the centre of my practice was a commitment to social justice and women's centred approaches in therapy. I found myself in a place of having to construct my own ways of doing therapy with young people who had sexually abused. This was informed by understandings of gender relations, the study of masculinities, social justice and young people's role within a justice context. At that point in time there were no obvious practice guidelines to follow; certainly not guidelines that gathered up the value base and aesthetic sensibility that I could sense but not fully articulate. I found support through my narrative therapy networks. At one stage, I travelled to Sydney with my male colleagues to meet with a small team, also engaged in sexual abuse prevention therapy with adolescents who had harmed and sexually abused other children. Making these connections lessened my sense of isolation considerably. I formed a significant partnership with one of the women in Sydney and we were able to collaborate on a range of projects over an extensive period.

After a number of years I left this work in sexual abuse prevention with a sense of defeat and loss. I was not able to change what I thought needed to change. In many ways I felt sad and somewhat confused about my inability to transform some of the culturally systemic and institutionally entrenched practices that seemed in need of change, to allow for the generative

and expansive responses to the work I longed for. I could do no more and I needed to gather up my energies and my investments and move on. I began the process of de-investing.

As I write this piece, I am reflecting on the nature of temporality and the experience of time as movement from past, present to future and the mixing of all states at any particular juncture. The part of the plot that fits the middle of this story can only be told because I am looking back now from the present. In 2002, when I moved back to Adelaide I worked in the domestic violence area for almost a year and then moved into a related area, that was not solely defined, around work with people who had suffered as a result of experiencing hurt or responsibility for hurting others through misuse of power relations and violent practices. I stepped out of therapy, taking with me all my learning from working therapeutically with young people and their families, and moved into community based health promotion with a focus on participation to tackle issues from a prevention focus.

During this time I became engaged with a group of participatory practitioners working in New South Wales and South Australia. We were drawn together by Susan Goff¹, a woman who contributed greatly to the national promotion of ‘participatory practice in partnership’ as an essential requirement in the sustainability agenda, experienced globally and locally in Australia. A group of us met at an eco-retreat in the Blue Mountains to workshop, for two days and two nights, the culminating narratives from our shared action research path. In preparation for this meeting, which was to occur in a cave in the lands² of the retreat, we agreed to bring a message stick as a representation of our personal experience. The message stick was designed to introduce us further to each other, to speak of our hopes and intentions for the workshop, and to act as a form of anchorage to our participatory ethics.

My message stick was a piece of woven cloth given to me by a colleague, and a copy of David Whyte’s (2001) book, *Crossing the Unknown Sea: Work and the Shaping of Identity*. I spoke

¹ Dr Susan Goff’s website <http://cultureshift.com.au/home>

² Gandangara Local Aboriginal Land Council website <http://www.glalc.org.au/>

about the piece of woven cloth³ as representative of two things; marginalised people's struggle, and an aesthetic sensibility that I pursued in my participatory practice. Whyte's book was a way of bringing forward the textual, while claiming for myself a platform to begin to explore the concept of poetics in my work. This forum was the first time I spoke about these ideas publicly. Speaking in this space, I began to shape a new identity and a new narrative that held a promise of healing and regeneration. The cave experience was a poetic threshold.

From this point on I began to speak more and more about the notion of poetics and the intersection between poetics and therapy, and poetics and participatory practice. My intention was to bring forth a relational understanding⁴ of how these concepts were linked and how they supported the possibilities for the discovery of self through work and the expansion of self-narratives related to the doing of the work.

Around this time I commenced a research degree in counselling. I began with a desire to focus on therapists' experiences of unnamed poetic, sacred and spiritual moments in their therapeutic relationships. My early experiences of negotiating this topic with my supervisors were not easy, and at times I was flummoxed by the responses. I ended up developing a protest narrative in my attempt to claim the space to consider poetics in the therapeutic relationship. My decision to trust my inner knowing has paid off and I eventually found a way of talking about the topic that became more accessible, or at least more possible to consider. While there were some contradictory threads, my supervisors supported me to arrive at this place and I have found a resonance with the co-creating or co-authoring that appears to occur in the research project.

In the second year of my research study a new supervisor suggested to me that she thought what I really wanted to do was to focus on poetics in the therapeutic relationship. Of course this was true. However, it appeared to come late in the process and also by this stage I had developed sub plots in my research inquiry designed to counter the earlier negative considerations. I recall hearing the words spoken, 'I think what you really want to do is look at

³ The woven cloth was part of ceremonial dress work made by Vietnamese women.

⁴ See Johnella Bird (2004) *The Heart Sings* and website <http://www.cybersoul.co.nz/hearts/trainintro.htm>

poetics' and I recall receiving the message as though I was in a fog about it, but also underneath the fog I felt a remarkable sense of validation that she was, in a way, giving me permission to again fully claim this space for my inquiry. I say 'permission to again fully claim' because I believe that the novice researcher (that was me) had already fully claimed the idea from the outset: tentatively yes; not fully formed yes; still it was there, held and waiting to become something in the making.

From this point the task began to gain clarity and I quickly gathered myself around the refocused intention. I had, by this stage, already completed most of my interviews and so I have upheld the notion of spiritual storylines in my interviews and in the broader inquiry. Given that qualitative research and narrative inquiry is an unfolding story in and of itself, I have the opportunity to bring this narrative forward into the data analysis and to articulate it as both the development of my personal self-narrative (Polkinghorne, 1995) as a researcher, and also the narrative of the development of the research project over time. In the re-reading of the interviews and the data analysis chapters, the nuances of this shift are evident. In my first interview, I speak about spiritual and poetic moments as though I am holding onto the expectation of what should be said. In others I speak about sacred and poetic moments and in most I also speak of transformative moments in therapy.

In the months that followed the conversation with my supervisors, I was filled with ideas about poetics and reflected on how poetics had been the quiet voice whispering from the early beginnings of the study. I thought about my supervisor's words 'I think what you really want to research is poetics'. I knew that beyond a perfunctory purpose to her statement, there lay a deeper purpose to her talk, and that was the talk leading to co-construction of meaning and understanding. These words mulled around, with all the other parts of our shared supervisory conversations, as anchor points.

I was now returning and considering the territory that I was in. In a shared construction of meaning we spoke about moving away from spirituality towards a study of poetics, although this does not exclude spirituality. It had been spoken of; it had been named and considered. I

had returned and I was in a different place. I had a sense that I had also returned with a kernel of truth, a kernel of authenticity that I could name as mine.

In the days that followed I found myself reading Charles Taylor's (1991) seminal text *The Ethics of Authenticity*. This was sheer serendipity. He spoke about the process of self-discovery through his work as an artist (1991, p. 62). This mirrored Whyte's (2001) interests. Taylor said:

My self-discovery passes through a creation, the making of something original and new. I forge a new artistic language - new way of painting, new metre or form of poetry, new way of writing a novel - and through this and this alone I become what I have it in me to be. Self-discovery requires poiesis, making.

(Taylor 1991, p. 62)

He goes on to explain how the making is a critical aspect of his understanding of authenticity and selfhood. The place where a person arrives at, the place where Taylor says: 'I become what I have it in me to be' came flooding forwards as a threshold, a great surge of understanding and acknowledgement that, this is the place I want to understand in therapy. This place in a professional context where, as therapists, 'we can be what it is we have in us to be'. In this place of realisation, self-discovery is enabled and claimed through a process of making and doing, when therapists claim their authentic identity and life purpose (Taylor, 1991). I noticed that I was joining with an old narrative of self-discovery and identity formation relating to service and work.

I can see now that it was the transformative potential of poetics that caught my early attention. I wanted to coax it into discourse so that therapists might consider the art of doing and making therapy, and to engage with this in a way that leads to a place of self-discovery and the ethical production of what is uniquely my practice, and what is uniquely others' practice, and the places of production that are shared.

The research aims

The research aims to explore what might be termed unnamed poetic, sacred and spiritual moments in the therapeutic relationship and the therapeutic engagement. When I first

approached this study, it was with an interest to discover how therapists working with trauma in violence and sexual abuse contexts understand the terms poetic, sacred, spiritual and unnamed moments in therapy and what these moments meant to them as therapists and, in turn, to their therapeutic relationships. The research aims to explore the ways that trauma therapists:

- position themselves in relation to self-discovery, creativity and the practice of crafting their therapy
- deliberately include practices that might evoke poetic, sacred, spiritual and unnamed moments in therapy
- experience and interpret their relationship with vicarious traumatisation in their practice.

Chapter Six describes the three configured plots produced by the research study. Each of the configured plots responds to the above aims. The thesis abstract and chapter nine include recommendations derived from the research aims and the findings of the configured plots as outcomes from the research data.

The significance of the study

The literature indicates a growing interest in the diverse application of sacred and spiritual dimensions in trauma-related therapy contexts. While current literature on the therapeutic relationship in trauma therapy includes discussion of sacred and spiritual dimensions in the therapy process, there are limited examples that examine the presence of poetic, sacred and spiritual dimensions in trauma therapy and none that utilise the concept of *poiésis*.

This research will add to existing knowledge about the ways trauma therapists, working within the context of violence and sexual abuse: engage with and make meaning of unnamed poetic, sacred and spiritual moments in their therapeutic relationships; develop practices that support unnamed poetic, sacred and spiritual moments in therapy; craft their therapy by developing practices that support their own experience of self-discovery, and creative acts in trauma therapy; and experience, interpret and manage their relationship with vicarious traumatisation in their practice.

Trauma therapy is a complex area of practice. The contribution of new knowledge as described above will have relevance for the education and ongoing professional development of therapists working with trauma in violence and abuse contexts.

Summary of theoretical approach

This thesis is informed by a relational ontology informed by poststructuralist hermeneutic phenomenology and insights from feminist thinking. Layered within these understandings I have applied a poetic analysis, utilising theory from Ricoeur (1991), to understand the significance of unnamed poetic, sacred and spiritual moments occurring in trauma therapy and their meaning in therapeutic relationships. The thesis also employs understandings from phenomenology (Taylor 1991). Building on a poetic and interpretative stance, the thesis engages with a dialogical and relational inquiry in the literature review, the methodology, the analysis, and discussion of the research data. I hope that in translation the thesis, while at times immersed in complex undertakings, is also illustrative of the very useful world that is therapeutic practice.

Overview of thesis chapters

In this first chapter, I have introduced the purpose and significance of my research, presented a poetic reflection describing the research dilemma and discussed my personal and professional interests related to the inquiry.

Chapter Two, entitled ‘A poetic turn: conceptualising poetics in therapy’, describes the terms poetic, sacred, spiritual and unnamed moments. I then present and justify the research study’s ontological and epistemological framework informed by poetics and the concept of *poiésis* following Ricoeur (1991), and the foundations of poetics attributed to Aristotle (trans. 1996). I also describe therapeutic practices designed by Bird (2000, 2004 & 2006), where the use of language and the generative possibilities of language are privileged as an essential orientation for ethical practice in trauma therapy. Towards the end of this chapter I present two vignettes; one on the work of the philosopher, Gaston Bachelard and the second on the painter Giorgio

Morandi. They are presented as ways of interpreting the ontological and epistemological considerations relevant to the research study.

In Chapter Three, entitled, 'A dialogical and relational examination of poetic, sacred, spiritual and unnamed moments in trauma therapy', I review existing literature relevant to the research study, in the areas of spirituality and the sacred, poetics, meaning making in trauma therapy, and vicarious traumatisation. I describe a working definition of the terms poetic, sacred, spiritual and unnamed moments in therapy and then outline my understandings and applications of a dialogical and relational approach in trauma therapy. Following the literature on spirituality and experiences of sacred moments in therapy, I consider the realm of poetics in therapy, including the work of Katz & Shotter (1996a) described as 'social poetics'. From here, I review meaning making in trauma literature related to the research study, including literature of relevance regarding vicarious traumatisation in trauma therapy. Finally, I make linkages back to the ethics and practice involved in the application of a Ricoeurian philosophy of language and the suitability of Bird's (2000) therapeutic practices, as an example of a philosophy of language and interpretation in practice. In the conclusion of Chapter Three, I make recommendations from the literature review for the next stage of the research endeavour.

Chapter Four, entitled 'Methodology', discusses the theoretical and conceptual viewpoints that inform and characterise my research, the thesis as a whole, and the methodology I embrace for the research project. I describe key theorists and my adaptation of their influences to the examination and interpretation of trauma therapists' experiences of poetic, sacred, spiritual and unnamed moments in therapy. In this chapter I outline the processes employed for the organisation of the research method: engaging with participants; data gathering; selection of participants; narrative inquiry interviews as a dialogical and relational conversation; transcribing; ethical considerations; interpretation; analysis; the research findings; conclusions; and materials sent to participants.

Chapter Five, entitled 'Therapists' narrated accounts', includes summarised accounts of the nine narrative inquiry research interviews. The summarised accounts introduce the interviewed therapists. The introductions in this chapter are not designed as complete case studies. They do

present vital data that contributes to the overall plot for each therapist, and often this data relates to events. Significantly, the data presented in the case studies gives information about three important factors that contribute to the overall 'emplotted narrative' of the research (Polkinghorne 1995, p.15). One pertains to the therapists' interest in participating in the research study. The second is a description of their involvement with trauma-related therapy. The third delivers initial information about their experience or thoughts on poetic, sacred, spiritual and unnamed moments in trauma therapy.

Chapter Six, entitled 'Analysis of configured plots, part 1', outlines the three configured plots of the research. The chapter presents the first configured plot, entitled 'The poetics of transformation and resonance in the therapeutic relationship', together with three subplots. This configured plot is about the production and experience of resonance and transformation within therapeutic relationships, and the naming of a poetic sensibility found in the therapists' accounts of trauma therapy. The three subplots are configured around the role of crafting practice as a relational engagement with poetic sensibilities and resonance in the therapeutic relationship, rendering well-honed skills in the making and doing of trauma therapy, the crafted spoken word and language as a relational engagement with transformation, and an active engagement with poetic, sacred, spiritual and unnamed moments. Each subplot places value on the aesthetic, emotional and ethical worlds experienced by therapists and their clients. The engagements discussed in this plot are rarely explored in research on the therapeutic relationship in trauma therapy. This is possibly due to the more usual focus of research on the clients' experience and accounts. Here I have been able to excavate the therapists' understandings and experiences of themselves as active agents of transformation and resonance within a dialogical and relational sphere. The therapeutic endeavour of transformation and resonance, described within this narrative, leads to the production of authentic trauma therapy orientations and provides a range of applicable options for practice.

Chapter Seven, entitled 'Analysis of configured plots, part 2', presents the second configured plotline, 'Therapy as threshold experience: narratives of self-discovery, practice and identity'. This plot presents a discussion of how therapy acts as a site for the production of threshold experiences in relation to therapists' engagement with therapeutic inquiry and the process of shaping and making identity. This plot explores the public and private sense of self and

personhood, in terms of considering both the making of practice identity as a therapist and the shaping of self-identity as a person in the world outside of, and beyond, work and therapy. This plot draws on Taylor's (1991, p.62) concept of self-discovery. In this process of identity construction therapists develop into '*what I have it in me to be*', through the process of shaping and making therapy, and an engagement with crafting therapy practices. Here the plot links with Whyte's (2001) poetic view of shaping identity through work, and investigates and considers the supporting and intersecting self-narratives related to the shaping of self as therapist (public), and self as person in the world (private and public).

Chapter Eight is entitled 'Analysis of configured plots, part 3', and presents the final and culminating configured plotline; 'A relational and dialogical engagement with vicarious traumatisation: therapists and their practices'. This chapter discusses the ways in which trauma therapists' self-narratives and ethics in action produce an integrated and participatory engagement with therapeutic creativity. Here I offer the third, final and culminating configured plot - a discussion of how narratives of selfhood, creativity, and ethics in practice produce a relational and dialogical engagement with therapeutic creativity in trauma therapy. This plot provides a relational and dialogical engagement with vicarious traumatisation and thereby delivers an alternative practice for therapists working with trauma. The plot may contribute a countering narrative to the discourse and practices of vicarious traumatisation. At the very least, this plot offers an optional practice with a focus on dialogical, relational and ethical engagements in trauma therapy and a response to the experience of vicarious traumatisation. Here the plot brings forward into the centre of trauma therapy therapists' practices, thereby enabling the application of a dialogical and relational ontology, epistemology, and practice relevant to vicarious traumatisation in this area of therapeutic practice. I am envisaging a dialogical and relational ontology and epistemology, informed by poetics and Ricoeur's (1991) concept of language and interpretation

Chapter Nine, entitled 'Future considerations and conclusion', provides a comprehensive conclusion to the research project and includes some last reflections on the research experience. I present five propositions for future consideration and action. The chapter closes with concluding reflections on the research venture and two poems.

Chapter 2

A poetic turn: conceptualising poetics in therapy

Literature review

Introduction

Language in the making celebrates reality in the making.

Ricoeur (1991, p.462)

In Chapter Two I outline and set the context for the examination of literature relevant to the research project. I provide an introduction and overview of the literature review chapters, Chapter Two and Chapter Three, and explore the way I negotiated the literature for the purposes of the research study. Descriptions for the terms poetic, sacred, spiritual and unnamed moments are given and I draw attention to early confusion in my own use of the term *spiritual moments*. Such confusion arose before I became cognisant that I did not want to pursue notions of religiosity related to spirituality or the spirituality literature pertaining to therapy. I draw points of differentiation related to the use of this term, and outline my reasons for so doing.

In this chapter, I present and justify the research study's ontological and epistemological framework informed by poetics following Ricoeur's (1991, p.448) 'philosophy of language' and the foundations of the *Poetics* attributed to Aristotle (trans. 1996). I then link these understandings to Ricoeur's arguments on narrative configuration, time and temporality, and ethics, and apply these concepts to the investigation of poetic, sacred, spiritual and unnamed moments in trauma therapy. I highlight the intersections with poetics, poiésis and narrativity related to ethics and critical cultural practice for trauma therapists.

My aim has been to present a clear theoretical and conceptual scaffold to support the research study. A significant element in the decision to use a theoretical and conceptual scaffold informed by poetics, relates to my intention to steer away from a theoretical base informed by the literature on spirituality.

Therapeutic practices designed by Bird (1994, 2000, 2004 & 2006) focus on the use of language and the generative possibilities of language and are privileged as an essential orientation for ethical practice in trauma therapy. Following insights informed by poststructural epistemology and ontology these practices have been created to keep language and talk as central tenets of therapy, where language, meaning, and difference are discovered through the act of narrating in present time. I outline how therapeutic engagements with narrativity and the ontological concerns of narrative therapeutic pursuits, locate these practices with a poststructural worldview (Seidman 1998, Weedon 1999). While these practices are connected with a poststructural worldview my positioning is not entirely informed by poststructuralist ways of knowing. I am also informed by insights drawn from my experience of therapeutic practice, nature, art, poetry and an engagement with creative processes.

From a practitioners perspective I align myself with poststructural ways of knowing (Bird 2000, Speedy2005a, White 1991) and thinking and these approaches inform my work as a researcher. I describe myself as a dialogist and narrativist being closely aligned and committed to the languaged tradition of narrative and the poetry found and held within narrative forms. As Seidman (1998) states ‘language is the place where meanings are lodged; linguistic meanings play a major role in organising the self, social institutions, and the political landscape’ (p.221). The research explored language and narrative informed by poststructural understandings, yet clearly when investigating the realm of sacred and poetic knowing there are at times deviations from what is considered to be poststructural thinking. At these junctures I have turned to interpretative and phenomenological thinking especially the work of Ricoeur (1991, 1992) and Taylor (1991). Hence the above admission and signalling indicates that researching sacred and poetic experiences may lead to discursive realities that are not always easily defined as poststructural.

Chapter Two explores the foundational works of Aristotle (trans.1996) as it informs Ricoeur's (1991) articulation of poetics and *poiésis*. He provides a broader lens for the consideration of poetics in contemporary time and its relevance for the practice and understanding of therapy. I portray Ricoeur's (1991) interpretation of poetics and his ideas regarding plots, emplotment, and narrated worlds (1985, 1991) as most critical in relation to poetics, and therefore of value theoretically for this research project. In so doing, the location of poetics and its applicability to trauma therapy, poetry and the link to ethical practice, are highlighted as central to the research questions. The notion of making, the art of *poiésis*, and the place of a poetic sensibility together with an interpretative stance in trauma therapy, are presented as both an illustration of its application to practice, and as an interpretation of participant contributors' texts of practice.

I include two vignettes as expressive acts of *poiésis*, generated from my engagement with Ricoeur's (1991, p.448) 'philosophy of language', poetics and the research process. The first vignette is based on the work of the philosopher, Gaston Bachelard and the second on the painter Giorgio Morandi.

When I first approached this research study, it was with an interest to discover how therapists working with violence and sexual abuse understand what could be termed unnamed poetic, sacred and spiritual moments in therapy and what these moments meant to them as therapists and, in turn, to their therapeutic relationships. The words poetic, sacred and spiritual moments were terms appointed by me to describe *unnamed moments*⁵ I had encountered in sexual abuse prevention work and trauma therapy when the therapeutic relationship was producing exchanges that appeared intimate, transformative and indefinably greater than the sum total of the client and the therapist in the room. I was intrigued by these exchanges, and attended to them in therapy as being of significance, although I could not easily articulate the substance or meaning evoked by such experiences.

I realise now that it was a limitation of the study using the term spirituality, when I did not want the term in any way to be located within religious understandings or expectations. I will

⁵ This is a term I used to describe the occurrence of significant moments in therapy that were yet to be named.

discuss this later in this chapter. Of note, when I interviewed therapists about their experience of spiritual moments, the responses were all related to the broader definition of spirituality that I had intended. In hindsight, a better description of these moments would have been to refer to them as poetic, sacred, spiritual or unnamed moments in therapy. These descriptions would have been less confusing. However, given that I did use the term spirituality, I can at least place some boundaries around what I did and did not intend by its use.

Key terms and their meanings

Poetic, sacred, spiritual and unnamed moments in therapy

The terms that I have used throughout the thesis are *poetic*, *sacred*, *spiritual* and *unnamed moments in therapy*. Brief descriptors of what I intended by the use of each term are presented here. My understanding of these terms has deepened and become attached to theoretical underpinnings. Later, I give a more detailed and comprehensive explanation of the moments and their meanings as they relate to my use of Ricoeur and his argument on poetry and poetics. In Chapter Three I engage with how these terms are used in the literature.

By *sacred moments* I mean moments of everyday life, perhaps routinised or mundane, that at times can be experienced as sacred. Some may describe these moments as rituals, like pouring the tea, viewing the sunset, a quiet moment of reflection, perhaps the sound of laughter. Others may use this term to mean an engagement with these types of experiences, and of having the openness to notice, or witness, the ordinary moments of daily life as holding a sacred reference at some level. This meaning is similar to the ‘sacred moments’ in social anxiety treatment described by McCorkle, Bohn, Hughes & Kim (2005, p.227) and to Moules’ (2000) concept of sacred exchanges in the therapeutic relationship.

Spiritual moments include a sense of universality or connectedness, or a deep experience of belonging in the moment. Waldergrave (1990, 2000) does not specifically refer to spiritual moments. However his descriptions of spirituality as embracing, belonging, and universality has resonance with my notion of what occurs in spiritual moments in trauma therapy. Spiritual moments could relate to an experience of the soul or the spirit of being, of life, of the moment.

I was not thinking here of religiosity, more of an experience of profound connection, or belonging to an idea or pursuit in therapy.

By *poetic moments* I mean the notion of moments that hold and express an imaginative or lyrical quality. These are moments that appear to hold an expressive quality indicative of a deep knowing of beauty or relief. They may be related to lyrical forms of art, music, poetry and experience. Katz & Shotter's (1996a) description of 'poetic moments occurring in medical diagnostic interviews' is a strong connecting point with the moments I believe occur in therapy (p.919).

Unnamed moments is a term that acknowledges the occurrence of a significant moment in therapy that is yet to be named. I used *unnamed moments* to give a name to the experience I had sensed or noticed in therapy, when a moment occurs that is similar to those described above yet cannot be defined as such. I have not found any similar terms used in the literature. All terms outlined here are descriptive of moments experienced in therapy that are the primary interest of this research.

Finding a place to stand within the existing territory

In turning to the theoretical literature pertaining to the research area of poetic, sacred, spiritual and unnamed moments in trauma therapy, the first task involved mapping what currently exists, to provide an ontology and epistemology of relevance. There is no obvious or taken for granted theoretical framework that can be readily used to shape this work. There is extensive literature on spirituality in therapy (Brady, Guy, Poelstra & Brokaw, 1999; Finch, 2006; Percy, 2003; Powers, 2005; Robinson, 1998) and the use of poetry in therapy (Mazza, 2009; Leedy, 1985). Poetics in therapy is explored by Katz & Shotter (1996a, 1999). The experience of the sacred and the realm of trauma therapy is examined (Emery, 2008; Fisher & Francis, 1999; O'Rourke, 2010). However, there is no consistency in the philosophical or theoretical approaches employed in the existing literature. Therefore the first task is to select a relevant theoretical frame to provide structure and scaffolding to the research.

The purpose of this chapter is to present and justify the research study's ontological and epistemological framework informed by poetics. From there, I turn to consider the literature of relevance in the areas of spirituality and the sacred, poetics, and trauma therapy. The second part of this task will be covered in Chapter Three. My major challenge has been locating a conceptual and theoretical framework for identifying, analysing and understanding the nature of poetic, sacred, spiritual and unnamed moments in trauma therapy. Achieving this has not been a straightforward or linear process as, in reality, I needed to both wrestle existing theory into a suitable format for my purposes, and relate existing theory to the world of therapy. Inherent in this challenge has been the task of claiming a Ricoeurian (1984, 1991, 1992 & 2004) informed theoretical approach to the research study, when the option to turn to the spirituality literature related to therapy may have seemed a more obvious choice. Instead I followed the perspective of poetics and *poiésis*, and have developed a different thesis from one constructed with a conceptual frame of spirituality in therapy.

Finding the best theoretical fit, and one not constructed within a conceptual frame of spirituality, has been challenging for me. I remain hopeful that there will be benefits for the way we understand trauma therapy and the significance of the therapeutic relationship when unnamed moments in therapy are examined from a poetic perspective. The research challenge has been largely centred on this problem and therefore it has been, at times, a hard won progression to arrive at this possibility. Now that the research is at this location, there is a wealth of potential in the consideration of how to: frame the literature for the research appropriately; tease into theory a construction that is meaningful and useful in application and practice within therapy; and avoid the inherent pitfalls associated with new terrain, so that the thesis arrives with at least a modicum of elegance and a clear argument.

A systematic approach to searching the literature was undertaken using the following keywords - spirituality and counselling, spiritual moments in therapy, spirituality and trauma therapy, therapeutic relationship and spirituality, poetic moments in counselling/therapy, poetry and therapy, and sacred moments in therapy. Spirituality and the sacred are easily located and there is a plethora of sources related to these subject areas.

Most searches for poetics in trauma therapy (in the databases Cinahl, Medline, Scopus and Proquest) led to literature related to poetry and therapy. There was limited literature that focused on poetics and therapy and/or therapists' experience of poetic moments in therapy, especially in relation to trauma therapy. Indeed the area of therapists' experience or relationship to poetics is not easily located or defined in the existing literature. There are two authors of note. Speedy (2005a) uses a gendered analysis in her critical positioning as she introduces poetic therapeutic documents into her conversations in therapy. Katz & Shotter (1996, 1999) defined their therapeutic work with patients as social poetics. In Chapter Three, I consider the significance of Speedy's approach and Katz & Shotter's approach, along with spirituality in therapy and therapists' narratives (Percy, 2003; Brady, Guy, Poelstra & Brokaw, 1999) and the literature on the use of poetics and reflective dialogues in mental health (Pakman, 1999) and spirituality and poetry in palliative care (McArdle & Byrt, 2001).

Conceptualising a poetics frame for the research

In this chapter I present a theoretical framework informed by poetics for identifying, analysing and understanding the nature of unnamed moments in therapy. In doing so I make a departure from a theoretical framework informed by understandings and theories pertaining to spirituality in trauma therapy (Brady et al. 1999). No doubt there are some connecting points between a poetic theory frame and one informed by spirituality. In Chapter Three I consider these intersections of connection and departure between understandings of spirituality and poetics, and the effects of application in practice.

Turning to Ricoeur for a poetic ontology

Leading to the ontological and epistemological framing for the research, I am drawn to Ricoeur (1991) and his thoughts on poetry, poetics, *poiésis*, language, and the human task of living and interpreting narrativity. In this chapter I discuss Ricoeur's orientation and definition of poetics, *poiésis* and the value of poetry, with the view to its application in an analysis of unnamed moments in therapy. When following Ricoeur's extensive articulation on poetics and *poiésis* and the relevance to unnamed moments in therapy, it is necessary to explore the foundational works of Aristotle (trans.1996), to consider the relevance of the historical piece on *Poetics* and its interrelatedness with the present research. I then return to Ricoeur's enlightened

interpretation of the ancient text and his theoretical extensions on poetics, poiésis and the value of poetry in regards to therapy, applications in practice, and the aims of the research study.

Creative acts of narrativity

Later in this chapter, I reflect on two further ontological applications relating to poetics which hold potential for understanding the experience of poetic, sacred, spiritual and unnamed moments in therapy. By ontological applications, I mean expressive acts of interpretation that inform a way of being, and a worldview. In this case they are artistic expressions of my worldview informed by Ricoeur's (1984, 1985, 1991, 1992 and 2004) pursuit of language and interpretation, as acts of narrativity. The first creative act offers a vignette on Gaston Bachelard's (1994) book, *Poetics of space*, including my wondering about the intimate spaces in therapy where poetic, sacred, spiritual and unnamed moments occur. The second offers a vignette on Giorgio Morandi's (2010) exhibition *Still life*, translated from the Italian *Silenzi*, and includes my wondering about the way poetic, sacred, spiritual and unnamed moments in therapy are parallel to metaphorical modes of still life.

The two vignettes are offered here in Chapter Two for the following reasons. The vignettes are presented as an expression of a Ricoeurian informed engagement with the philosophy and practice of language, in relation to the overall research project and the experience of my actions and interpretations of the research. As an expressive act, I have developed these two vignettes as a result of my engagement with Ricoeur's thesis on the philosophy and interpretation of language, as it pertains to therapy. The vignettes are creative products generated from my active engagement with narrativity within the research endeavour. By this I mean, following Ricoeur's ontological lead, I have been able to express my own active creative agency and consider the vignettes as examples of making and doing in my engagement with the practice of narrative configuration (Polkinghorne 1995). In particular they have been made from my active engagement with a Ricoeurian informed ontology, or way of being. In this sense, the vignettes are creative acts of narrativity relevant to this project.

The vignettes: musing with Bachelard and Morandi

Visions of Bachelard (1994) came early in the beginnings of the research. Visions of Morandi (2010) came later, after I attended an exhibition of his work in Venice in 2010. It was not until 2011, when the creative fragments, threads of thinking and interpretation began to take form, that I sensed an opportunity to include the vignettes in Chapter Two. As such, the vignettes do not follow a linear pattern. I intend them to be read and experienced for their poetic purpose, as an adjunct to the rest of the chapter. In this way I aimed to include a poetic illustration of Ricoeur's (1991, p.448) theory on the 'philosophy of language' (1991, p.448) and hopefully, provide another layer of meaning to the theory presented in this chapter.

Use of language and the naming of unnamed moments in therapy

As described earlier, I have used the description poetic, sacred, spiritual and unnamed moments in therapy. All terms are descriptive of the moments experienced in therapy that are the primary interest of this research. The research study is interested in the way therapists experience and relate to unnamed moments in therapy and therapists' interpretative and narrative acts in response to these moments. Additionally, I want to understand how therapists language their own interpretative and narrative acts around unnamed moments. From here, I want to know how these interpretative and narrative understandings of unnamed moments in therapy contribute to their therapeutic relationships and their sense of themselves as therapists. I turn now to consider Ricoeur's philosophical positioning related to poetics through his engagement with language and interpretation.

Poetics and Ricoeur's philosophy of language and interpretation

In locating an ontology and epistemology for the research, I have followed Ricoeur's (1991, p.448) 'philosophy of language' and his interpretation of Aristotle's (trans.1996) *Poetics*, which includes the Greek concept of poiésis. A 'philosophy of language' is the most obvious ontology and epistemology for this research, as I have a background as a talk therapist in the narrative tradition and the research methodology applied is narrative inquiry.

Later in this chapter, I further describe Ricoeur's 'philosophy of language' and the application of these philosophical and ethical positions. At this introductory point, it is necessary to summarise his key tenets related to this ontology. Clearly great canvasses of Ricoeur's (1984, 1985, 1991, 1992 & 2004) work have investigated language, temporality, narrativity, memory and the construction of selfhood. Here I will draw on a limited and focused interest related to his overall thesis on the philosophy of language.

I have focused on Ricoeur's beliefs that language is instrumentalised and reduced within dominant cultural practices for the purposes of modern power and technology. This he sees as a privileging of scientific language over other forms of language. This form of reduction and instrumentality leads also, in turn, to a reduction in the way we speak, our use of words, our way of understanding words and their variant meanings, and indeed a reduction of language through a reduction of vocabularies. He then contends that poetry offers some form of challenge or antidote to this cultural treatment that reduces and instrumentalises language; that poetry and poetics has the potential to preserve the 'breadth of language' (1991,p.448).

It is not possible to separate Ricoeur's intentions, above, from issues of ethics and critical cultural practice, as his thesis on language and philosophy is one part of his overall argument concerning language, narrative and selfhood. Ricoeur assigns an ethical and cultural responsibility to a philosophy of language.

The first thing I should like to emphasise is that poetry preserves the width, the breadth of language, because the first danger in our present culture is a kind of reduction of language to communication at the lowest level or to manipulate things and people. So it's full of language which merely becomes instrumental. This instrumentalization of language is the most dangerous trend of our culture. We have only one mode of language - the language of science and technology.

Today, a part of philosophy considers only this form of language. So this would be, should be, one of the responsibilities of a philosophy of language: to preserve the varieties of the uses of language and the polarities between these different kinds of language, ranging from science through political and practical language and ordinary language, let us say, and poetry. And ordinary language mediating between poetry, on the one hand, and scientific language, on the other hand.

Ricoeur (1991, p. 448)

Ricoeur's plea for a rich variety of language forms is relevant to the field of therapy, where we could identify ethical and cultural responsibility to the way language in therapy is protected from a scientific form of reduction and instrumentality. Following this concept further, it could be an ethical and cultural responsibility of therapy to ensure that language is mediated and negotiated, to preserve the breadth of language spoken in therapy, so that scientific, poetic and ordinary language are considered as equally important, and empirically evident of good practice.

Ethics and critical cultural practice for trauma therapists

When a Ricoeurian philosophy of language and interpretation is applied to trauma therapy, a new set of ethical and cultural responsibilities become available for practice, as acts of narrativity in therapy. One example relates to ethics, in that ethics is always relational and requires explicit enactment by therapists to move from thought and judgment to acts of ethical practice⁶. Bird's application of 'professional ethical bounds' offers support in considering the therapeutic relationships as the site for a dialogical and relational negotiation of ethical concerns and issues (2006, p. 115).

Informed by Ricoeur's (1991, p.448) concept of cultural responsibilities related to language and interpretation, a trauma therapist may hold ethical practices that include the following approaches: a balanced use of scientific, poetic and ordinary language in therapy; a balanced use of scientific, poetic and ordinary language as an indicator of evidence based practice; and a balanced use of scientific, poetic and ordinary language in all forms of evaluation of therapy as empirically evident of good practice. In this way ethics may become part of *the configured plot line* (Polkinghorne 1995) of a therapy practice informed by a philosophy of language and interpretation. Configured plot lines are explored in detail in Chapter Four, on methodology.

⁶ Johnella Bird speaks of ethics, in terms of, 'discovery is an ethic – discovery represents an ethic'. She considers the importance of therapists collecting, documenting and participating in ethical review with their clients as a form of reflective practice (Bird, J. 2009 Personal Communication)

Ethics are an active part of the therapist's plot and, as such, require an act of doing, in the form not only of intention or commitment, but also enactment. Polkinghorne uses the terms 'narrative configuration' to describe the process of drawing events together and integrating into an arranged whole (1995, p.5). He uses 'plotted outline' and 'plotted whole story' (p.18) to describe the configuration process applied to segments of data and 'emplotted narrative' to describe the outcome or 'story' of a narrative analysis (p.15). I have used the term configured plot line to describe my narrative configuration process, and the term emplotted narrative to describe a storied outcome from the narrative analysis process.

A practice ethic then, when situated within a Ricoeurian frame of ethics and critical cultural practice, is one part of a narrative configuration. The first part of the configuration is having, believing in, or holding an ethical position, value or belief; that is, when a therapist has a position about a particular ethic. The second, or middle part of the narrative configuration, is the enactment of the practice ethic. A practice ethic without enactment remains an intention or thought. It does not become part of the plotted events of narrative configuration until it is acted upon, with an act of doing, or acts of movement towards the desired goal of the practice ethic. The third and final part of the narrative configuration of a practice ethic is the ongoing process of review, renewal and reconstruction, when therapists enact an ethical review with their clients about their ethics in trauma therapy.

Bird's pursuit of practice and relational language making

The relational and linguistic therapeutic practices shaped and defined by Johnella Bird (1994, 2000, 2004 & 2006) have been important to my development as a therapist. She described this variously as relational language making, a resource centred approach, and prismatic dialogue and I have included here a brief description of these therapeutic practices. A resource centred approach requires the therapist to navigate the 'contextual environment' (Bird 2004, p.135) for therapy, transformation and change, while engaging with power relations through the practice of 'relational language making' (p.43) in therapy. This approach means that the therapist draws on all resources available, including creative and linguistic techniques, understandings and knowledge, which are produced from within therapeutic relationships. The therapist also draws

on understandings produced from prismatic dialogue (see description below) and reflexive inquiry about the therapeutic relationship, and from therapy concerns.

Relational language making ‘provides us with a language structure that allows the meaning attributed to words to be negotiated rather than assumed’. As meaning is negotiated, there is a search for ‘consensual and contextual meaning, rather than believing in or searching for the “true” meaning of a word or phrase’ (p.6).

According to Bird (2006) prismatic dialogue is an interview process used during supervision and training with therapists, which allows for the exploration of discovery and learning within a dialogical experiential engagement. In prismatic dialogue the supervisor asks the therapist to respond to a question from ‘the imagined position of the person’ (p.2) they are working with in therapy. Or the supervisor asks the therapist to take up several sides represented in a relationship dyad or triad situation, and then respond imaginatively from the two or three, or more different positions held within the dyad or triad. Once the therapist in training or supervision responds, with a speculated and imagined response of what they think their client may say to any particular question, the supervision or training context enters into ‘an attitude of discovery’ (p.2) that is sustained by relational language making as described above.

I have used this method extensively in training contexts and have also experienced this process in training and supervision regarding my therapeutic practice. The benefits of prismatic dialogue are multiple, but the most obvious benefit is related to the way people move from presenting fixed positions as responses, to a place of discovery where meaning is negotiated as the dialogue occurs in the present moment of the supervision or training context. Here therapists can realise ‘the discovery of difference in the present moment’ (Bird 2004, p.v, v1). These discoveries become possible through the supervisee taking up the imagined responses of their clients, or the imagined responses of their client’s partner, family members or significant others who may be relevant to the therapeutic inquiry. A range of points of difference becomes available for inquiry in this place of discovery, where the ‘imaginative resource’ is active through the engagement with language and narrativity (Bird 2004, p.v, v1).

When I refer to the present moment I mean that, in the current moment of therapy, supervision, or training, difference and meaning is discovered and negotiated through the process of ‘narrating through dialogue’ (Bird 2004, p. 139). In this prismatic dialogue process with therapists in supervision or training, the interview is the focus for discussion and learning, rather than the notion of the supervisee bringing to a supervision session matters for discussion (2006, p.3). In practice, I have pursued a linguistic therapeutic engagement by embracing Bird’s practices of working with the ‘imaginative resource’, ‘in the present moment’ and ‘the discovery of difference in the present moment’ (Bird 2004, p.v, v1).

These therapeutic practices demonstrate a therapy approach where the use of language and the generative possibilities of language are privileged. These therapeutic practices have supported my interest in the theoretical intentions of a ‘philosophy of language’ (Ricoeur 1991, p. 448). I say this because the above practices have been designed to keep language and talk as central tenets - where language, meaning and difference are discovered through narrating in present time (Bird 2004). Such engagement with narrativity and the ontological concerns of narrative therapeutic pursuits, locate these practices most closely to poststructural worldviews and ways of knowing. Bird’s great interest appears to be to make meaning through a languaged therapy practice, through ‘clinical discoveries’, which she then links back to text (2004, p.349). Her meaning making occurs through the act of narrating and interpreting dialogue, where she gives language to the new thing. The discovery is narrated in therapy in the present moment through what Ricoeur (2004) refers to as *poiésis*. Bird’s approach is seemingly companionable with these ontological and epistemological positions. She describes what she does as ‘I am engaged in the making of language’ (2004, p.349). I would say that she is, at the same time, very interested in therapeutic relationships, language and narrativity.

These engagements relate strongly to a ‘philosophy of language’ akin to Ricoeur’s (1991, p. 448) description and have, at the core of their applicability, an active engagement with the use of language and words. This is pertinent to the orientation, delivery and evidence base of the approach. There is an integrated synergy with a philosophy of language, a practice background in narrative therapy, relational language making and a research practice committed to the overall goals and ethics of narrativity. I elaborate on these dialogical and relational approaches

in therapy in the review of relevant literature in Chapter Three. From here I turn to consider the concept of *poiésis* as described by Ricoeur (1991) and the creative products of therapy.

Poiésis as an act of making, and the creative products of therapy

Poiésis, following Ricoeur's (1991, p. 456) argument, embraces the concept of 're-creation', taken from the Aristotelian (trans. 1996) understanding of *poiésis*, described in Greek as *mimesis*. Ricoeur's contention provides a useful entry point into the consideration of imaginative and transformative moments in therapy, as he situates *poiésis* as more than poetry, stating:

And this is why I say *poiésis* is broader than poetry in the sense of verse and why I also include fictional narratives to the extent that here we see our imagination, our productive imagination, at work. An imagination according to rules, a ruled imagination, but a creative imagination also, creating the rules but also breaking them. So there is something in common to all forms of the poetics from the fictional narratives to lyric poetry.

Ricoeur (1991, p. 456)

Of particular note here is the possibility of a theoretical or potential framework for making sense of such moments in therapy. By applying a Ricoeurian (1991) analysis to the consideration of the poetic in therapy, we move beyond a linear way of relating to poetry as a tool in therapy, which is the most common application used in the literature. This approach does not discount the possibilities of poetry and what it has to offer the context of therapy, but instead offers an analysis of the therapeutic domain. It holds the potential for greater, rather than less, choice and this is encouraging. As such, this theoretical application indicates that all forms of creative therapeutic products are located in the realm of *poiésis* in therapy because they all engage the therapist in a form of making or creating.

Creative products could include; questions in therapy, teachings on the therapeutic relationship, reflective practices, narrative forms of therapeutic documents, supervisory sessions, or the experience of *unnamed moments* of resonance within therapy. All of these acts are located in the realm of *poiésis* in therapy. I am using the word 'products' to indicate a creative practice that has sprung from the therapy or from the therapeutic relationship, as a direct result of the

engagement with the poetic potential found within the territory of *poiésis*, and the act of making and creating in therapy. Indeed many of the items I have mentioned above, and described as creative products, could be described as therapeutic practices. Not all therapeutic practices, however, are creative practices and not all therapeutic practices result in an engagement with creativity, or the generation of creative therapeutic products.

By following Ricoeur's (1991) lead, it becomes possible to see that creative products of therapy have the ability to both make the rules, and break the rules. Located here is a significant implication for practice. If unnamed moments are considered as creative practices of therapy, then potentially it may be so that, in turn, they hold the capacity to break through dominant cultural expectations of what is expected within therapy. Consequently, unnamed moments could indicate a therapeutic need to soften, or challenge a rule-based or structured approach, and could indicate the need for an alternative within a session, or within particular therapeutic focuses. For example, when an *unnamed moment* occurs it may be important that the therapist interrupts a particular session's intention (whether it is of a structured form, such as cognitive behavioural therapy or of a dialogical form such as relational or narrative informed therapies) to focus on the importance of what is held within the poetic, sacred, spiritual or unnamed moment. By interrupting the particular session's intention, as in the planned approach to the session, the therapist heeds the idea that the unnamed moment, as a creative product, has the ability to break away from the rules; to interrupt the expected flow, to create a point of departure, or to signal to the therapist that this is a moment of relevance that goes beyond the imposed structure or expected format of the particular session.

With insights from Ricoeur's (1991) analysis, it is possible to view *unnamed moments* as creative products of therapy. This contributes to the understanding of *unnamed moments* in therapy, thereby providing the research with a rich descriptive and theoretical lens for investigation.

Locating an interpretative poetic frame

In his philosophy of language, Ricoeur's (1991) interest is deeply hermeneutic and relates to the concerns of narrative and the importance of interpretation applied to discursive or textual

products. This research has focused less on the metaphysical concerns of hermeneutics, following Heidegger, and is more concerned with the ‘art, skill or theory of interpretation, of understanding the significance of human actions, utterances, products and institutions’, being essential to the philosophical intentions of hermeneutics located within Ricoeur’s theory of narrativity (Bullock, Stallybrass & Tromley 1988, p.380). The research is keenly aligned to these considerations with a primary focus on the importance of human action in the therapeutic relationship, the interpretative events in therapy, and the concept of therapy being a site for the production of creative products such as poetic, sacred, spiritual and unnamed moments.

In the investigation of the literature, I conclude that a poetic theoretical frame, rather than a theoretical frame informed by the spirituality literature, best serves the research and my purposes. The rationale here relates to the study’s disinclination to connect the research with a theoretical base informed by spirituality, due to concerns that such an understanding could impose unnecessary limitations on the study and the research findings. To explain further, there is a risk of limiting the research and the data to a discourse located in notions of spirituality or religion, which might narrow the frame for interpretation and application of the research findings. Another possible limitation of an ontology related to spirituality is the potential risk of aligning the research with moral notions of commitment. This could lead the reader towards an unintended sense of righteousness; as in that a spiritual approach is the right, preferred or a more moral tack in therapy. As Ricoeur (1991) describes:

I should say that what makes the difference between poetry and religious kerygma⁷ [preaching] is that poetry opens ways for my imagination to try, ways of thinking, ways of seeing the world, under the rule of play - that is to say I am not committed. I have only to open my imagination. So, whereas poetry is play, precisely because I do not have the burden of making a decision - what has been called in traditional Christianity conversion. It is not required from poetry, but there is a conversion from one impoverished world of language to an enriched one, but not in the sense of making a decision, taking a stand. So there is an element of promise and commitment in the religious attitude, which is different from the pure play in imagination and through imagination that takes place in poetry.

Ricoeur (1991, p. 455)

⁷ Kerygma is the Greek word used in the New Testament for preaching (see Luke 4:18-19, Romans 10:14, Matthew 3:1). It is related to the Greek verb κηρύσσω. See Wikipedia, at <http://en.wikipedia.org/wiki/Kerygma>

Ricoeur's (1991) critique of spirituality and his differentiation between poetics and spirituality provides the rationale for my decision to follow a poetic ontological base. A major concern for the research relates to the ethics of the following; a gendered orientation, participatory practice, and sustainability (Goff, Lavarack, Porter and Whitecross 2007). Such concerns are informed by the belief that a poetic frame possibly allows for greater participation and is more accessible and potentially sustainable than a frame related to any form of religious or spiritual preaching. In the next section of this chapter I validate this choice further. It is reasonable to state that, had I held a better understanding of these ontological and practice matters at the start of the research, I would have limited the inquiry to the area of the sacred and poetic as it relates to the unnamed moments in therapy. However, I required the unfolding of the research to illuminate these considerations as a previously unforeseen problem. Therefore the investigation of the literature has focused on spirituality only as it relates to therapy and the specific question of *how therapists experience spiritual moments in therapy*, and has not investigated literature pertaining to spirituality as foundational to the ontological or conceptual basis for the research.

Ricoeur's convincing argument for a poetic frame

To elaborate, the decision to locate the research on a poetic theoretical structure is largely due to Ricoeur's (1991) influence, located within an essay of an interview with Philip Fried from the Manhattan Review in 1982 entitled *Poetry and Possibility*. In this interview, Ricoeur makes several salient points that ultimately convinced me to take this theoretical approach, where poetics over spirituality was privileged as the most useful theoretical frame for the research. Ricoeur asserts that 'poetry preserves the width, the breadth of language' by halting the dominant cultural inclination to reduce language 'to communication at the lowest level', or to reduce language as a manipulative device (1991, p.448). Ricoeur's analysis can be further evidenced in journalistic and comedic catch phrases, social marketing and social networking, institutionalised forms of jargon, self-help strategies and indeed in some forms of popularised and evidence based therapy.

Ricoeur (1991) articulates the way language has become instrumentalised for the purposes of modern technology and modern forms of power. An example of this could include the internet and electronic media forms, including social networking, blogging and tweeting. He confirms

his concerns relating to the instrumentalisation of language as being, firstly, the reduction of polysemy (meaning ‘for one word there is more than one meaning’) leading to the limiting phenomenon of ‘one word-one sense’. Secondly he regards this development as privileging scientific language over other forms of ‘practical language’ and ‘ordinary language’ or poetry (p.448, 449). He states:

It is the task of poetry to make words mean as much as they can and not as little as they can. Therefore not to elude or exclude this plurivocity, but to cultivate it, to make it meaningful, powerful, and therefore to bring back to language all its capacity of meaningfulness

Ricoeur (1991,p.449)

Next he argues that poetry has to be challenging, so that it can trace the ‘etymological meaning’ of words and then resurrect their syntax and that, by so doing, words are saved from being lost or reduced by cultural practices, or neglected, just as vocabularies are at risk of being reduced. By claiming the poet’s role to expand the meaning of words he says, ‘the poet is the one who saves the words and even expands the meaning of the words’ (Ricoeur 1991, p.450). This concept of the poet’s role to save and expand the meaning of words is also characteristic of the therapist’s role in a dialogical and linguistically engaged, therapeutic exchange in the therapeutic relationship. During such an exchange, the therapist places a sharp focus onto words and the way words and language are claimed by the client, and indeed the client’s words become an instrumental part of the dialogue. Therefore such a theoretical approach adds depth, meaning and purpose to the dialogical and therapeutic exchange in regard to poetic, sacred, spiritual and unnamed moments in therapy.

In summary, it is these three tenets of Ricoeur’s (1991) which relate to the purposes of poetics that I have found pivotal to the theoretical alliance of this research with poetics: poetry’s ability to challenge, while also preserving the breadth of language; an appreciation of the cultural and social construct where language is instrumentalised; and where language is reduced to less than it can be, to less that it ought to be. These three considerations hold weight and relevance to the research question as described above and will be discussed further in Chapter Three; and in relation to the therapeutic literature, later in this chapter.

Ricoeur's (1991) interpretation of Aristotle's poetics and his exploration of *poiésis* as the act of 're-creation' (p. 456), offers a worldview and a way of knowing for the consideration of poetic, sacred, spiritual and unnamed moments within the therapeutic relationship.

Entering the narrated poetic world of unnamed moments in therapy

I follow on from Ricoeur's (1985) project, to understand the interplay between language, creativity and the act of narrativity within the therapeutic relationship and the *unnamed moments* experienced within. In starting, an investigation of Ricoeur's (1985) description of time, the commented world, and the narrated world, provides context to his thesis on the philosophy of language and its relevance to the world of therapy. Ricoeur (1985) contends that through language we create two dimensions; the narrated world and the commented world. The commented world is represented by 'memoranda, editorials, testaments, scientific reports, scholarly essays', while the narrated world is represented by 'folktales, legends, short stories, novels and historical narratives' (Ricoeur 1985, p.67). A person's personal account or life story also belongs to the narrated world. Indeed an update of the commented world today would include emails and the ubiquitous text messaging. In therapy, the client's story or narrative fits within the concept of the narrated world, as do other creative and linguistic techniques employed in therapy.

These creative and linguistic techniques, utilised by therapists in therapy, include the use of metaphor, use of ritual, use of poetry and art, reflective processes and witnessing practices give clients and therapists the opportunity to reflect on traumatic events from a position of safety and choice. From this location, past traumatic events can be considered with some detachment and held within a particular therapeutic experience, rather than becoming unwanted or intrusive in the therapeutic dialogue. Therefore, applying Aristotle (trans.1996) and Ricoeur's (1985) concepts of the narrated world to unnamed moments in therapy, when a sacred, spiritual or poetic exchange occurs, we could describe such moments as belonging to the narrated world of therapy.

With reference to these worlds, Ricoeur (p.68) considers Aristotle's contention that, when matters of distress and fear are received with a degree of detachment, they 'belong to the

narrated world'. This is worth noting as the role of poetic, sacred, spiritual and unnamed moments in trauma therapy may provide a therapeutic equivalent to this form of detachment in the use of metaphor, ritual, witnessing, reflective processes and prismatic dialogue.

Revisiting Aristotle's poetics

Before continuing, I turn to Aristotle's text *Poetics*, translated in 1996 by Malcolm Heath, to consider the analysis of poetry and poetics as being a universally significant way of mediating knowledge, relationships and human actions. In *Poetics*, Aristotle examines the ancient Greeks' relationship to poetry and explores the central role poetry played in public culture. In this examination, he proposes that poetry is described as the basis of philosophical musings and the font of wonder and pleasure within historical Greek culture. At the centre of his thesis, Aristotle claims that poetry, and the dramatisation of plots as tragedy, comedy, or epic, are all forms of imitation. The imitation, as he describes, is central to the making of the plot and forms a beginning, middle and an end. The poetic structure engages with the audience and evokes a sense of astonishment, recognition, and suffering. The ability of the plot to be simple or complex, while displaying characteristics of unity, magnitude and universality, is central to the structure of all plots and their narrative purposes (Aristotle, trans. 1996 p.14-16).

Given Aristotle's contention that we understand life and human action through the appreciation of the way plots are constructed, there is the potential to apply his structured approach to plots to comprehending the experience of poetic and sacred moments in therapy. He ties all of his contentions about poetry and poetics to the act of mimesis, translated as imitation. He states that all poetic acts, and indeed all acts of art, song, music and all acts of practice, are acts attempting to create or recreate a likeness of something. Aristotle suggests that it is human nature and human instinct to seek to enact a likeness of a loved object, such as a painting or a song, or any other poetical expression. This is an attempt to experience pleasure and gain knowledge of the beloved poetic art form.

From these ideas it is possible to derive two significant orientations for investigating the way therapists might experience unnamed moments in therapy. The orientations are; narrative

meaning making and understandings that the structures of plots are rich therapeutic resources, and the concept of mimesis.

The first orientation is that there is a rich therapeutic resource to be found in the way therapists understand a person's story in therapy. Understanding the plots that make up a person's account provides the therapist with important information for the therapeutic process. In therapy this is achieved by investigating the structure of narrated plots in a person's account. The understanding which therapists derive about the trauma plot offers a rich resource for inquiry into life events and human action within therapy and within events related to trauma. Similarly, therapist's consideration of the client's plotted story provides a resource for experiencing and negotiating the dynamics of the therapeutic relationship over time.

It could be said that a therapeutic appreciation of the construction of plots with a beginning, middle and an end, provides an epistemological frame for the interpretation of all events occurring within therapy. It also offers a frame for the understanding of poetic, sacred, spiritual and yet to be named moments in therapy. From here, these moments could be constructed as plots with a beginning, middle and end. It could be argued that such moments hold meaning within an overall understanding of the structure of the plot relating to therapeutic exchanges at any particular point in time. There may be a plot related to resilience or recovery, and the way the plot structure is interpreted and understood is of relevance from an Aristotelian perspective because it helps us understand the life events of the client in relation to the act of resilience or the act of recovery. Either way, this epistemological lens, informed by Aristotle's assertion regarding the importance of the structure of plots, means that there is merit in noticing the structure of unnamed moments in therapy. These moments of sacred, spiritual, or poetic importance hold some significance relating to plot, and are thereby worthy of investigation.

The second significant orientation gleaned from Aristotle's poetics is the concept of mimesis, often referred to as imitation. Mimesis has relevance to therapy and the therapeutic relationship, and can be related to the human desire to engage in like forms of creative expression, whether the expression is art, poetry, music or practice, or in this case, therapeutic practice. Therefore, following Aristotle's notion of mimesis, therapists galvanise their efforts

and creative expression in schools of therapy i.e. in the systemic, psychoanalytic, cognitive behavioural, relational and narrative traditions. Just as musicians express themselves and galvanise their efforts within classical, folk, jazz and popular music forms, we see writers engage in creative forms including travel, literary fiction, historical fiction, crime writing, magic realism, fantasy and erotica. The same concept can be applied for therapists.

Here we see modern forms of Aristotle's mimesis in action, where people identify with the creation of some form of expression like to another as a way of gaining both knowledge and pleasure within the pursuit of creativity. Is this what Aristotle meant when he spoke of mimesis? Was he thinking about the creative drive of artists, musicians and poets to become identified with particular genres - not only to belong to a like-thinking community of players, writers or artists, but also through the action of belonging and identification with others, to be rewarded with enjoyment from developing knowledge and skills related to the act of mimesis? Or was he more literal in his application of the translated mimesis to mean imitation? There are limitations to Aristotle's thesis on mimesis. It is possible that his contention is primarily related to the act of imitation, and that he thereby dismisses authentic, original contributions in therapy, art, poetry and music.

Where does the construction of identity locate itself in Aristotle's poetics? Is it shaped through the plot, and informed from a secondary position through the shaping of characters as the plot is enacted? Gender is not mentioned in any way, other than in relation to men. An assumption that all people experience plots and poetics in a homogenous way is implied. Or perhaps another assumption is that only men at Aristotle's time were engaged with the activities so core to the *Poetics* claims.

It does appear that his description of mimesis is limited to a gendered perspective relating specifically to masculinity and the efforts of men. Without a more inclusive lens, which allows for the acts and efforts of women, Aristotle's argument becomes a rather thin description of events. If he conceived that all poetic acts and products resulted from acts of imitation, then he would no doubt have contended that the gendered acts of women (were he to have included women) were also acts of imitation. If I were to speculate I might ask, would he have described

women's acts as imitations of the acts of men? From a gendered perspective, it therefore appears rather simplistic to render all poetic acts as imitations of other acts. An obvious omission is the authentic and gendered performances of poetic acts by women. To consider the acts of women, a broader lens than imitation is required. In considering the acts of women, and for that matter all gendered acts being those of women or men, the broader lenses of diversity and difference, of equity and power and gender relations, are required for an informed and comprehensive contemporary analysis. Another omission is a consideration of the multiplicity of expressions by men, enacting diverse forms of masculinity (Connell 1995). These thinking frames were not available to Aristotle in his time and it is therefore necessary, while turning to his early notions of plots, to also carry an understanding of the historical context, both socially and politically, in which his ideas were born.

Departing then from Aristotle's concept of imitation, a further contention is that the gendered poetic acts and performances of women and men have the scope to go beyond imitation, while in the very act of imitation. This premise suggests that as a therapist engages in therapy, which could be deemed an act of imitation, there is scope for the production of new and authentically different modes of therapy in that act. In many ways this is the line of thinking about imitation that Ricoeur (1991) draws, in his analysis of Aristotle's *Poetics* (trans.1996).

In concluding the investigation of Aristotle's poetics it is worth revisiting his claims regarding the primacy of plot. He claims that the goal of life is 'activity' and not 'quality' (p.11). Happenings are interchangeably described as events or as plots, and the hierarchy related to the poetics is clear. It is 'plot' or events first, then 'character', followed by 'reasoning' and then 'diction', meaning the verbal expression (p. 12, 13). Aristotle makes the claim that poetry, and therefore poetics, hold greater importance than history due to poetry's link to universal experiences and philosophical thought. He also claims that history is concerned with particular details. In therapy these claims could not be substantiated, as the particular details and the historical context of a person's life both hold significance when developing a narrative account of the events that shape people's lives. It may be more useful to consider history and poetics, including the poetry of people's lives, as offering information and potential equally to the plotted therapeutic dialogue. This is particularly so with regard to trauma and acts of violence and abuse. The historical context of trauma in a person's life is pivotal to the construction of

therapeutic plots, offering dialogues of protest and healing, a departure from further experiences of abuse, and the movement towards non traumatic experiences of life.

Aristotle's instructional style, with his descriptive structure for poetic plot construction in music, poetry and theatre, appears somewhat linear. However his desire to place the plot at the centre of his thesis is indicative of his extensive and inventive plan. He identifies five basic concepts that all plots require for quality. These are 'completeness', 'magnitude', 'unity', 'determinate structure' and 'universality' (p.13-16). Each of these components described as core concepts for plot development hold value and merit today and is useful in terms of considering the story lines of poetic, sacred, spiritual and unnamed moments in therapy and the therapeutic relationship. He speaks of poets being makers of plots, and attributes the act of imitation or mimesis as constituting action. If poetics captures the essence of things, of life events and human action, it is here that I find an ontological and epistemological grounding for the research.

This research is interested in the generative aspect of particular therapeutic moments. Aristotle's (trans.1996) *Poetics* provides a plot focused ontology, with limitations as described above, where human actions, life events and the configuration of plots are foundational to all human endeavours. Ricoeur's interpretative understanding of Poetics grounds the concepts in a broader contemporary frame. Following Aristotle, Ricoeur attributes the Poetics as paving the way for early forms of 'heuristic fiction' (1991, p. 90). Ricoeur urges us to understand mimesis as being related to a re-description or 're-creation' of life events made possible by our knowledge and lived experience of fiction, informed by and shaped by our life events, and not a process of direct copying (p. 456). By heuristic fiction he means that poetics allows for the use of metaphor, the development of a fable, the plot of a tragedy, or a stage comedy, written so as to make life larger and easier for humans to comprehend. This links back to Aristotle's (trans. 1996) claim that through mimesis, or a re-description of events, people are more likely to understand their experience. Validity of Ricoeur's (1991) analysis can be further evidenced through an engagement with fiction, poetic forms, films, music, and art. People are better able to understand their experience, which in turn, leads to further development of their own narrated and acting selves as they live out their life plot. Indeed Ricoeur views our identity as

being that of both reader and writer of our own narrative, where we engage in acts of interpretation and translation relating to our unfolding life narrative (Ricoeur 1984).

Ricoeur's (1984) idea of the poetic, in the world of trauma therapy, is evidenced by clients' and therapists' engagement with art, poetic and sacred forms, metaphor, film and fictive narratives. The significant implication here is that sacred, spiritual, and poetic moments in therapy, indeed unnamed moments holding transformative promise, are sacred and poetic therapeutic forms and thereby carry mimetic potential. The research process described herein is concerned with the investigation of such moments of mimetic potential from the experience of the therapist and the client. Through these engagements in therapy there is the mimetic potential for therapists and clients to better understand their experience, leading to further development of their own narrated and acting selves as they live out their life plots. Therefore it follows that the mimetic potential of unnamed moments in therapy, all moments that hold transformative promise, all moments that are sacred and poetic forms in therapy, in turn have the capacity to become resources for the therapeutic relationship.

Informed by Ricoeur (1984, 1991, 1992, & 2004), my focus on the mimetic potential of *unnamed moments* is possibly a slight departure from White and Epston's (1990) focus on the negotiation of power and knowledge in their narrative therapy approach. This is not to say that I am not interested in an analysis of power, knowledge and relationship in regard to life and therapy. The opposite is more likely. I am particularly concerned with power as it relates to the negotiation and mediation of language in 'present culture' and the interpretative acts related to words, language and texts in therapy (Ricoeur 1991, p.448). I am hesitant here about departures, because I experienced these early teachings on the narrative approach as foundational to my current practice and thinking. In the book *Narrative Means To Therapeutic Ends*, White and Epston introduced their ideas related to 'the text analogy', an early version of what the family therapy field would come to call narrative therapy (1990, p.9). At this time, they were influenced by Bruner's ethnographic accounts on narrative, and the concept of self-narrative described by Gergen and Gergen. White was particularly influenced and informed by a Foucauldian analysis of power and knowledge and its application in therapy. In the twenty years that followed 1990, White's (1991) shaping of the narrative approach to therapy was hugely influenced by Foucault. In *Narrative Means to Therapeutic Ends*, there is only one

reference to ‘poetic and picturesque language’ (White & Epston 1990, p.83) that comes from a systemic family therapy interest in polysemy (meaning multiple understandings and interpretations of one word). Poetics is not theorised in White’s work.

While my ontological and epistemological base as a therapist, supervisor and researcher is informed by the tradition of narrative therapy, I have been influenced by the relational, gendered and linguistic practices of Bird (2000, 2004, and 2006). It is fair to say that since 1990 I have been informed by the narrative tradition in therapy, as articulated by White and Epston, and I carry those early narrative traditions with me at all times. Yet I found that once I orientated my practice around understandings of gender and power relations, and through my training, reading and application of Bird’s relational language approach, I began to detour from the technical applications of White’s (1991) approach. From this point I became more focused on the technical applications associated with Bird (1994, 2000, 2004 & 2006) and discovery through relational language making. Perhaps it is fair to say that I hold to the foundation of the narrative approach, but have extended my own work through an understanding and a practice committed to the pursuit of a relational language based engagement. In my mind, White’s work rotated around the importance of power, knowledge and narrative, with specific technical applications taught as part of the narrative model, while Bird (2000, 2004 & 2006) has discovery, language and relational meaning making at its core.

Initially I found the application of Bird’s ideas revolutionised and provided anchorage to my work with boys and young men who had sexually abused children, younger and more vulnerable than themselves. This was a great relief. In this work, I desperately sought a way of working that acknowledged and drew on my feminist and gendered history as a therapist. I sought an approach and sensibility that I could uniquely shape and develop as a woman, at a point in time when few women in Australia had worked in this area with boys and young men who had engaged in sexually abusive actions. I did not want to replicate or simply imitate the way my male colleagues engaged with well-practiced therapeutic concepts. I grappled with the dialectic of knowing that the concepts used by my male colleagues held significant currency and yet they were not always an easy fit for me. The use of Bird’s practice orientations in therapy, including: a focus on the therapeutic relationship (1994); the development of a ‘relational language practice’ (2004, p.106); and the ‘negotiation of the power relation’ (2004,

p.175); provided critical supports as I began to develop and connect with my own practice commitments. From these practice commitments I was then able to create a way of doing therapy that confirmed my feminist therapeutic background and was, to some extent, of my own making.

Bird states that she is informed by poststructuralist texts in the development of her therapeutic practices, yet she indicates a strong interest ‘to not simply replicate’ the ideas presented (Bird 2000, p. xx). From a theoretical perspective Bird claims her therapeutic discoveries and the written representations of her therapy practices are derived from clinical practice. This is an essential element of her ‘resource centred approach’. In her engagement with a resource centred approach she accesses ‘ideas and practices from a variety of philosophical and clinical traditions’ (2004, p.350). She departs from textual metaphors of authoring or co-authoring. While her work may find a place alongside other poststructuralist approaches to therapy, she avoids making explicit links to any particular theory. She claims her therapy is ‘engaged in the making of language’ through the process of ‘relational language-making’ in conversation with clients and practitioners (p. 349). These commitments of Bird’s echo my interest in poetics, and the mimetic opportunities present in unnamed moments in therapy, where new language and new meaning is potentially generated and then negotiated through the relational resource that is the therapeutic relationship.

Bird’s (1994, 2000, 2004, 2006) approach, has supported my engagement with a linguistic, gendered, reflexive and relational inquiry in therapy. This has encouraged my engagement with a poetic, transformative and ethical engagement in therapeutic relationships in my practice. My exploration here of unnamed moments in therapy may add to, support, or possibly extend on Bird’s interests. I am not the best judge of whether that is the case or not. Still, from my position and as best as I can ascertain my interests here are akin to Bird’s.

The rich theoretical descriptions provided by Aristotle (trans. 1996) and more recently by Ricoeur (1991), with the practice commitments of Bird (2000, 2004, 2006) and my own practice experiences, indicate a sound theoretical and practice evidence base to support the need for this study’s research into alternative claims relating to poetic and sacred forms in

therapy. Further, there are practice implications for the therapeutic relationship, *when unnamed moments and sacred or poetic forms* are considered as an important resource for the therapist, the client and the therapeutic relationship.

Summary of how I intend to use these theories

In therapy, within the narrative tradition, the plot and narrative of a person's experience is of critical importance (White and Epston 1990). When considering the experience and meaning of poetic, sacred, spiritual and unnamed moments in therapy, the plot surrounding the unnamed moment is of note, in terms of; what is being said, what is emotionally resonant in that moment, what significance and meaning does the therapist and client make relating to the moment, and what action occurs or does not occur following the unnamed moment. Tracing the beginning, the middle and end of the plot surrounding the unnamed moment offers an opportunity to excavate and name meaning within the therapeutic dialogue, while also co-constructing the plotted events related to the person's account of trauma.

Ricoeur's (1992) sixth study on the self and narrative identity postulates that the narrative of personal identity are made possible through the process of emplotment when characters (or people) engage in action and, by so doing, become as plots themselves (p.143). Here Ricoeur extends Aristotle's premise relating to characters as secondary to the plot, while also indicating that the site for construction of identity occurs through the character - but only through the deployment and possibility of the plot's configuration. Following Ricoeur we could describe the therapist and the client as characters, secondary to the plot of the therapeutic session, where and when unnamed moments of sacred, spiritual or poetic meaning occur.

In terms of understanding and investigating the importance of poetic, sacred, spiritual or unnamed moments in therapy, there is a need to gather these moments into the overall context of therapy, or the therapy session, so that the moments become part of an integrated whole. The concept of configuration, or narrative configuration, holds value here. According to Ricoeur (1991) historians and playwrights emplot past events into an overall narrated account by gathering together the events and through the gathering together process, meaning is made which forms the act of configuration. Acts of configuration by historians, writers of fiction, and

playwrights employ this process, and by so doing they are imaginatively producing plots and meaning through narrative configuration.

I am interested in the way therapists make sense of unnamed moments in therapy. I am speculative about the way therapists' experiences of these moments may become configured into the plot line of the therapeutic relationship. I wonder what it means for practice, when the narrative account surrounding unnamed moments in therapy becomes part of an integrated plotline related to the therapeutic relationship.

To follow this speculative path, we could also consider temporality in terms of acts of configuration within the therapeutic relationship. This is not only past events which are gathered together in a narrative configuration process. As *unnamed moments* in therapy occur in present time, it may be that the plotted configuration process includes past events, present events and also hoped for future events. The therapist has a role in the configuration process related to the client's plot, the plot of the therapeutic relationship, the plot relating to trauma and healing, and the plot that is ultimately configured in the gathering together of poetic, sacred, spiritual and unnamed moments in therapy. From a theoretical and practice perspective Ricoeur (1985, 1991) has written extensively on the theory and significance of time in relation to narrative, and indeed White & Epston (1990) and Bird (2000, 2004, 2006) have also concluded that temporality underpins all sense making and plot configuration in terms of narrative acts within therapy and beyond.

Epistemologically, Ricoeur (1991) draws on Aristotle's philosophy of poetics to develop his position in regard to poststructural phenomenological hermeneutics. Ricoeur's poststructural theory of interpretation, while largely concerned with the interpretation of texts from a perspective of literary criticism, involves the poststructural hermeneutic task of interpreting narrativity (Ricoeur, 1991). He asks 'how is narrativity, as the construction or deconstruction of paradigms of story-telling, a perpetual search for new ways of expressing human time, a production or creation of meaning?' (p.463). What is of interest here is that his study into the interpretation of texts, discourse and practices lends itself as a theoretical approach for the

examination of unnamed poetic, sacred and spiritual moments in trauma therapy within the narrative tradition.

Ricoeur's (1991) analytical frames include investigations of myth, metaphor, poetry, texts, and an analysis of interpretation and imagination of narrated time and the dialogical and dialectic worlds. For the purposes of this research, it is the poststructural hermeneutic interpretation of text, discourse and practices that may be usefully applied to the analysis of the research findings in this study. This approach, following Ricoeur and his ontology related to both narrative and time and 'a dialectic orientation', enables a dynamic process of interpretation and the use of metaphor to signal connection (Valdes ed, cited in Ricoeur 1991, p.25).

I return to Ricoeur's (1991) interpretation of Aristotle's poetics and the extension of these concepts to his exploration of *poiésis*, being the act of *re-creation* (p. 456). His contribution here offers a worldview and a way of knowing for the consideration of unnamed poetic, sacred and spiritual moments in therapy and within the therapeutic relationship. Ricoeur has written extensively about poetics and *poiésis* and interpretations and applications of his understanding of history, art and poetics, plots and life events, human use of language, time and human action and the way we know what we know (Ricoeur 1985, 1991, 1992). Ricoeur (1984) unpacks Aristotle's concept of *mimesis* and locates the concept in an accessible form. He describes succinctly the innovation of narrative as being the act of synthesis resulting in a plot. 'The goals, causes and chance of the plot are brought together within the temporal unity of a whole and complete action' (p. ix). This synthesis produces 'the new thing - the as yet unsaid, the unwritten - springs up in language' (p. ix). This 'new thing' is a description of *poiésis*, of poetic construction and the making of something new. From the place of making, where *poiésis* occurs, a new order and association of events exist.

He speaks of poetic discourse as a way of bringing to language qualities and values of daily life that are somehow missing in language and yet descriptive of a life lived. Ricoeur (1984) outlines Aristotle's description of plot as being the *mimesis* of action, meaning and time, where every human action is imbued with cultural meaning. It is this concept, articulated here as something new, emerging into language and into action, that links to my pursuit of what

becomes possible in the unnamed moments in therapy. In this moment, we find that *poiésis* evokes a new form, new thoughts and realisations, new language, original and an authentic interpretations of what occurs in the therapy.

Temporality (meaning and time) is extensively explored by Ricoeur where the past is located not just in the past, but also in its relation to the present, where the present is always related to future hopes and plans. According to Ricoeur (1984, p.33), Aristotle intended poetics to mean the ‘representation of action’. It is this description of poetics that I find relevant and applicable to the endeavour of therapy, and in particular therapy with people injured through abuse, violence and trauma. Applying this notion of poetics to scenarios where people are engaged in doing or action, and which lead to meaning making in relation to a set of goals, plans, hopes and concerns, is a comprehensive lens to view therapists’ experiences of unnamed moments in therapy (p.55). Here in Aristotle’s world, poetics and poetry and the role of the poet are directly related to the construction of plots and the representation of human action.

It is beyond the scope of this chapter to do justice to Ricoeur’s enlightened and dense thesis of *emplotment*. By considering his body of work on poetics, I realise I have not delivered an exhaustive assessment of his work, and clearly I do not have the scope to do so here. I have attempted to portray Ricoeur’s interpretation of poetics and his ideas regarding plots and *emplotment*; specifically those which I believe to be the most critical in relation to poetics, and therefore of most theoretical value for this research. The location of poetics, poetry and culture is central to the research questions, as is the notion of making, the art of *poiésis* and the place of a poetic sensibility in trauma therapy.

Two vignettes

Before concluding Chapter Two, I present two vignettes. They offer an ontological explanation relating to poetics in therapy and hold potential for understanding the experience of poetic, sacred, spiritual and unnamed moments in therapy. From my interpretative and narrative standpoint they are creative expressions, creative written forms as an illustration of my ontology and epistemological engagement with the Ricoeurian (1984, 1991, 1992 & 2004) ideas presented in Chapters two and three and, indeed, throughout the thesis.

Earlier in this chapter I made reference to creative products that arise from therapy or from the therapeutic relationship, as a direct result of the engagement with the poetic potential found within the territory of poiesis, and the act of making and creating in therapy. The vignettes are creative products of the research endeavour, being formed due to my engagement with the act of poiesis and a poetic sensibility. I have intended them to be read and experienced for their poetic purpose as an adjunct to the rest of the chapter. In this way I have aimed to include a poetic illustration of the theoretical ontology I am presenting, being a ‘philosophy of language’ and, hopefully, provide another layer of meaning to the theory presented in this chapter (Ricoeur 1991, p.448).

The first is a vignette on Gaston Bachelard’s (1994) seminal text *Poetics of Space* and an exploration of the way it provokes me to wonder about the intimate spaces in therapy where unnamed poetic, sacred and spiritual moments occur. The second is a vignette on Giorgio Morandi’s (2010) exhibition of still life paintings entitled *Giorgio Morandi Silenzi*, meaning ‘silence’ in Italian. In this I wonder about the way unnamed poetic, sacred and spiritual moments in therapy parallel metaphorical modes of still life.

Vignette one: Gaston Bachelard’s *Poetics of Space*

When I first began researching poetic, sacred, spiritual and unnamed moments in therapy an artist friend of mine steered me towards Gaston Bachelard’s (1994) work on the poetics of space. His poetic notions have stayed with me throughout this research project and I now pay homage to his aesthetic vision on the poetics of space evidenced in this vignette. Let me first outline my intention for doing so. Without Bachelard there would be no historical reference point for the current research project. His humble yet expansive and illuminating narrative on the poetics of space proffers an ontology and phenomenology for the poetics of the everyday. He intellectualises, and at the same time makes mundane, the smallest and the greatest of all things. He situates and describes his undertaking as though to say, ‘as I am small and human so are we all’, yet there is wonder and beauty, greatness, the chance of something big within the grasp of each hand.

There is a subtle invitation in the reading of the text to join with him in his worldview, to engage with not only an appreciation of how we experience intimate spaces in life but to also open ourselves to live life intimately with conscious knowledge of the phenomenology of being.

The other intention in paying homage to Bachelard's *Poetics of Space* relates to the concept of ethics in practice, or what I described earlier as a practice 'ethic' (Bird 2000, p.xx). In my thinking, his work goes beyond a philosophical or metaphysical discussion. His thesis presents a poetic ethic for daily life – where here we see another example of ethics. Bachelard's poetic ethic is not dissimilar to the interests of Ricoeur (1991), as described earlier in this chapter, relating to language and the importance of a balanced use of language. Ricoeur's interest, where poetics and expressive forms of poetry are reclaimed and used to add to scientific (or medicalised/psychologised) language, and where ordinary forms of day to day language could also be described as a poetic ethic. By poetic ethic I am speaking about the intention to act on, and incorporate into a narrative configuration, values and beliefs that promote a poetic ontology and a poetic sensibility. As narrativity requires an enactment through the process of narrative configuration, I am particularly thinking of a poetic ethic which might be enacted by an artist, a writer like Bachelard or a therapist, who brings a poetic ethic into their practice through plotted events, dependent on various prerequisite acts before it can occur. By ontology, I am using the word here to mean the nature of being. I am greatly interested in practices and ethics for the daily life of therapy. As such, this contention is of significance and worthy of consideration.

Bachelard (1994) pondered the poetics of spaces, applying a poetic sensibility and ethic to the physical world including houses, the universe, cellars and garrets, shells and nests and the realm of intimacy. He links the poetic with linguistic understandings saying, 'the poetic image sets in motion the entire linguistic mechanism. The poetic image places us at the origin of the speaking being' (1994, p. XX111). Embracing the concept of the soul he speaks of 'a study of the phenomenon of a poetic image when it emerges into the consciousness as a direct product of the heart, soul and being of man, apprehended in his actuality.' (p. XV111). Bachelard's contribution presents a metaphoric encounter with words and images in space, and it examines how the physical world and people are in relation to each other.

Bachelard's survey of poetics renders a decisive proposal for the ontology of art, poetry, human relations, intimacy and the interrelatedness of human life and the natural world. He speculates on the views of Jungian psychology and psychoanalysis as he delves deeply into his imaginative world of philosophy, language, place and things. He helps in our understanding of unnamed moments in the way that he describes poetic images and in his portrayal of space as an entity. It is through his descriptions of a poetic space at the margins that we find an account of what unnamed, poetic moments in therapy may be about. Bachelard says that with poetry, the imagination takes its place on the margin, exactly where the function of unreality comes to charm or to disturb - always to awaken. (1994, p. xxxv).

Therefore, it could be interpreted that unnamed moments occur in the marginal spaces of therapy where the potential to be perturbed, disturbed and charmed are likely possibilities. In this marginal zone new interpretations become available. When therapists are able to harness the dynamics potential within the marginal zone, they have begun a process of engagement with a creative force that is formed by the reciprocal nature of the therapeutic relationship. Negotiating the intimate space of the marginal zone requires the therapist to use all of their skill and knowledge, while also surrendering to a place of not knowing, so that the creative charge or current of the therapy has a chance to transform, perturb and charm in that moment.

Margins are often difficult places. In terms of therapeutic space, if unnamed moments are located in the therapeutic marginal space, then it is assumed that they are in a challenged location where they may go unnoticed, or possibly noticed but discounted for further inquiry, being deemed by the therapist to be too marginal or too risky for investigation. I am reminded of a time when an unnamed, intimate moment occurred in therapy when a young man I had worked with for quite some time, offered his heartfelt thanks. He was constructing a life free of his previous abusive actions. He felt the early stirrings of regard for himself for the first time in many years, as he had started the process of acknowledging the hurt he had caused and was working towards some way of understanding the consequences of his actions towards the people he had subjected to trauma. He offered his thanks rather awkwardly in the form of expressing his affection for me, in terms of how much his life had been changed through the therapy. This moment, like so many *unnamed moments* occurring in the midst of the therapy, was presented and could enter into the therapeutic space or stay outside of the therapeutic

space. I chose at the time to bring it inside, to take it from the margins of therapy into the centre and legitimise it as a product of the therapeutic relationship. In retrospect I can now see that I was exercising my poetic sense making, although at the time I would not have been able to name it as such.

Bachelard (1994, p. xviii) describes the poetic image as a ‘direct product of the heart, soul and being’. Perhaps a useful extension would be to expand the notion of poetic image to consider descriptions such as poetic know how, poetic senses, poetic exchanges, poetic products and poetic play. Indeed all of these descriptions could give language to the sacred, spiritual or poetic moment in therapy, when a certain poetic sense making or poetic know how is at play. Then we could describe poetic senses, poetic know how and all other poetic and creative products of therapy as direct products of the heart, soul and being of the therapy and the therapeutic relationship.

For Bachelard, poetics lives in the realm of what is considered sacred and he aligns his contentions with an active state of commitment and dedication, saying poetics ‘rather than being a phenomenology of the mind, is a phenomenology of the soul and a commitment of the soul’ (p. xx). What is curious is that, although Bachelard considers memories, daydreams and reveries in regard to intimate space, it is all in relation to physical spaces, and objects of nature such as the shell, nest and drawer and not about relations between people. Perhaps he best sums up his vision and intent when he reflects on the quality of intimate space.

I shall therefore put my trust in the power of attraction of all the domains of intimacy. There does not exist a real intimacy that is repellent. All the spaces of intimacy are designated by an attraction. Their being is well-being.

(Bachelard 1994, p.12)

I can only guess what he would say about the intimate space of the unnamed moment, the potentially poetic, sacred, spiritual or transformative moment in therapy. Is it likely that he would conclude such moments do exist? Perhaps he would say unnamed moments in therapy are interconnected moments related to his notion of *intimate immensity* and that when they do occur they draw us in deeply to an experience of greater well-being (p.183).

Vignette two: Morandi's *Silent Still Lifes*'

Giorgio Morandi was known as the 'painter of bottles' (Poli cited in Skira Editore, 2010). His subjects were everyday items including bottles, boxes and vases and jars; they remained constant throughout his life (Abramowicz 2004). In addition to bottles he also painted many landscapes. However the bottles as everyday items of still life were his major focus, as he portrayed collections of items that appeared to convey an overall sense of stillness and momentary silence. Captured too is the dimension of a spatial void due to Morandi's intentional use of empty objects. There were rarely flowers in Morandi's vases, and all his bottles and jars were empty. His paintings were often overlooked as being rather boring and lifeless.

Having witnessed the Morandi's *Silenzi* (2010) at Fortuny Museum's exhibition in Venice, I noticed the interconnectedness between these paintings and the held moment conveyed within them, I was struck by the ontology (nature of being) presented by them, being the metaphorical mode of still life. Morandi's paintings, his reputation as a serial painter, someone who painted the same subjects over and over again, appears to offer an ontological parallel frame for sacred, spiritual or poetic moments in therapy. I began to wonder about the notion of therapy as still life. Following this notion opened up for me poetic possibilities to think of therapy and the poetic, sacred, spiritual or unnamed moments being contained within the bounds of the therapeutic relationship. Umberto Eco described Morandi's paintings in this way:

Morandi places us in a paradoxical situation because he is a contemporary artist who could be described as a 'serial artist' [...] serial as regards his subjects but not serial in addressing their substance. The box and the bottle may always be the same but the way of rendering them is different every time.

(Eco quoted in Skira Editore 2010)

Morandi's state of being gravitated around painting still life images of bottles over many years in an attempt to capture the stillness and silence of life, held within the imagery of the bottles over time. To postulate it appears that, for Morandi, the held moment of stillness and silence caught within the still life was worthy of considerable attention. So much so that he dedicated his life's work to the production of these images. Morandi produced the paintings as if to say,

here in this painting, in this still life, is an image of something worthy of attention and observation.

This view is consolidated by the experience of Umberto Eco, where he describes returning to view Morandi's paintings again, to view the same still life, only to discover the image as different each time (Skira Editore, 2010). Herein a counterpart narrative with therapy exists. While therapists' subjects change, like Morandi's use of different bottles and jars and vases, their subjects also remain somewhat the same, in that they all seek support and assistance with life's concerns and problems. Therapists, like the serial painter, are serial therapists. They do therapy over and over again, with many subjects. The problems encountered in therapy and each person's account is always unique and yet the experience is often shared between people. The experience of loss and grief, the shame of perpetrating abuse and violence, the humiliation and hurt of betrayal, the obliterating effects of trauma, the desolation of loneliness; repeated and shared themes of therapy, each account rendered in a way different from any other account. Here, then, is another seeming parallel in that, all of Morandi's paintings offered repeated and shared themes - the ubiquitous bottles, boxes and jars - all rendered in a way as different, each capturing a moment in time and yet the same as the previous chromatic still life composition.

Therapy produces something defined by the client and therapist. Often-times this production may appear to be the same as all previous moments of therapy. So it was for Morandi's images of bottles and jars and boxes, produced over and over again to capture the still essence of a moment in time and yet, without close attention and observation, his images were considered of little importance, mundane and domestic. Not all therapy produces poetic, sacred, spiritual or unnamed moments. It appears that, without concentration and without fascination, these moments may go by unnoticed. Just as Morandi's bottles and boxes may appear to be empty voids, unnamed moments in therapy are also at risk of appearing to be empty moments of silence and inconsequence. Morandi's still life images, as a motif, are representative of the quiet unnamed moment in therapy when therapy edges up to a place of sacred contemplation, a place where a poetic sensibility and interpretive stance signal potential transformation in a held, silent moment.

Conclusion

Chapter Two provided an introduction and detailed overview of the literature review chapters (Chapter Two and Chapter Three) and outlined the terms poetic, sacred, spiritual and unnamed moments. I presented and justified the research study's ontological and epistemological framework informed by poetics, following Ricoeur's (1991, p.448) 'philosophy of language' and interpretation and the foundations of the *Poetics* attributed to Aristotle (trans. 1996). These understandings provide my conceptual framework and orientation for an engagement with a poetic ontology in the investigation of trauma therapist's experience of poetic, sacred, spiritual and unnamed moments. This differentiated my ontological interests from those informed by understandings on spirituality. I drew together Ricoeur's (1991) descriptions of poïésis, and his proposals on narrative configuration, time and temporality (1985), and ethics, as supporting theories for the thesis.

I made a number of claims including the importance of Bird's (2000, 2004 & 2006) relational, gendered and language based therapeutic practices in the application of my therapeutic practice and indeed the research endeavour. I also made the following claims - that a poetic frame offers my research: a more accessible, participatory and sustainable entry point to understanding poetic, sacred, spiritual and unnamed moments in therapy than a frame informed by spirituality; an alertness to practices that may instrumentalise or have a reductive effect on language in trauma therapy; poetry's capacity to challenge and provoke that which may be usually taken for granted; and a way of thinking about the act of making and creating in therapy and the potential for creative practices or creative therapeutic products as a major outcome of a poetic engagement. If it is possible to consider therapeutic relationships, the experience of trauma therapy and poetic, sacred, spiritual and unnamed moments from a poetic standpoint where poetics means all creative acts of language and interpretation, then it is possible to consider ethics and therapist's practices from a creative and poetic platform.

Chapter 3

A dialogical and relational examination of poetic, sacred, spiritual and unnamed moments in trauma therapy

Literature review

Introduction

In the Museo Fortuny

Walking in Venezia, towards Piazza San Marco

Posted on a column, Giorgio Morandi's three bottles

and the words Silenzi the art of silence

an empty room in the museo where

the paintings have been waiting quietly

no audience to see the bottles of Morandi

no witnesses to his serial paintings

bottles, boxes and jars

Juxtaposed, each container empty

pale washed white patinas, a little blue,

the Bolognese brown velvet hues.

As Umberto knew there is much to see with Morandi

Vita Silente, the quiet life

Lesley Porter (unpub)

The previous chapter outlined a theoretical framework relevant to the research project. Following Ricoeur's lead, Chapter Two proposed an ontology and epistemology informed by poetics. It framed the theory on the axis points of language and interpretation, ethics, poiésis and the creative products of therapy, the narrated world of unnamed moments in therapy, and the configuration of plots in therapy. In support, two vignettes recalled the works of Gaston

Bachelard (1994) and Giorgio Morandi (2010). Chapter Three begins with the first of three poems, written by me and inspired by the vignettes from Chapter Two, on the still life paintings of Giorgio Morandi. Two poems, related to the vignettes on Morandi and Bachelard (1994), close the thesis in Chapter Nine. Chapter Three turns to consider the literature of relevance in the areas of spirituality, the sacred, poetics, and trauma therapy.

As described in Chapter Two, the words poetic, sacred and spiritual moments are terms appointed by me to describe unnamed moments I encountered in sexual abuse prevention work and trauma therapy at times when the therapeutic relationship was producing exchanges that appeared intimate, transformative and indefinably greater than the sum total of the client and the therapist in the room. In most instances throughout Chapter Two, I have used the description poetic, sacred and spiritual moments in therapy. I have also used the term unnamed moments. In terms of definition for each of the descriptors, I intended that each term was different and unique.

To this end, I have included brief descriptors here of what I intended by the use of these terms at the beginning of the research project. It is relevant that my understanding of the chosen terms has deepened and become attached to theoretical underpinnings. In Chapter Two I gave comprehensive explanations related to my use of Ricoeur (1991) and his argument on poetry and poetics. By sacred moments I was thinking of moments of everyday life perhaps routinised or mundane, that at times can be experienced as sacred. Some may describe these moments as rituals; pouring the tea, viewing the sunset, a quiet moment of reflection, perhaps the sound of laughter or the timbre of a voice. The term may also mean an engagement with these types of experiences, and having openness to notice or witness the ordinary moments of daily life, at some level, as holding a sacred reference. Lastly, I thought of sacred moments as holding a deep sense of belonging, or knowing; potently cast or lightly cast with significance that is unrelated to religiosity or relationship specific to God.

By poetic moments I was thinking of the notion of moments that hold and express an imaginative and or lyrical quality. I was also thinking of moments that appear to hold an

expressive quality, indicative of a deep knowing or a hint of knowing of beauty or relief, which is related to lyrical forms of art, music, poetry, literature and experience.

Unnamed moments is a descriptive term used by me to give some form of name to an experience I had sensed or noticed in therapy, when a moment occurred which was similar to those described above. All terms are descriptive of moments experienced in therapy and which are the primary interest of this research.

Spirituality of unnamed moments in therapy

Framing the context

Before considering relevant literature on spirituality and poetic, sacred, spiritual and unnamed moments in therapy, I need to give some context to the limitations I have set on both the meaning of 'spirituality' and the limitations to the literature I will cover in this part of the review. As an introduction to the relevant literature review, I have provided a summary of key points raised in Chapter Two which relate to these limitations and are essential in making context decisions in regard to this area. I mentioned in Chapter Two that my use of the term spirituality was not the best choice of terminology, and that my reflexive engagement with a Ricoeurian ontology and epistemology highlighted the limitations of my decision. Through my use of a philosophy of language, and interpretation informed by Ricoeur, I realised that the word spirituality was potentially indicative of a broad area that I was not wishing to pursue. I became aware that I did not want my use of the term 'spirituality' to be located within religious understandings and expectations (or for that matter, with the many modern constructions considered as spiritual, such as descriptions located within the new age movement) in reference to my research. I decided to take a departure from the usual theoretical framework used in trauma therapy as informed by understandings and theories pertaining to spirituality (see Brady et al. 1999). There are some connecting points between a poetic theory frame and one informed by spirituality. Here I consider these intersections of connection and departure, between understandings of spirituality and poetics and the effects of application in practice, in greater depth.

To add a final point of clarification, while I have defined the limitations of my intention regarding spirituality, I am in most ways empathetic, understanding and interested in clients' and therapists' relationships to God, spirituality, and therapy. I experience this sense of intrigue and wonder as genuine and authentic parts of my narrative and identity as a person and a therapist. I submit this information as an example of the rich layers of engagement and talk in therapy that often quite happily holds tensions and contradictory threads. This is one of the many dialectic positions held in this review.

Interpretation of existing literature on spirituality and unnamed moments in therapy

Chapter Two outlined my intention that the term 'spiritual moments' was to include a sense of universality or connectedness; a deep experience of belonging in the moment (Waldergrave 2000). Such moments could relate to an experience of the soul or the spirit of being, of nature, of life in the moment. These moments may also relate to and connect to a person's sense of life-purpose, or simply their purpose in the moment. Spiritual moments may provide a deep resonance with a person's sense of purpose or may offer a deep experience of meaning or meaning making related to life, purpose and knowing. I am not thinking of religiosity, more an experience of profound connection or belonging to an idea or pursuit. I earlier mentioned that, when I interviewed therapists about their experience of spiritual moments, their responses were all related to the definition of spirituality, a connection to universality and belonging that was not necessarily connected to religion.

I also explained that I made the decision to limit my search on 'spirituality' literature to the specific bounds of the research inquiry and the research questions related to unnamed and or spiritual moments in therapy. This decision was necessary for the following reasons. Firstly, the literature on spirituality in therapy is vast, and therefore limits were required. Secondly, further limits have been set by the research focus, using a theoretical platform informed by poetry, poetics and the philosophy and practice of language and interpretation. In the next section I outline a synthesis of the relevant spirituality literature for identifying, analysing and understanding the nature of poetic, sacred, spiritual and unnamed moments in trauma therapy within the limitations described above.

As mentioned in Chapter Two there is extensive literature on spirituality in therapy (Aponte 2002; Brady, Guy, Poelstra & Brokaw 1999; D'Souza & George 2006; Helmeke & Bischof 2008; Keeling, Dolbin-MacNab, Ford & Perkins 2009; Finch 2006; Lees 2009; McLeod & Wright 2001; Percy 2003; Powers 2005; Robinson 1998; White, Hoyt and Combs 2000 and Wright 1997). Aponte (2002) considers spirituality to be 'the heart of therapy' (p.13) and urges therapists to 'become knowledgeable and skilful about values, morality and religion, and learn to listen to and speak to spirituality as integral to their client's lives' (p.26). Helmeke & Bischof (2008) propose a four-part framework to enable therapists to address spirituality and religion in therapy. Aponte's (2002) suggestions offered 'basic steps' (p.18), and Helmeke & Bischof's (2008) framework appears to be oriented around skill development, delivered as a means of raising awareness and encouraging inquiry about these matters, so that therapists are less likely to miss aspects of their client's spiritual lives. The authors appear to overlook, or at least not attend to, the possible problems inherent in an approach that focuses on instrumentality and there is no critique of what is essentially a reductionist approach (Crossley, 2000, p.32). Fuller & Strong (2001) write about 'alive moments' and their spiritual significance in therapy (p.200). Blanton (2007) explores contemplation as a form of spiritual practice in narrative therapy as an alternative to the mindfulness informed practices of Kabat-Zinn (1994). As a burgeoning area some authors have concentrated on training for therapists in spirituality and therapy, including Keeling et al. (2009); Frame (2000); and Hodge (2000).

Several studies explore the intersection between spirituality and trauma-related therapy, for example Brady et al. (1999), Decker (1993), Herman (1992), Pearlman & Saakvitne (1995a), and Neuman & Pearlman (1996). Some of these authors pursue arguments related to vicarious traumatisation (see also McCann & Pearlman 1990; Morrison 2007; Pearlman & Saakvitne 1995; Mouldern & Firestone 2007). Research by Brady et al. (1999) utilised a definition of spirituality to include religious beliefs and relationship with God, in addition to notions of life purpose and meaning. This is a different focus from that developed earlier in this chapter, informed by Ricoeur's (1991) view, that a focus on poetics takes us beyond the potential concept of righteousness or judgment oftentimes connected with religiosity. However, their research noted that therapists working with traumatic accounts reported 'a more existentially and spiritually satisfying life than those with less exposure to trauma clients' (p, 391). Furthermore, Brady et al. (1999) contend that trauma therapists may experience spiritual deepening and growth as a direct result of work with sexual abuse survivors. Conversely, some

authors claim that vicarious trauma can have a negative impact on the spiritual lives of therapists (Berrett, Hardman, O'Grady & Richards 2007).

Brady et al's (1999) research highlights the impact of trauma-related content on therapists engaged in trauma therapy and suggests that therapists' spiritual lives are in some way enhanced by their 'exposure to disturbing material' (p. 392). Yet there is no mention of spiritual moments in therapy, or spiritual moments related to the therapeutic process. It is not clear from this study if the therapists have knowledge of poetic, sacred, spiritual or unnamed moments in therapy. The authors discuss the effects of trauma work on therapists' spiritual wellbeing, rather than therapists' relational and dialogical involvement with spiritual or unnamed moments in trauma therapy. It is perhaps a missing discourse or narrative (Fine 1988, Fine & McClelland 2006), in that the experiences of therapists are not named as related to spiritual moments in therapy, or as related to the therapeutic relationship, but considered overall as a result of involvement with trauma therapy. Brady et al's (1999) argument seems to be that, as therapists listen to traumatic narratives, they need to steel themselves against a negative or pessimistic worldview, while also garnering protection from vicarious traumatisation through a deepening of their spirituality. They postulate that a therapist's spiritual life is at risk of suffering damage by vicarious traumatisation (p.387). I am seeking a closer examination and interpretation of how therapists engage relationally and dialogically with the plot lines of traumatic events and their use of creativity and discovery of spirituality in their therapeutic conversations; that is, of the missing narrative of 'spiritual moments in trauma therapy'.

Research on trauma therapy and spirituality indicates the relevance of exploring client's spiritual experiences of life and trauma in therapy, without considering the possibility of generating unnamed or spiritual moments in trauma therapy (Powers 2005; Leseho 2007; Nedderman, Underwood & Hardy 2010). What often appears to be missing is any indication that spiritual moments occur in therapy. Also missing is any indication that spiritual moments are a possible creative product of therapy, especially when trauma therapy includes inquiry into a person's spirituality. This missing narrative of spiritual moments in therapy is a missed opportunity to engage ontologically with any interpretative or hermeneutic acts related to either the person's account or the therapist's account.

It appears that much of the spirituality literature falls short of making the relational link between the client, the therapist, spirituality and their potentially shared (yet unique) experience of spirituality or spiritual moments generated from within the therapeutic relationship. Extending the enquiry to consider and reflect on spiritual moments and to enquire further about their meaning for the client and the therapist is one way of highlighting the shared relational resource of spirituality and spiritual moments in trauma therapy. I believe this goes beyond a focus on the effects of trauma therapy, whether positive or negative, and opens up further possibilities for enquiry into other thoughts or feelings related to unnamed moments in therapy, such as hope.

Nedderman et al. (2010), discuss the role of spiritual *hope* for women prisoners who have experienced complex inter-generational trauma and mental illness. The authors report on the importance of gender sensitive therapy, and argue that cognitive behavioural approaches, while better suited to men, are an incomplete approach for incarcerated women offenders with ‘physical, psychological and sexual abuse, low self-worth and co-dependency issues’ (p. 118). Nedderman et al. (2010) do not describe spiritual moments in therapy, nor do they consider the interpretative potential held in such moments. They do, however, emphasise the intersection of complex experiences faced by women who have offended and this is why they have gained a mention here. Their approach is somewhat interpretive, and there are links in their argument to ethical practice as found in a Ricoeurian informed philosophy of language and interpretation (1991). Their research calls for group therapy that includes emotional, relational, spiritual and generational family issues and therefore moves beyond a cognitive focused approach. Nedderman et al. (2010) highlight the importance of trauma therapy which considers and addresses the need for gender sensitivity and a ‘holistic inclusion of cognitive, behavioural, spiritual and affective components’ (p.118).

Meaning making in trauma literature

As the literature related to trauma is extensive, it is necessary to set limits on this review. I have included trauma literature that considers meaning making and interpretation in therapy; creative or expressive acts as healing processes; and lastly, a review of literature related to vicarious trauma as informed by cognitive behavioural therapy and evidence-based practice. It

is inevitable that any investigation of trauma literature related to violence and abuse in family or couple relationships leads practitioners and researchers alike to the literature on vicarious traumatisation and therefore at this point in the history of trauma therapy, this material needs consideration.

I have used the term *trauma literature* to describe the intersection between the complex experiences of trauma related violence, sexual abuse or assault from individual/couple/partner/family violence and/or childhood sexual abuse and mental health issues or mental health related illness. This intersection of complexities is often referred to in the literature and in practice as ‘complex trauma’ (see Williams 2006, p.322). Using the words trauma and/or trauma literature often seems reductionist and the opposite to what I am advocating here. As I have already stated, I am interested in a more poetic and balanced use of language, as informed by Ricoeur’s idea that the use of balanced forms of language is a cultural responsibility and protects against the reduction of language (1991). However, the words trauma and trauma literature have become one of the ways therapists speak about therapy work in violence and sexual abuse contexts; and have become a prominent languaged description of people’s experiences of violence and abuse. Therefore it is necessary to use this description along with other balanced descriptions for articulating and interpreting people’s life narratives of such experiences of abuse, violence and consequent mental health issues.

Similarly, the descriptor ‘intimate partner violence’ is problematic in that, where risk and safety issues exist, we can assume that intimacy is not a likely characteristic of the relationship and the perceived experience of intimacy may be more to do with the complexities of fear and threat to physical and emotional safety over time (see Shaw, Bouris and Pye 1999). Therefore I have used the descriptors of individual, couple, and family relationships, to describe some of the interpersonal relationship sites where violence and abuse can occur.

Spiritual moments in the trauma therapy literature

It is a challenge to find spirituality literature related to the research topic which goes beyond religious commitments and or relationships with a God or Gods. One exception is Finch (2006) who presents a rich account of spiritual healing from trauma through forgiveness. His account

almost offers a hint of knowing about spiritual moments in therapy. From a Ricoeurian hermeneutic analysis, we could say that Finch's thoughtful theoretical study provides an understanding of what the nature of being related to spiritual moments in therapy means. This is definitely a point of connection with my research. His approach is implicit rather than explicit about spiritual moments in trauma therapy, as evidenced when he refers to creativity. He states:

The spiritual dimension of trauma is clear. Healing must take place on the physical and psychological levels and it is imperative that healing extends to the level of spirituality, that dimension which integrates the physical, psychological and the social. It is on this plane, the transcendent, that the potential of new creation is to be discovered. I am not advocating any particular way of creating meaning, any particular spirituality. I believe the issue is being in touch with the transcendent in a manner that is most suitable for the survivor. That will mean that it will be in continuity with the survivor's history, with his/her culture, religion or lack of religion, and sense of the sacred. There must be continuity and at the same time there will be new dimensions....this entails creativity, both in utilising traditional cultural expressions and rituals, and at the same time creating new expressions and rituals.

Finch (2006, p.39)

Although few authors indicate knowing of spiritual moments in trauma therapy, numerous authors give examples of spirituality in therapy, such as Flintoff Robinson (1998), Percy (2006), White (2000), Wright (1997) and McLeod & Wright (2001). Flintoff Robinson (1998) presents ontology as a way of bringing together her spiritual practices with therapy. She argues that 'ontology expressed a desire to explore in disciplined ways the necessary tension between language worlds... [and that] sometimes there was a mysterious creative emergence, a transformative touch of the spirit which took us all into new places' (p.338). These descriptions sound like explorations into spiritual moments in therapy. The following passage is telling:

How can we honour the mystery at the heart of the work? I believe it is by forms of attention that we can 'let be'. Such are akin to prayer, contemplation, meditation and wise silence: they do not always seek to interpret in a 'knowing way'. I know that in our professional work we are taught to respect the client's way of talking about their experience. There are, however, selective processes involved in what we focus on, how we attend to it - and how we reframe it.'

Flintoff Robinson (1998, p.340)

There are points of disconnect for me with Flintoff Robinson's (1998) work on ontology and spirituality. She is considering the presence of the divine or divine being in her quest, and takes a stance against a post-modern interest in over-interpretation (p.340). I recall an early conversation with one of my first supervisors during my research masters. When I suggested that I wanted to investigate poetic moments in therapy, she responded from a similar place to Flintoff Robinson and indicated that the poetic and the mysterious spaces related to the poetic in therapy should be left well alone. I gathered that she thought there are places of mystery and wonder in therapy, which I named as poetic, which should not be taken into enquiry but rather revered and not attended to, so that they remain unspoiled and intact with their inherent mysteries. I remember at the time feeling chastised, as though I would not have sufficient scholarly finesse to apply to this area of research, and that the best approach I could take would be to leave the mystery and beauty of poetic moments to be just that. I have to say I am not convinced by this perspective. While I agree that as therapists we may make decisions to let spiritual moments go by unattended, or perhaps simply to be acknowledged by a nod or a glance, therapeutic enquiry engaged with language and interpretative acts is likely to ask more and interpret more from a poststructuralist stance.

I do not see this as an interest in over-interpreting or somehow aiming to 'displace a fullness of meaning onto an alternative story' (p.340). Instead I see this as a therapist's intention to use all available entry points as resources for enquiry so that a poetic form, a moment of spiritual contemplation or meditation in the therapeutic exchange, can then become parts of the enquiry where new meaning is made.

Opening space for spiritual narratives

Wright and McLeod (2001) are interested in spirituality, as it informs therapeutic practice with clients experiencing illness and suffering. In particular, the authors focus on the process of therapeutic listening, describing listening as 'an act of spirit [which] acknowledges the need for mutuality in the encounter with spiritual questions' (p. 402). In this way listening and honouring of spiritual narratives is positioned in relationship to the client. In a therapeutic context, the way a nurse therapist speaks to clients and family members is a critical factor in reducing a family's physical, emotional and spiritual suffering (Wright and Leahey 1999).

Wright (1997) discusses the way a 'discourse of suffering frequently opens up a discourse of spirituality', (p.5) where an exchange occurs between the nurse therapist and the family, resulting in an encounter with a 'domain of spirituality' (p.13). Wright contends that the therapeutic role of telling, listening to, and witnessing illness narratives, within the therapeutic relationship, provides a powerful acknowledgement of the human condition in illness, trauma and suffering. Furthermore, Wright believes that therapy within this 'domain of spirituality', enters the realm of healing, where compassion and love is expressed between the family members in therapy and the nurse therapist (p.13). Beyond these statements, Wright states that spirituality is at the core of clinical work:

Likewise these efforts to alleviate suffering cross the border into healing; a healing that is not reserved only for family members but also for nurses. Through this process of exchange, suffering and spirituality become the soul of clinical work with families.

(Wright 1997, p.14)

Here Wright (1997) hints at the deep significance of spiritual narratives informing and sustaining all parties involved in the therapeutic relationship, both nurse therapist and family. Wright highlights spiritual narratives within therapy with a deep compassion. She is clearly advocating for a conversation in all its forms on spirituality in therapy and for a balanced use of language in therapy, where we experience the use of poetic words or words of poetry, as described earlier by Ricoeur (1991). Whether inquiring or not inquiring about spirituality, Wright & McLeod (2001) state that both acts are political. Here we see another connecting point to an approach influenced by a philosophy of language, interpretation, and ethics, where the concept of neutrality in relationship is linked with an ethical position on spirituality in therapy.

It is neither neutral to inquire nor neutral to not inquire about spirituality in our work with families. Both may be considered political acts.

McLeod and Wright (2001, p.391)

Wright & McLeod (1997) argue for the inclusion of a spiritual realm within therapy and nursing, by stating that to inquire about spirituality is to take a non-neutral position and one that they believe to be related to a form of poststructural politics. Implicit in the work of Wright (1997) and McLeod & Wright (2001) is a commitment to listening and talk in therapy,

as well as acts of language and interpretation that enable the client's spiritual world and sacred exchanges in therapy to be both visible and significant forms of therapeutic inquiry.

Reflexivity and the authentic spiritual self

Percy (2006) reflexively engages with spiritual moments in therapy, research, and in training other therapists. He states 'attempting to compose a sense of an authentic spiritual self through witnessing, resonance and non-resonance is a creative social act' (p.105). I find a sense of resonance and connection with the way Percy links moments of authenticity, where therapists, researchers in therapy, and clients, stake a claim to a preferred selfhood through the expression of authenticity and spirituality. Of note, he also discusses the inclusion of our 'gendered selves' as the authentic spiritual self, created through therapy (2006, p. 105). This is important, as mentioned earlier when discussing the work of Nedderman et al. (2010) on spiritual hope, because here we are seeing an ontological referencing to gender and gender sensitive practices in trauma therapy. By this I mean personhood, and a sense of self, are gendered and the nature of the constructed gendered self in therapy is an interpretative act akin to Ricoeur's hermeneutic process of ontology (1991).

Noticing the visible narrative

Narrative therapist Michael White links his understanding of spirituality in the therapeutic relationship to appreciating and noticing what is visible rather than invisible in people's lives (White 2000).

It is a notion of spirituality that makes it possible for us to appreciate those events of people's lives that just might be, or might provide for, the basis for a knowing formation of the self according to certain ethics. The notion of spirituality that I am relating to is one that assists us to attend to the material options for breaking from many of the received ways of life, to attend to those events of people's lives that provide the basis for the constitution of identities that are other than those which are given. And in this sense it is spirituality that has to do with relating to one's material options in a way that one becomes more conscious of one's knowing.

(White 2000, p. 132).

White (2000) expands these ideas by stating that spirituality in therapy is about an exploration of the possible options for ways of living that are outside the usual taken-for-granted options for life. In addition, the authors state that spirituality in therapy prioritises a struggle with matters of moral and ethical importance that relate to life options, power, alternative ways of being, and the invention and re-invention of personal narratives, identities and story lines. White also alludes to the use of poetics as a preferred metaphor in therapy and describes the mystery that surrounds the everyday sacraments of people's daily lives. White quotes David Malouf's description of the 'little sacraments of daily existence' and contends that in therapy, the every-day moments of life require investigation as they relate to the maintenance and continuity of people's lives (Malouf 1991, cited in White 2000, p.145). Here we see a connection between notions of spirituality, and my concept of sacred moments as being ritualised practices of everyday life.

White links this attitude of reverence to therapists' ongoing commitment to challenge the practices and structures of the dominant culture and the impacts these discourses have on the lives of our clients. White's (2000) discussion of spirituality and ethics includes descriptions about how these frameworks and understandings offer invigoration to his practice. The discussion encourages therapists to consider their location as therapists, their intentions for the work, and their relationship to colleagues, clients, work and their life in general. White's comments focus on how therapists experience the inclusion of sacred and poetic narratives in their therapeutic relationships, and how such narratives sustain and enliven the therapeutic relationship. White's understandings and insights are rich in an aesthetic that privileges notions of 'love, passion, compassion, reverence, respect, [and] commitment' (White 2000, p. 129). His interest in bringing forward and noticing spirituality's visible narrative in therapy, where therapists reclaim words including love, passion, compassion, and reverence, echoes my interest in using poetry and poetics to ensure a balanced use of language in therapy. It is this balanced use of language that acts as a legitimate form of knowledge.

Above, I have outlined a number of examples of literature pertaining to spirituality and the experience of spiritual moments in therapy. I have explored some points of connection and points of departure with a Ricoeurian ontology and practice of language and interpretation.

From these considerations of spirituality and spiritual moments in therapy, I conclude that the most obvious point of departure relates to my pursuit of language and interpretation and the poetic outcomes of such an approach in therapy, known as ‘poiésis’, as observed within an ontology and practice of poetry and poetics (Ricoeur 2004, p. 461). I am referring to *poiésis and poetry* informed by Ricoeur’s description, where ‘poetry is more than the art of making poems. It is poiésis, or creation in the largest sense of the word’ (p. 461). There is of course the possibility that poiésis and the act of creativity may be located within the spiritual domain and spiritual moments in therapy. If poiésis springs from spirituality in therapy, then this is also a worthy point of discovery. Fuller & Strong’s (2001, p.200) concept of ‘alive moments’ in therapy and the spiritual relevance of these moments may well be a case in point, where an example of poiésis occurs in the alive moment. They refer to it as ‘social poetics’, with acknowledgement to Katz & Shotter (1996a, p.919). Social poetics is an area which I explore in a later section of this chapter. The major concern, in defining or setting a point of difference, relates to the potential for confusion about definitions and the study’s intention to explore spirituality and sacred moments, rather than religion.

Sacred moments in therapy

From here, I turn to consider the literature relevant to sacred moments in therapy. In a similar manner to the way I considered spirituality literature above, I outline literature on sacred moments in therapy as it relates to poetry and poiésis from the relevant ontological stance described so far. As with spirituality, there is an ever increasing amount of literature on sacred experiences and therapy, including: sacred objects (see O’Rourke 2010); sacred landscapes (Williams 2010); sacred rituals (Fisher & Francis 1999, Leijssen 2007); postmodernism and the sacred (Moules 2000); sacred moments and social anxiety (McCorkle, Bohn, Hughes & Kim 2005); sacred moments in psychotherapy (Lomax, Kripal & Pargament 2011); and belonging, sacredness and liberation (Waldergrave 2000).

For some authors there is an overlap between issues pertaining to spirituality and issues related to experiences of the sacred (see Leijssen 2007; McLeod & Wright’s 2001; Moules 2000; Waldergrave 2000). Waldergrave (2000) holds a belief in ‘...a universal spirituality that acknowledges the sacredness of people’s stories, particularly in their exposure of pain. A view

of spirituality that is essentially about relationships in all cultures' (p.155). For Moules (2000) a sacred moment is linked to perfection, and something possibly holy.

Something just happens, when perfect words seem to come to the therapist without conscious construction, when there is a feeling or a sense in the room and in the relationship that something inexplicable, or perhaps holy, has happened.

(Moules 2000, p. 238)

Moules (2000) argues that within the therapeutic relationship 'acknowledging the sacred also shifts the relationship into another level', stating that 'it allows the therapist the privilege of acknowledging the sacred work in the room or in the therapeutic relationship' (p.238). Leijssen (2007) states that 'spiritual awareness' can be an outcome of body work therapy, as clients develop their own 'observing, reflecting, experiencing self', drawing on relational connections as sacred (p.267). Fisher & Frances (2011) describe the therapeutic use of rituals to address what they call 'soul pain' (p.53). These rituals could well be described as sacred moments in therapy. I was originally intrigued by the way therapists engaged with sacred moments in therapy, and wondered whether or not they noticed them or attended to them in therapy. Given that I wanted to know more about how therapists might evoke such an exchange or relate to the possibilities of sacred moments in therapy, the sources mentioned above are relevant. I am interested in the notion of drawing on relational connections as sacred (I realise these are my words), yet it is not explicit in Moules (2000) description of the sacred.

The mental health area has utilised the sacred experience for therapeutic purposes. One particular study of social anxiety and the benefits of 'sacred moments' found that clients who focused on sacred experiences or thoughts rather than symptoms, were able to create more connected and supportive relationships in a group setting, that led to 'a corrective experience of social interaction' (McCorkle, Bohn, Hughes & Kim 2005, p. 227). McCorkle et al. discovered that a focus on sacredness was achievable without any particular focus on religion, and this approach avoided anxiety triggers associated with a more direct cognitive behavioural therapy (CBT), geared towards symptoms and social skills. There were also benefits related to clients as they learnt to process social anxiety cognitively. This led to a widening of thought, rather than an anxiety-related narrowing of attention; and an increased engagement with the world, rather than a focus on avoidance behaviours related to social anxiety (p.237). While this

research was situated within a cognitive behavioural approach to therapy, my view of sacred moments in therapy resonates with this study. Their group therapy sessions focused on an introduction to sacred moments, sacredness and the body, sacred emotions, the present moment as sacred, sacred perception and kindness to oneself, sacred gifts received, sacred sharing and suffering, and sacred meaning (p.234, 235).

Sacred moments as a sign of strong therapeutic relationships

Lomax, Kripal & Pargament (2011) raised the argument that after years of developing evidence-based practices some therapists are reluctant to explore sacred moments, for fear that their 'sceptical scientists and health professional' colleagues would not take them seriously, deeming their research or practice as soft science and therefore not an example of evidence-based practice (p.16). Supporting their interests in a wider lens of what makes for a good evidence base, Lomax et al. state:

Others, though, might be willing to consider broaching spirituality in treatment if they knew how to address this seemingly elusive process. I would like to suggest that: 1) sacred moments are in fact identifiable; 2) sacred moments have tremendous power in people's lives; and 3) by addressing sacred moments in treatment, practitioners may enhance the therapeutic alliance and, in turn, the effectiveness of treatment.

Lomax, Kripal & Pargament (2011, p. 16)

They continue this thread with the comment 'sacred moments may be one important marker of an effective therapeutic alliance' (p.16). Unless there is strong evidence of a sound therapeutic relationship then sacred moments are not likely to occur in therapy. When they do occur they are identifiable, they hold immense power in people's lives and they are measurable (Lomax, Kripal & Pargament 2011).

The therapeutic relationship is clearly a site of great importance in terms of therapy outcome, client and therapist satisfaction and, I would argue, client and therapist wellbeing. The way the therapeutic relationship is constructed, the design and configuration of all of its parts, matters. We know that the quality of the therapeutic relationship influences a client's ability to be present in the room, to negotiate power relations, to speak of trauma and traumatic impacts, to

return to therapy for subsequent sessions, to heal, and to be in the midst of change over difficult and painful life events. My contention is that the design, construction, and configuration of the therapeutic relationship also impacts on the quality, efficacy and nature of the therapy. In this way, how the therapeutic relationship, design and configuration are enacted in therapy is a practice concern. It is an ethical concern, a practice concern, and an ontological concern; therefore consideration is required on these matters, as I have described earlier in reference to a Ricoeurian philosophy of language and interpretation.

From here I have three remaining tasks for Chapter Three. The first task is to outline the relevant literature pertaining to poetics in therapy. The second task that may happen alongside the first is to outline my engagement with the dialogical and relational constructs of a social and cultural constructionist position in therapy. The third and completing task for this chapter is to outline and engage with a limited scope of literature related to trauma therapy and the experience of vicarious traumatisation. As the literature of interest engages frequently with the construct and experience of vicarious traumatisation, it is an important practice concern to attend to in this part of the review.

Poetics in therapy

When I searched the existing literature on poetics in therapy and then in trauma therapy, I found that I wanted to present the literature in a categorised form, where I attempted to align particular authors with the various interests on poetry and poetics in therapy. This was not totally successful due to the diverse existing positions in the current literature. I have presented the literature firstly in groups, where there are some obvious commonalities and then, where there is not a consistency of approach, I have made comments to illustrate reasons for their inclusion in the review. There are a diverse range of terms and descriptions related to poetry in therapy.

The use of terms related to poetry, poetics and poiésis

To summarise the main terms used in poetry and therapy: the term ‘poetry’ in poetry therapy is used to describe the use of poems and the use of written forms of poetry or ‘language arts’ in

therapy (Mazza 2003, p.103). 'Poetics' in therapy is used to describe a particular approach for understanding, experiencing and interpreting clients' accounts; for example a patient's account of cancer 'in poetic form', (Kendall & Murray 2005, p. 733), however the term poetics is used in a variety of ways. 'Poiésis' in psychotherapy is used to describe *acts of creativity*, as also described by Ricoeur (1991) and is defined as being not connected with the therapeutic approaches of poetry therapy (Cox & Theilgaard 1987). In this study, I use 'poetics' as described, and *poetic sensibility* to indicate a poetic interpretive stance applied to therapy, the therapeutic relationship and client's accounts; I use poiésis as described by Ricoeur (1991), and Cox & Theilgaard (1987). The point of differentiation for this study, and one that risks confusion, is that I have applied Ricoeur's definition of poetry as meaning more than the making of poems; 'it is poiésis' and creation in the broadest sense' (2004, p. 461). I think this is an important distinction with this study and other applications of poetry in therapy and it is a distinction I am prepared to make, due to the substantive focus of the research on a Ricoeurian informed approach to poetry, poiésis and narrativity. For the purpose of clarity, I indicate any juncture that may otherwise confuse the context.

Poetry therapy

There is a small yet significant body of literature on the use of poetry in therapy, (see Ross 1975; Mazza's poetry therapy 1987, 2003, 2006, 2009; Leedy 1985). Mazza defined poetry therapy 'as the use of the language arts in therapeutic capacities' yet it appears to have a broad range of approaches involving the use of poems and poetry forms with clients in therapy (2003, p.105). Applications include poetry therapy and cognitively based practice (see Collins, Furman & Langer 2006) and the application of poetry therapy, fiction and metaphor in mental health (see for example McArdle & Byrt 2001; and Pakman 1999). There are examples of literature describing the use of poetry for healing and therapeutic purposes include the authors listed above, and Jaskoski (1980); Furman (2003) and Kempler (2003). Mazza's early work used poetry therapy to demonstrate an attempt to go beyond conventional therapeutic approaches with sexually abused children, (Mazza, Magaz & Scaturro 1987). The poetry therapy area has led to extensive research, training and practice applications in therapy, and has also broadened its scope to include many arts based approaches (Sterling 2005; and Mazza 2006, 2009) including dance therapy. While this field of research and therapy practice is of

significant interest and offers many creative examples of approaches in therapy, it is not the focus of my research.

The next category explores poetics and poetry in therapy and psychoanalysis with a focus on language, and includes aspects such as the use of metaphor. For work on metaphor see Ingram (1996), Meares, Butt, Henderson-Brooks and Damir (2005) and Shaddock (2010). Of these examples of literature, Ingram's (1996) orientation aimed to loosen the client's personal narrative and promote 'generative metaphors' (p.29). His interest in the way poetry brings life to the psychoanalytic dialogue is also noteworthy, as here he is possibly suggesting the use of poetic language as a significant part of the therapeutic process (p.32). However, many of these authors focus on psychoanalysis and, while there are some connecting points, their territory is quite different to the narrative, relational and dialogical realm of my research.

Poetic orientations in therapy

As this research study has a focus on narrativity, poetics, language, interpretation and the creative acts of *poiésis*, I am drawn to literature that also has poetics as a starting point. Some examples include Kack-Back's (1997) exploration on the poetics of abortion and therapy, Freshwater's (2005) investigation on the poetics of space and relationality in therapy, Pakman's (1999) poetic therapeutic dialogues, Kendall & Murray's (2005) on patient's poetic accounts of lung cancer, Speedy's (2005) gendered and invitational approach to poetic documents in therapy, and Strong (2002) on the poetics of suffering.

While none of these examples have trauma as a central storyline, what they offer in regards to poetics and therapy is of value and they are somewhat companionable explorations on poetics in therapy. Again, where they differ from my research intentions is that none of these authors mention *poiésis* specifically, nor do they expand their definition of poetry to include creative acts or acts of *poiésis* beyond the use of poetry in therapy. Jones (1997) gives a narrative account of 'poetic representations' and 'poetic gifts' and of 'spiritual pain and suffering' described within a psychodynamic psychotherapy approach to trauma from abuse in palliative care (p.243). I have included it here as Jones covers trauma which is related to the experience of abuse, within a poetic therapeutic context and explores the therapeutic relationship and

issues of ethics and supervision. While this example is not explicit in naming an enquiry into *poetic or unnamed moments* in therapy, the description of the case narrative and the approach taken by the author have some relationship to my research.

Women centred poetics in therapy: highlighting Jane Speedy

The literature includes feminist approaches to gender based violence Shaw, Bouris & Pye (1999); La France & Stoppard (2006); and Diamond (2009); trauma and therapy Herman (1992); Hayes & Tiggeman (1999); Rogers (1991); Bolton (1999); and those exploring the healing power of poetry and art in women's lives Anderson & Gold (1998); and Wright (2009). Bird (1993) draws early attention to gender, the therapeutic relationship and the need for reflective practice, with her description 'where there is a relationship there is gender' (p.56). Adrienne Rich's (2003) notebook on poetry and politics offers a rich foundation to thinking about women, trauma and poetics from her background in the women's poetry movement and her notion of life, described from a 'landscape of poetry' (p.165).

Jane Speedy has been engaged in various projects related to writing in: narrative inquiry; collaborative inquiry; poetic and narrative documents; narrative therapy; (2000a & 2000b) and has written consistently since 2000 on these areas of interest in academic and therapeutic contexts. Her journal article on poetic texts and poetically constructed therapeutic documents (2005a) has been most relevant to my work, yet I find her descriptions of collaborative writing groups, and her descriptions of herself as a collaborative writer and blogger⁸ highly relevant and useful (see Speedy 2005b). Speedy (2005a) uses a gendered analysis in her critical positioning, as she introduces poetic therapeutic documents into her conversations in therapy. She describes how '....equally, there are times when people are sustained by more subversive and creative poetic texts that represent the 'heart and soul' of their words and phrases' (p.286). Her work is influenced by Bird's (2000) contributions and she offers therapists a way of talking about, and practicing, poetics in therapy through the use of examples and suggestions for poetic documents.

⁸ Jane Speedy's web site <http://www.bris.ac.uk/education/people/jane-speedy/index.html>

Speedy's (2005a) explorations on the use of co-constructed 'poetic documents' draws from therapeutic conversations (p.286). She engages with poetry and poetic textual forms, such as poems and poetic documents in therapy, as she employs a relational and participatory process with clients that she describes as a 'co-research project' (p.296).

I am currently interested in moments of stillness and 'poetic reverie' in conversations and in pondering, alongside the people who consult with me, about the relationship between reverie and the spaces in between the said, the 'as yet unsaid' and the 'as yet unsayable'.

Speedy (2005a p.296)

While she does not explicitly describe these moments of stillness as poetic her descriptions are closely aligned to the moments I am exploring in this study, referred to as poetic and unnamed moments in therapy. As a form of narrative inspired therapy practice the use of poetic texts and the shared construction of poetic documents is a creative pursuit of interest to this study. As she experiences her engagement with 'poetic construction' (Freeman 1999, p. 99), her collaborative exchanges with clients in the development of shared poetic writing might feasibly culminate in an experience of *poiésis*; as she co-constructs her poetic documents and her therapy. Speedy's creative explorations with co-constructed poetic documents are significant points of connection with my study.

Some may see Speedy's (2005a) concepts as similar to the earlier described approaches in the poetry therapy movement. However, her work is philosophically associated with narrative therapy and feminist thought, which locates her within poststructuralist ideas. While she does not directly reference Aristotle or speak of *poiésis*, her view of poetry, when explored in therapy as 'less official, more intimate, more succinct' (Speedy 2005a,p.286), is a reminder of Ricoeur's (1991) thoughts described in chapter two on a balanced use of language, where the balance includes poetic language. She emphasises the importance of 'listening for unexpected nuances and details that may shift the climate of the conversation in the moment' (p.292). While not attributing her intent to Ricoeur (1991) she advocates the use of poetic language in therapy and gives us words and expressions like 'poetic-mindedness' (p.283) and 'subversive and creative poetic texts' (p.286), as she demonstrates an ethic of discovery in her approach and provides a linkage back to Bird's (2006) thoughts on discovery and ethics.

Speedy (2005a) recommends that future research is warranted to give closer examination to the way therapists ask questions, take notes and negotiate the therapeutic spaces in therapeutic conversations which have ‘the possibility for poetic writings’ (p.296). Of note, Speedy positions herself openly in relationship to poetic writing and uses an approach where she co-constructs ‘found poetry’ from words and comments expressed during a therapeutic exchange (p.287).

With the exception of Speedy, the examples of poetry in therapy have a different emphasis than that which I intend in this study. Yet they are all examples of *poiésis* and for that reason I have included them here, as the very nature of feminist research, writing, and therapy practice has at its heart an engagement with making and creating new meaning. Given that feminist and women-centred theory and practice named for the therapy world gender based violence, sexual assault and trauma, it is surprising that there are not more specific examples related to my enquiry on *unnamed and poetic moments* in therapy by women and or feminist therapists or writers. I say this because I have a sense that this area of unnamed and/or poetic moments is one that women healers, nurses and carers of earlier times have intuitively known (Rich 1976). From this observation it is likely women therapists of contemporary times might have their own practice knowledge of these moments.

A dialogical and relational orientation to poetics

From here I move to focus on the area of poetics which I consider to be most closely related to my research study. There are two particular locations of thought and practice that I want to introduce to this review; one being the research of Katz & Shotter (1996a, 1996b, 1999), in their therapeutic work with medical patients, defined as ‘*social poetics*’ (1996, p.919); the other being Mark Freeman’s (1999) exploration of the poetic construction of selfhood. When I first discovered Katz & Shotter’s work I had a sense of being on the right track from a theoretical and practice perspective, with regard to my interest in *unnamed moments* in therapy. Freeman (1999, 2002) led me to *poiésis* and the concept of narrating as ‘poetic construction’, as being an act of imaginative effort when narrative is making and producing meaning (2002, p.24). Freeman eventually led me to Ricoeur, but this came later.

Katz and Shotter's social poetics and living emergent moments

Katz & Shotter (1996a; 1996b; 1998) describe a type of practice they use in their work in a primary care clinic with people undergoing diagnostic medical interviews, which they called a 'social poetics' (1996a, p. 919). A third person acting as a 'cultural go-between' is involved in these interviews, who 'mediates between doctors and their patients' and has the task 'to be open to being 'arrested', or 'moved' by certain fleeting, momentary occurrences in what patients do or say' (p.919). I am interested in moments similar to these, described by Katz and Shotter (1996). However, the moments I am inquiring about are moments in a therapeutic, rather than medical, context. They occur between the therapist and the client and in this context there is no third person providing cultural mediation. Instead, the therapeutic relationship is the potential site for the evocation of unnamed moments. These unnamed moments, like Katz & Shotter's social poetic moments, may be charged with creative potential to move both client and therapist.

We want to discuss the role of certain special kinds of 'arresting', 'moving', 'living', or 'poetic' moments occurring in therapeutic dialogues.... both health professionals and theorists need to attend to these moments of epiphany that occur in the delicate negotiations between their worlds and those of often ignored moments, for, if responded to appropriately, patients can be invited to express and live out in such interviews a relation to their illness meaningful to them.

(Katz & Shotter 1996a, p.919).

Katz and Shotter's (1996, 1999, 2000) practice of social poetics takes a 'relational, dialogical stance' to identify and investigate 'poetic moments occurring in medical diagnostic interviews', and within other clinical contexts (1996a, p. 919). They say that the fundamental task of social poetics in diagnostic interviews is to assist practitioners and others to notice evocative moments 'in the emerging movement' that have not been previously noticed. Once noticed, these moments are not measured against a universal standard. Rather, a social poetics aims to direct practitioners towards a new way of considering the unfolding events within the diagnostic interview conversation. Stating that these moments are often ignored by health professional and theorists, Katz and Shotter claim poetic moments offer a site for the patient's negotiation of new relational constructs, rich in meaning and import. Within a relational paradigm they invite patients to act as 'human agents ... engaged in embodied dialogical

practices', while exploring the way people connect with others and with their external worlds (p.919).

In addition to these aims Katz and Shotter (1996) state that once a moment is captured within the conversation, it can then offer new understanding of people's experiences. This is to ensure that the health practitioners and the patients involved in the dialogue are able to 'reveal both themselves and their worlds to each other' (p.920). Therefore, patients can express to their doctors their worlds of suffering, pain, resilience, and recovery, while also noticing the intersection of their worlds of experience with personally held experiences of ethics and values, and their personal stance in relation to wellness and health. This approach links to the aims of my research, in that it brings forth new meaning in the present emergent moments in therapy.

From a theoretical perspective Katz & Shotter's (1996a, 1996b, 1998) social poetics is an example of a social constructionist practice. Along with Gergen (1985, 1991), Shotter (1984, 1993, 1997, & 2005) has actively contributed to shaping the social constructionist project with his prolific writings and contributions to practice. Katz & Shotter (1996a) have turned to Wittgenstein (1968), Bakhtin (1986), and Bachelard (1991) in their approach to understanding the moments they describe within social poetics, and this is a difference, albeit a subtle difference, to my Ricoeurian stance used in this thesis.

As the above are all concerned with narrative, language, and social relations, how is social poetics different to my research? The major point of departure here is that the Ricoeurian approach I have embraced pays homage to Aristotle (trans 1996) and the concept of *poiésis*, within an understanding of language, interpretation and the development of new meaning through narratively configured creative acts. Katz & Shotter's social poetics embraces Wittgenstein's (1968) philosophy of language with a focus on seeing and understanding what has always been present in talk and communication; Bahtkin's (1986) focus is on 'dialogic relation' (p.127), 'speech genres' (p.60), 'utterances' as indicators of what people are saying and trying to say (p.77); and Bachelard's (trans 1994) is on the poetics of space. Like Katz & Shotter, I too was captivated by Bachelard's poetics, and I closed Chapter Two with a vignette

of my poetic reflections on his work. I read both Wittgenstein's (1968) early works and Bakhtin's (1986) speech genres and, while I have taken a different approach, I considered the use of their philosophical positioning related to language before deciding on Ricoeur. My reasons for drawing on Ricoeur are outlined in Chapter Two.

In my early narrative therapy training with Michael White, I participated in, and over many years led, reflective team processes. Therapeutically, Katz & Shotter indicate Andersen's influence and his work on reflecting teams and dialogues (Andersen 1991 cited in Katz & Shotter 1998). Therapeutically, my major influences have been White (1991), followed by Bird (2000, 2004, 2006). My therapeutic practice and publications focus on therapy that engages with people's experience of trauma, related to experiences of intimate partner violence, sexual assault and also trauma related to experiences of mental ill health (Porter 2011; Fisher, Goff, Lavarack, Porter & Whitecross 2006). By comparison, Katz & Shotter's (1996a) social poetics relate to diagnostic medical interviews with clients experiencing health concerns. However, despite these differences, Katz and Shotter's (1996a, 1996b, 1999) 'social poetics', and their ideas on relational and dialogical stances demonstrate innovation and prove to be excellent examples of social constructionist theory in practice.

It is worth noting that Katz and Shotter's (1996a & 1996b) practice and research on social poetics builds on Shotter's (1992, 1998a) work on Bakhtin and focused on moving from monologic exchanges to dialogical conversations and the social construction of lives (Shotter 1997). This is of significant interest, as these particular constructions support my concerns about ethical engagement with participatory processes (Goff and Gregg 2007; Fisher et al. 2006). Dialogical and relational stances are necessary starting points for participatory and sustainable engagement in any inquiry, or indeed in any therapeutic related process. For a more detailed examination of Shotter's thinking on Wittgenstein, talk, dialogue and the dynamics of language and for listening for the other, with more on Bakhtin's participatory worlds and dialogue, see Shotter (1998, 2007). For further examples of social poetics see Strong (2002), Aldridge & Stevenson (2001) on mental health research and practice and Shotter (1998b).

Poiésis and the poetic construction of selfhood

Before closing this section of the literature review and moving on to examine the relevant selected trauma literature, I want to discuss Mark Freeman's research on 'the poetic construction of selfhood' (1999, p. 99) and his accounts of psychoanalytic poiésis and narrative understanding' (2002, p.9). My rationale for the inclusion of this discussion here is two-fold. The first is due to the way my readings of Freeman led me to the concept of poiésis, and this concept has become ontologically significant in the way it has informed the methodology of the research, and the structure of the thesis. Secondly, Freeman (2002) led me to the interview with Ricoeur (1991) in the Valdes collection, and to his philosophy of language and interpretation. In research projects there are finds, in this case literature finds, that seem to search you out and then become available to your research; just the right thing at just the right time. Some provide anchorage, some offer validation, others companionship, and some seem that they have always been part of your knowing. I had this experience with Freeman (1999, 2002), Ricoeur (1991), Taylor (1991), and Mishler (1999). I have called these experiences *the unexpected location of kindred concepts* in an attempt to ritualise and give name to a poetic act, found within the narrative of a novice researcher. Perhaps other researchers have similar experiences, and indeed this is another aspect of what makes the endeavour so thrilling, while at the same time so very challenging. Chapter Two focused on Ricoeur. I discuss Freeman here, and in Chapter Four I discuss the application of Taylor's (1991) thinking on the authentic self; and Mishler's (1999) focus on the nature of crafting and making, as essential narratives in the construction of identity in the analysis, interpretation and discussion of the gathered research data.

Freeman's Poiésis and Narrative Understanding

I experienced a familiarity with Freeman's (1999) interest in narrativity, and 'configurational acts' (p. 99) and was drawn to his accounts on the work of Seamus Heaney, the great Irish poet. His discussion on 'poetic creation' (p.105), and 'poetic construction of selfhood' (p.109) resonates with this study. As he states when describing one man's changing identity following illness:

In one sense, this narrative appears to be more about interpretation than poetic construction; this man had been forced to come to terms with “new data,” as it were, and to find an interpretative context that could accommodate them. In another sense, however, this narrative is very much about poetic construction of selfhood. This is because the very act of self-interpretation is at one and the same time an act of self-construction, of *poiésis*, that creates a new self even in the midst of discovering it.

Freeman (1999, p. 109)

There are a number of key points that I find relevant. Clearly, I am writing retrospectively about Freeman (1999) because, as I have already indicated, I came to his research early on in my own research. Still it is worth iterating the connecting points with Freeman, as essentially these were, along with Katz & Shotter (1996), my initial starting points on poetics. So to summarise: following Freeman (1999, 2002) there are a number of salient points relevant to my research on poetic, sacred, spiritual and unnamed moments in therapy. They include thinking in “poetic terms” (p.107) in relation to the understanding of narratives and in relation to the data of my narrative inquiry. Furthermore, I have found it useful to think in poetic terms and to pursue the understandings that *poiésis* offers, in regard to creative practices in therapy and the construction of identity or selfhood within poetic, sacred, spiritual and unnamed therapeutic moments. As Freeman indicates:

Hence my recourse to the idea of *poiésis*. As a general rule, the poet is neither in the business of finding meanings already there in the world nor of making them, in the sense of fashioning them wholly anew. Rather, the poet is engaged in a process in which meaning is at once found and made - or, to be more explicit still, in which meaning is found through being made. When referring to *poiésis* as meaning -making, therefore, the intent is to highlight the constructive, imaginative dimension of the process of articulating and understanding the world, both inner and outer.

Freeman (2002, p. 24)

Therefore, we can interpret creative acts and practices in therapy as to be producing new meaning, as previously held meanings are contested; and it is the process of making, of doing therapy in unnamed moments and indeed in all moments, that is the site of *poiésis* in therapy. Instrumental to the process of *poiésis* in therapy is language, interpretation and the construction of new understandings, new meanings and new senses of self in relation to the issues experienced by the person in therapy. This is another point of connection and relatedness with Freeman, as he indicates:

The idea of poiésis in psychoanalysis and beyond, is about precisely this sort of alteration. First and foremost, it is about the kind of attention one must pay to the particular features of the world one wishes to be disclosed. In addition, it is about attention to language, about the possibility of arriving at words that will somehow be able to articulate, and do justice to, the phenomenon being considered.

Freeman (2002, p.25)

Freeman (1999, 2002) has made extensive contributions through his explorations of poetic constructions of selfhood, identity and relationship. Such ideas provide a conceptual counterpoint in later chapters, where I apply these understandings to the analysis of the research data. The above discussion on Freeman concludes this section of the literature review considering poetry, poetics and poiésis and its applications in trauma therapy. I now turn to consider meaning making in trauma therapy literature and include a discussion on literature pertaining to vicarious traumatisation.

What does the literature on vicarious traumatisation offer

The term vicarious traumatisation describes a process of personal change in therapists who engage with, and listen to, the distressing trauma-related accounts of their clients who have been severely harmed and violated by abusive and violent traumatic life events (McCann & Pearlman 1990). It is suggested that the process of personal change leads to negative effects for the therapist over time, as the cumulative effects of listening to and witnessing others' traumatic accounts begin to disturb the therapist's sense of self, identity and worldview. Based within the 'new constructivist self-development theory' (p.131), there is an assumption that all therapists who work in trauma therapy are at risk of vicarious traumatisation and therefore they may, at some point, need to avail themselves of the preventative strategies or recommendations for treatment. Much of the vicarious traumatisation literature (McCann & Pearlman 1990; Pearlman & Mac Ian 1995; Pearlman & Saakvitne 1995a; 1995b); focuses on the idea of protection and limitation, in terms of using a range of protective strategies, setting limits and monitoring the amount or type of trauma related therapy a therapist is involved in.

There is also a strong emphasis on self-care; on the use of coping techniques and stress management strategies for the individual therapist. The literature suggests that agencies should

provide opportunities to discuss ‘feelings and concerns related to trauma work’ within the case review process (Brady, Guy, Poelstra & Brokaw 1999, p.390). These risk management approaches are advised as a form of protection for therapists against post-traumatic stress disorder symptoms, featured in the experience of vicarious traumatisation (Brady et al. 1999). Etherington (2009) offers a thoughtful survey of vicarious traumatisation, resilience and supervision of therapists, helpers and students. In this she supports the paradigm of vicarious trauma and thickens her narrative with personal accounts as a client and therapist.

Other literature which considers complex trauma and vicarious traumatisation in therapy is strongly geared towards psychological understandings and methods of intervention (Sexton (1999) for supporting counsellors with vicarious traumatisation. Resick, Nishith, Weaver, Astin & Feuer (2002) focus on cognitive processing therapy for women who have survived rape; Ford & Russo (2006) on treatment of post-traumatic stress and addiction; Dunkley & Whelan (2006) on the experience of telephone counsellors; Hernández, Gangsei & Engstrom (2007) on vicarious resilience as a response to vicarious trauma; Mouldern & Firestone (2007) on the impacts on therapists who work with sex offending; and Chouliara, Hutchinson & Karatzias (2009) on vicarious traumatisation in practitioners who work with adult survivors of sexual violence and child sexual abuse. Much of this research considers posttraumatic stress disorder, and frames interventions in response to the experience of this condition. Those focusing on vicarious resilience (Hernández et al 2007) and post-traumatic resilience (Agaibi & Wilson 2005), take up a binary or dualistic position to vicarious traumatisation and promote protective behaviours, forms of adaptation and self-care management. There appears to be an assumption that vicarious traumatisation is an understood, unquestioned and taken for granted reality for all therapists involved in trauma work. One study refers to the way research participants raised vicarious traumatisation as ‘confirming the established principle that work with trauma survivors can negatively affect the therapist’ (Hernández et al. 2007, p. 237).

There is also an argument in the psychological literature, that the effects of vicarious traumatisation are pervasive; that all relationships in the therapist’s life are affected and that the effects are ‘permanently transformative’ (Canfield 2005, p.87). This level of certainty is disconcerting and appears to construct definitive conclusions for all therapists who engage in trauma or complex trauma therapy. While advanced practitioners have the benefit of

experience to question and critique theories or constructs of such certainty, younger or less experienced practitioners do not always have resources to negotiate alternative meanings about what may happen to them in relation to their work on trauma. I find this a major concern with the literature on trauma and vicarious traumatisation. There is a generalised lack of critique or questioning about alternative explanations, theories, or practice related approaches other than vicarious traumatisation, and its consequences for therapists. Again I assert that this is a practice issue, a research issue and of ethical concern.

One framework that does challenge these assumptions is the salutogenic model, which suggests that an individual's 'sense of coherence' promotes a person's ability to rise above adverse situations or complex health concerns such as the experience of trauma, due to the following. The person or community have a sense of being able to cope; the person or community have a sense of understanding the challenge facing them; and the person or community have a sense that there will be adequate support and assistance to help them (Antonovsky 1996, p. 15). This model, and the literature mentioned above, (Hunter 2006, 2009; Linley 2004; Linley & Joseph 2004, 2007) where a relational perspective elicits the multiple beneficial rewards for the therapist (both personally and practice related) offers significant entry points in terms of examining and challenging accounts where vicarious traumatisation is presented as an inevitability for those who witness and work with trauma.

I am intrigued by the construct presented as vicarious traumatisation and I am loath to argue against the occurrence of vicarious traumatisation and the reports of its incidence and treatment. Yet, it behoves me to consider what else is possible, even though it does appear that the phenomenon of vicarious traumatisation provides therapists with almost formulaic and indisputable courses of action for prevention, treatment and research. I agree that these courses of action informed by the psychological constructs of vicarious traumatisation are perhaps irresistible invitations for trauma therapists to follow the advised schema and its plethora of treatment aided resources. Still, I am concerned that such an approach is possibly reductionist and, at the very least, may close down potential space for alternative versions of the therapists' personal accounts and narratives related to experiences of trauma therapy and how therapists address them.

Conclusion

This chapter reviewed literature pertaining to trauma therapists' experience of poetic, sacred, spiritual and unnamed moments in therapy and considered literature on vicarious traumatisation. There is evidence of therapists' experience of spirituality in trauma therapy, although this is often related to religiosity or beliefs in God or Gods. Similarly there are accounts of sacred moments in trauma therapy and also that sacred moments are an indication of sound and ethically driven processes in the therapeutic relationship. However there are concerns about the use of sacred experiences in therapy and the risk of a perceived softening of the evidence base.

Brady's et al. (1999) research highlights the impact of trauma therapy on therapists and considers how their spiritual lives are changed by their engagement with trauma. Yet, there is no explicit mention of spiritual moments in therapy or related to the therapeutic process. I am seeking a closer examination and interpretation of how therapists engage relationally and dialogically with the experience of listening to and witnessing client's accounts of trauma and distress; their use of creativity and discovery of spirituality in their therapeutic conversations – that is, the missing narrative of 'spiritual moments in trauma therapy'.

Poetic moments are also described; often related to the use of poetry or poems in therapy and in the approach of social poetics of (Katz & Shotter 1996). However, I found no examples of trauma therapists' experience of poiésis or the pursuit of creative practices within the site of the therapeutic relationship and the link with poetic, sacred, spiritual and unnamed moments in therapy. There appears to be indicators of support for my research, from the findings of Katz & Shotter. The lack of examples illustrating therapists' experience of poiésis within the therapeutic relationship related to unnamed moments in therapy suggests a significant gap in the literature, which this study is designed to fill.

Chapter 4

Methodology

Introduction

In this chapter I discuss the methodological viewpoints that inform my research practice for this project. I briefly describe key theorists and my adaptation of their influences to the examination and interpretation of trauma therapists' contribution to the project. Further, I outline the processes employed for: the organisation of the research method; engaging with participants; data gathering; selection of participants; narrative inquiry interviews; transcribing; ethical considerations; interpretation; analysis; the research findings; and dissemination of the research conclusions and materials to participants.

In Chapter Two I introduced a poetic theoretical frame for the thesis, informed by Ricoeur's (1991) philosophy of language, interpretation and narrativity. I also described therapeutic practices designed by Bird (2000, 2004 & 2006), where the use of language and the generative possibilities of language are privileged as an essential orientation for ethical practice in trauma therapy. This theoretical positioning provides the philosophical framework for the thesis.

The research focuses on a therapeutic engagement with narrativity and the ontological concerns of narrative therapeutic pursuits, thereby locating these practices as therapeutic insights informed by poststructural ways of knowing. I engage with social constructionism (Gergen, 1991; Shotter, 2005) for the purposes of making a contemporary interpretative research stance. A hermeneutic interest in language and interpretation is utilised, to situate the research within a dialogical and relational experience of discovery and meaning making in the therapeutic relationship and to incorporate *poiésis*, together with narrativity, and the construction of selfhood (Freeman, 2002; Ricoeur, 1991; Mishler, 1999; Taylor, 1991).

Some may argue that my exposition of identity construction employs poststructural phenomenological considerations particularly with regard to the concept of self-discovery. I have indicated earlier that phenomenological considerations have been included in the research

yet my assertion is that *poiésis* involves a form of self-discovery that is congruent with social constructivist understanding of the reflexively constitutive self. I am not referring here to the discovery of an inherent, essential self. I am speaking of a self that is shaped and socially constituted through a relational and dialogical engagement with therapeutic work, one's practice and the creative acts involved in narrativity. The experience of self that I am referring to does not already exist in an inherent or essential form. It is not an essentialist self waiting to be discovered. The experience of self is shaped through an engagement with creativity, that involves *poiésis* and the self-knowing that eventuates is formed through a process of discovery related to the new enactments of creation. This new self-knowing does not already exist. Instead the new states of self-knowing are shaped, realised and claimed through acts of creative narrative expression that I am referring to as *poiésis*. These new states of self-knowing are possible due to *poiésis* as described by Ricoeur (1991) and his insights on narrative configuration informed by poetics and outlined earlier in chapter one and two.

What are the essential entry points into methodology from a theoretical base, informed by a poststructural worldview of poetics, language, interpretation and narrativity? From my perspective, the following three points are vital components. The methodological approach is required to respond with enough flexibility to embrace the concept of poetics and poetry as described by Ricoeur, meaning there is an interest in the discovery of creative acts in the form of *poiésis*. From here, there needs to be an understanding of narrativity, and the importance of the emplotted narrative, within the configuration of plots. Then, there needs to be a commitment to a specific and dedicated use of language as earlier described by Ricoeur, with an ensuing pursuit of the interpretative processes that are expressive acts of narrativity.

As a point of recall, three tenets of Ricoeur relate to the theoretical alliance with poetics and *poiésis* I use in the thesis. These are: poetry can challenge, poetry can preserve the breadth of language, and language is instrumentalised and often reduced by social and cultural practices. These considerations have relevance in the application of the research methodologies and the analysis and interpretation of the gathered research data.

Some may think that this approach is more closely aligned with the research processes known as poetic inquiry (Prendergast, Leggo, & Sameshima, 2009). Given that I have used Ricoeur (1991) to conceptualise poetics for the thesis, it is perhaps more accurate to say that I have applied a poetic sensibility to narrative inquiry. This could also situate my methodology within those belonging to poetic inquiry. However, I would argue that a Ricoeurian poetic frame situates this research study firmly within narrativity. For this reason I chose narrative inquiry, informed by poetics, as my research methodology. Details of this decision are given later in this chapter. I applied a Ricoeurian poetic informed approach to narrative inquiry, and used Polkinghorne's (1995) narrative configuration to organise and analyse the research data. Finally, in the analysis of the gathered data material I used: Freeman's (1999, 2002) understandings of poiesis and narrative, Taylor's thinking on the authentic self, and Mishler's (1999) focus on the nature of crafting and making, as essential narratives in the construction of identity. As these authors have strong interests in narrative, selfhood and poetry, they contribute to a Ricoeurian informed narrative inquiry approach.

Taylor's work on poiesis and the authentic self, traces back to Aristotle and mimesis as he, like Ricoeur (1991), places his own interpretations on the meaning of mimesis. Taylor (1991) critiques modernist assumptions of the self as he considers the way human lives and a sense of self become socially constructed. He argues that our social sense of self is negotiated within the context of community or broader social structures through dialogue. Taylor's thinking on identity construction appears to be informed by social constructivist theory, where meanings related to a sense of self, emerging or diminishing self-states are lived out through narrative enactments. In these acts involving dialogue and relationship with others meaning is produced and negotiated to inform a sense of self, at an individual level and a broader social level. An understanding of the self or self-states recognises the social background of our lives, where life choices are contested and therefore gain importance and meaning over time.

Taylor's seminal text, *The Ethics of Authenticity*, explores the process of self-discovery through the doing of artistic and creative work, as he indicates:

My self- discovery passes through a creation, the making of something original and new. I forge a new artistic language - new way of painting, new metre or form of poetry, new way

of writing a novel - and through this and this alone I become what I have it in me to be. Self discovery requires poiésis, making. (Emphasis added.)

Taylor (1991, p.62).

Throughout this research I utilise Taylor's notion of the authentic self as being directly related to social constructionist concepts of a socially negotiated and mediated self/selves as described by Gergen (1999, 2001). Taylor argues that self-discovery requires socially engaged acts of narrativity, when a person is pursuing their creative form and through this process they create something new and gain a further developed sense of self. In this research I have applied his notion of 'I become what I have it in me to be' as a significant juncture in the process of claiming, rejecting or experimenting with self-states. I am not interpreting his claims as being related to concepts of an essential self. The essential self implies one true and original self that needs to be discovered, excavated or reclaimed through particular projects of self-exploration. This is not my contention. I do not believe that Taylor intended his statement to be aligned with notions of an essentialist self. The self-states I am referring to are multiple, contested and dynamically constructed or co-constructed forms of human expression. Taylor considers the acts of doing and making as critical aspects of understanding and discovery about authenticity and selfhood. His understanding, when he says 'I become what I have it in me to be', is a key understanding, which I bring to the analysis of the interviews. Through self-discovery we [therapists] can be, what it is we have it in us to be. Yet what we are claiming or arriving at is not an essentialist self. I am arguing that we arrive at a place of authenticity through a dialogically and relationally negotiated creative engagement with narrativity and poetic, sacred, spiritual and unnamed moments in therapy.

These self-states are negotiated relationally and dialogically through creative acts of poiésis (Freeman 1999, Ricoeur 1991, Taylor 1991). Once negotiated and acted upon this new sense of self has the potential to connect a person with an experience of authenticity through the doing, the making and the shaping of the creative act. In this way the experience of authenticity is also a socially constructed dynamic, in that a person relates dialogically and relationally with this experience across a continuum of time and being. Therefore the experience of self-hood and the experience of authenticity are dynamically constructed and negotiated expressions that move beyond fixed positions or notions of one true essentialist self. In the data analysis chapters I elaborate on how the therapist's acts of self-expression are demonstrative of

relationally and dialogically negotiated experiences of self arrived at through the development of their unique therapy practices.

Taylor's concept of becoming 'what I have it in me to be' invites a unique form of self-expression and identity construction, and moves self-discovery beyond fixed notions of one true self. Instead, I am suggesting a process of relationally and dialogically constructed narrative acts that are negotiated in present time through the making and doing of one's practice. Taylor's use of the word original in the following quote is perhaps problematic in that it indicates the concept of an original self. I don't know if that was his full intention. I am arguing that an authentic or unique way of being human is experienced and mediated by thought, feeling, relationship, dialogue and bodily reactions during the doing and making of one's practice. As he suggests:

The notion that each of us has an original way of being human entails that each of us has to discover what it is to be ourselves. But the discovery can't be made by consulting pre-existing models, by hypothesis. So it can be made only by articulating it afresh. We discover what we have it in us to be by becoming that mode of life, by giving expression in our speech and our action to what is original in us.

Taylor (1991, p. 61).

Drawing on Taylor, my view is that the authentic self, as opposed to the notion of an original self is the claimed and discovered version or versions of self that become representative of a person's desires, intentions and languaged expressions of talk and relationship. I discuss these descriptions of an authentic self in the data analysis chapters, in relation to the participant contributor's narratives.

By using a reflexive approach to research, I position myself within the research (Bourdieu & Wacquant 1992; Denzin & Lincoln, 1994; Etherington, 2004; Percy, 2006) and consider the ways that therapists working with issues relating to violence and sexual abuse deliberately include practices that might evoke poetic, sacred and spiritual moments in therapy. Etherington (2004, p. 16) suggests that reflexivity as a research strategy, influenced by feminist discourse, lends itself to an examination of gender and power relationships. It thereby provides a good fit, methodologically, with the target group of violence and sexual abuse therapists.

In addition, a reflexive stance is consistent with narrative methods to collect, analyse and retell the stories of participants involved in the research (Polkinghorne, 1995; Clandinin & Connelly, 2000; McLeod, 2003; Etherington, 2004). As a qualitative methodology, narrative inquiry is situated within a poststructural paradigm (Etherington, 2004), informed by the discourse and practice of social constructionism (Gergen, 1999). I am drawn to the philosophies and diverse intentions of poststructural research in the same way that my therapeutic practice, over the past 20 years, has largely been informed by therapeutic insights derived from consideration of poststructural concepts.

In 1990, during my family therapy training which focused on peoples' storied lives (White & Epston, 1990; White, 1991, 1997), Michael White introduced me to poststructural ideas related to deconstructive and re-authoring practices central to narrative therapy. Throughout the next decade, I explored narrative informed practices in therapy espoused by Gergen, (2001), Polkinghorne, (2004). In more recent years I have been influenced by the relational, gendered, linguistic and dialogical practices of therapy associated with Bird (1994, 2000, 2004, 2006).

Being located within a research paradigm that supports the values and intentions of my therapeutic practice provides a rich opportunity for me to develop as a researcher. Reflexivity is consistent with a Ricoeurian philosophical framework and offers a way of being that is cognisant with my knowledge and experience of therapy, and my knowledge and experience of me in therapeutic moments. Clandinin & Connelly (2000, p. 121) say, narrative inquiry research methods are drawn 'out of our own narratives of experience and shape our narrative inquiry plotlines' thereby contributing to my body of knowledge as I develop an epistemological position that frames the overall research project.

In this chapter I outline in further detail: my philosophical views, giving detail to the framework for the research methodology; describe the research design and the methods for selection of participants; give a detail account of data gathering and analysis procedures; discuss transcribing and issues of representation; and examine ethical concerns as they relate to the research project.

Research design

The methodological framework is organised around research approaches informed by poststructural hermeneutic phenomenology (Ricoeur 1991), social constructionism, and poststructuralism as described by narrative inquiry researchers Polkinghorne (1995), Clandinin and Connelly (2000), and Etherington (2004). This approach makes visible multiple versions of events, and multiple versions of meaning making, that hold resonance and relevance for participants and the researcher (McLeod, 2003). It allows for reflexivity and an analysis of power relations (Etherington, 2004) within therapeutic contexts. I have used these considerations to assist me to frame the research methods, research design, data-gathering and analysis, and in the consideration of ethical matters in this study.

Engaging with participants

In this qualitative study, I have attempted to gather ‘linguistically rich descriptive data’ (McLeod, 2003, p.73) from a range of sites. These include narrative inquiry interviews (Polkinghorne, 1995), dialogical and relational conversations (Shotter, 1997), reflexive journaling (my own and optional for participants), together with a range of other texts and pictorial representations generated by participants. These included poems, photos, articles and paintings (Etherington, 2004, pp. 39, 77). Throughout the thesis, I refer to the participants as ‘participant contributor’, ‘therapist participant’, ‘therapist’ and ‘participant’. I use the term ‘participant contributor’ as the primary term because it acknowledges the dialogical and relational, and emphasises the collegial, nature of the conversations that occurred during interviews. Each participant received an information sheet and consent form (see Appendix 1) and an information sheet with references to social poetics as described by Katz & Shotter (1996a, p.919) (see Appendix 2). The information sheet gave a brief outline of social poetics and described how Katz and Shotter used the concept and practice of social poetics in therapeutic situations with health practitioners and clients.

The practice of a social poetics entails a new, relational attitude to the patient’s use of words, an attitude that invites a creative, poetic sensibility, as well as a ‘boundary crossing’ stance that creates comparisons useful in relating what patients say to the rest of their lives.

Katz and Shotter (1996a, p.919)

Participants in Australia and New Zealand were followed up, using 'phone calls and email. They were invited to formalise their participation in the research with their written consent. Following agreement to participate, times and dates were arranged and an interview schedule was devised to carry out digitally recorded interviews (Denzin & Lincoln, 1994). The New Zealand interviews were carried out in a similar way. The difference being that, in arranging these interviews, I engaged in extensive email communication over a period of several months to negotiate the arrangements with the participants. One of the participants assisted me by inviting other colleagues to participate and this resulted in a shared interview between two consenting Auckland based therapists. Three interviews occurred in Auckland with four participants.

Selection of participants

The sample size was small because the study utilised a qualitative research design. Narrative inquiry (Polkinghorne, 1995) interviews took place with eleven participants who worked as therapists responding to issues of violence and sexual abuse and using a range of therapy applications. This group was selected as participants for the study because their backgrounds were contextually similar to that in which I had worked as a therapist for over twenty years⁹. It is also the context that generated the particular focus of the research.

Purposive sampling was used to recruit participants through my professional networks. As interest gathered around the project, a snowball effect (Llewellyn, Sullivan & Minichiello 2004) occurred. Colleagues from New Zealand contacted me with a desire to participate. The overall method for sampling was a 'combination or mixed purposeful sampling' approach (Llewellyn et al. 2004, pp.228, 229). According to Llewellyn et al, purposive sampling ensured that the participants were from diverse backgrounds in regard to spiritual beliefs, therapeutic approach, work context, gender and education

⁹ I am reminded of Jane Flax's (1993, p. 4) reference to 'being of use', as a main motive in her theorising. I too, wish to be of use and have chosen an area for research that I know well, from both practice and theory standpoints. See Flax, J (1993) *Disputed Subjects*, Routledge, New York.

I also employed various recruitment strategies to gauge interest and to move the process to formal stages of informed consent. These strategies included emailing, making 'phone calls and telephone conferencing, distributing written information sheets, and informal meetings by phone and in person to follow up with potential participants.

In total, I conducted eleven dialogical and relational conversations as interviews. Of those, two were conducted with men and seven were with women. I decided to not include two interviews, as in both cases the people had relocated to different areas of work; one as an academic and one as an artist. Although both had backgrounds as therapists working with trauma they had not worked in the field for some time. When I considered the data as a whole, I assessed that the data from the two interviews, while of interest to me, did not fit as well with that gathered from the other interviews, and so they were excluded.

Narrative inquiry interviews

In this section I describe important considerations related to the process of narrative inquiry interviews. I begin with a look at my worldviews and orientations significant to the process. I then outline the way I set up the interviews and the processes involved. Then I describe what I think happened in the interviews and what was possible, given that my interviews are informed by a dialogical and relational engagement with narrative inquiry.

Narrative inquiry has been described as being 'a methodology based upon collecting, analysing and re-representing people's stories as told by them' (Etherington, 2004, p. 75). The ontological view of narrative inquiry that I applied to the interview process was shaped by the concepts that: our lives are made up of multiple stories and we live in a world that is storied (Gergen, 1999); that narrative is representative, constitutive and shaping of peoples' social realities and ways of being in the world (Bruner, 1990); in the retelling of life events we go beyond what was and move into a 'comprehensive interpretative context' (Freeman, 1993, p. 30); and that our sense of self is socially constructed (Gergen, 1991) - shaped by and contested within our social interactions and relationships, our cultural and gendered positioning, our

global geographic belonging, and our economic and political associations. Therefore, we no longer experience a sense of one true or original self, but indeed have available to us multiple versions of selfhood, multiple contesting social states, that may lead to ‘a saturated state’ (Gergen, 1991, p.xi). We could think of the multiple versions of self, available to therapists - the earnest therapist, the capable and confident therapist, the tired and challenged therapist, the vicariously traumatised therapist, the funny and playful therapist, and so on.

These worldviews provided both a theoretical framework and practice platform for my work in responding to violence and abuse in trauma therapy. In my work with adolescent boys who have sexually abused younger and more vulnerable children, they allowed for the inclusion of explorations into theorising about masculinities (Connell, 1995, 2000; McMahon, 1999), and the development of practice approaches shaped around the above ontology. Similarly, this ontological positioning has invited me to explore poststructural feminist approaches (Segal, 1997; Silverstein & Rashbaum, 1994; Weedon, 1999) in order to work with mothers, whose sons had engaged in sexually abusive behaviours (Porter and Lane, 1998; Porter and McVeigh, 2001).

There is congruence between the above perspectives, and an approach to research which is based on epistemologies that consider knowledge and the social world to be socially constructed and located within historical, gendered, and cultural practices, beliefs and stories (Connell, 1987; Crossley, 2000; Gergen, 1990, 1999; and Ricoeur, 1991). Such approaches challenge normative modernist doctrines (Sim, 2005), while also opening up space to question our ways of knowing and considering, and who informs and shapes our knowing (McLeod, 1997).

In a narrative inquiry methodology, I am open to noticing my own reflections during interviews and sharing my experiences as part of the inquiry process with participants (Etherington, 2004). This approach opens up space for interviews that are shaping and constitutive of personal narratives (Bruner, 1990, p.112). The reflexive narrative inquiry interview created a moment in time when participants were able to further construct and

narrate their personal storylines of poetic, sacred and spiritual moments in therapy, and thereby contribute to knowledge that is shaped in the present moment, including that of the researcher (Bruner, 1990).

Interview schedule

The reflexive narrative inquiry interviews were semi-structured around the following questions:

1. Can you tell me why you were interested in taking part in this research?
2. Have you ever had any experiences of sacred, and/or spiritual moments in your work as a therapist?
3. Have you ever had any experiences of poetic moments in your work as a therapist?
4. How do these moments resource you and the therapeutic relationship?
5. What happens in therapy when sacred, spiritual or poetic moments occur?
6. Is there anything you do to introduce or evoke sacred, spiritual or poetic moments into the therapy or the therapeutic relationship?
7. What is your (the therapist's) experience of, and interpretation of, vicarious traumatisation in your practice?
8. Is there anything else you would like to add?

Setting up the interviews

I contacted potential participants by 'phone, in person and through email, to determine their interest in the study. I was often surprised by spontaneous offers that occurred during quite informal conversations about my research program. In some circumstances, I had not met the person before, and so I telephoned or emailed to introduce the research project, and then followed up with 'phone contacts. Once people agreed to participate, I sent them the Letter of Information, the consent form, and the information sheet relating to social poetics (see Appendix 2). I then contacted each participant to negotiate a preferred time and place for the interview to happen. These details were emailed out to participants, where possible. Each person was contacted by 'phone a few days before the interview to confirm time and place, and

make any necessary last-minute changes. The New Zealand participants were emailed a schedule for negotiation six weeks before the planned interview times, with details of where we would meet, time of interview and my contact details for the time I was in New Zealand.

Interviews occurred in a place of mutual convenience. These included worksites, locations of private practice and at participants' homes. At the commencement of each meeting, I asked participants if they had any questions relating to the project, the consent form, the Letter of Information or their involvement in the project. I informed people that they could choose to withdraw from the research at any time during the research process. I also mentioned that, as we were going to talk about their own experience as therapists, a letter of referral to gain support could be arranged at any time.

The interviews: a dialogical and relational conversation

Despite extensive searching and reading, I was not able to find a comprehensive description of the type of narrative inquiry interviews I engaged with. I drew from Shotter's (2007) dialogical interests and Mishler's (1999, p. 51) 'situated retellings', where stories are 'situated within a particular context' within a narrative inquiry interview. Shotter's description below of 'conversational activities' is suggestive of the dialogues I engaged with during the interview process:

Thus, the kind of social constructionism I want to outline is concerned precisely with the special set of problems raised by the attempt to investigate and articulate the nature of these spontaneously occurring joint or dialogical activities and practices. Indeed, to the extent that all activities emerge from within this conversationally sustained background activity, are directed (however mistakenly) back into it, and are judged as to their fittingness against it, our conversational activities are not just one of our activities in the world. On the contrary, for us they are foundational; we have our lives in them; they provide the living basis or foundation, so to speak for everything we do.

Shotter (1997, p.10).

Mishler's (1999) concept of the 'retellings' that are situated within 'particular contexts of their production', and thereby produced in relation to that context is, to some extent, helpful. Mishler suggests that within the particular 'situated retelling', the plot, as told by the

interviewee, is a co-produced narrative, developed within a conversational dialogue between interviewer and interviewee. He pursues the notion of co-producing meaning as an essential element of a narrative inquiry interview, and argues that without an examination of the co-constructed story it is not possible to analyse or interpret the meaning being made within the dialogue (1999, p.51). Here he avoids the vexed concept of leading questions, or leading the interview. Indeed, it would seem that within a narrative inquiry it is impossible not to lead at some point, based on the understanding that the narrative inquiry tradition invites a co-produced research dialogue, and therefore also produces a co-produced narrative account. The narrative inquiry is not neutral in this regard. Indeed, the narrative inquiry interview openly and unapologetically upholds the understanding and position that all stories are socially and culturally produced, and that this process of production happens within a dialogical and relational context. Perhaps the issue is that the concept of leading an interview comes from a research paradigm informed by scientific and structuralist imperatives. The paradigm I focus on is not concerned with managing the potential risk of leading in an interview, but more with being in a conversational space where a reciprocal dialogical inquiry occurs. Having said this, as the researcher, I have the primary responsibility to direct the course of the dialogue, because I have a research intention for the conversational interview. This imperative is held as an essential outcome of the overall process. If this were not the case, the conversational interview would be just a conversation, and not an interview as part of a narrative inquiry research project.

Mishler's references above relate to the context of 'a life history interview' (1999, p.51). This description does not represent the narrative inquiry interviews for my study. I did not attempt life history interviews. The context I aimed for was a relational and dialogical one. I think my background as a therapist, and the participants' background as therapists, thickened the relational and dialogical context. Within this dynamic, my voice is present beyond the usual scope of the research interviewer. My voice is part of the conversational activity in the form of a dialogical, relational and embodied engagement between the interviewee (participant) and myself (Shotter, 1997). Shotter, refers to this as 'spontaneous, responsive, dialogical activity', as being 'a distinct third sphere' of human interaction (p.9) This context invites 'conversational activities' (p.10) where the voice of the researcher is not bound to 'monologically represented' constructs of how a research interviewer should speak, or for that matter, to limit their speech

within the research interview (Shotter, 1992, p.9). In this temporal interview space, the therapists and I could see each other, hear each other and indeed experience each other's bodily presence as people, and as therapists, in a way that is also constitutive of the relational and dialogical material produced during the interview process. I set up interviews as interviews, and yet clearly what ensued was a conversational engagement, enabling the participants to not only retell their storied accounts, but to also generate new accounts. I argue that this was possible due to the generative potential of working within a dialogical and relational approach. If the therapeutic relationship is a site for dialogical and relational activities, where sacred and poetic matters can be witnessed, shared or spoken of, then a similar dynamic is possible within the site of a dialogical and relational conversational engagement in narrative inquiry research interviews.

The accounts produced within the interviews were developed from the dialogical and relational conversational activity shared between the research participants and myself. To follow Shotter, these conversational accounts 'have our lives in them' and are foundationally connected to 'everything we do' (2007, p.10). The participant contributors described these fresh accounts as a new way of seeing things, an area that has not been spoken of before, and use concepts or words not previously used. For example, Dee Dee one of the participants said: 'For the first time I have an image of when I'm going into a [therapeutic] session...going into a different dimension'.

Positioning the interviews in this way is consistent with the thesis construction as a whole and with a Ricoeurian approach to engaging with language and interpretive acts poetically. For we could contend that such an approach, allowing for spontaneity and responsiveness, is best positioned to evoke and capture all and any poetic forms of expression. As Shotter says:

I want to explore the possibility of there being for us, as living beings, a much more immediate and unreflective, bodily way of being related to our surroundings than the ways that become conspicuous to us in our more cognitive reflections, a way of relating and orienting towards our surroundings that becomes known to us only from within the unfolding dynamics of our engaged bodily movements within them. Such ways of relating become known to us in terms of the embodied anticipations and expectations with which we approach things, people, and events occurring in the world around us. Indeed as I see it is

the role of this (what I will call) orientational understanding that is basic to the further development of both our everyday and our professional practices.

Shotter (2011, p. 439, 440).

Method of analysis

The narrative inquiry employed narrative configuration as outlined by Polkinghorne (1995). Poetics is integrated into the analysis and configuration process using insights from Freeman (1999, 2002), Ricoeur (1991, 2004), and Taylor (1991). The narrative inquiry and configurative analysis are thickened by this poetic analysis. Polkinghorne's (1995) narrative configuration process is outlined in the next section.

Polkinghorne's (1995) approach was employed to the configuration of the emplotted narrative as the primary method for the analysis of the research data. This method forms the primary narrative analysis for the data analysis. In Polkinghorne's (1995) narrative analysis, the 'description of events and happenings' are gathered and configured into a story or narrative 'by means of a plot' (p.12). This process of narrative analysis shapes events of the configured plot or the narrative, into an overall story. As he describes:

The outcome of a narrative analysis is a story - for example, a historical account, a case study, a life story, or a storied episode in a person's life. In this type of analysis, the researcher's task is to configure the data elements into a story that unites and gives meaning to the data as contributors to a goal or purpose. This analytic task requires the researcher to develop or discover a plot that displays the linkage between the data elements as parts of an unfolding temporal development culminating in the denouement.

(Polkinghorne, 1995, p.15)

I am clearly drawn to the idea of discovering and developing a plot, as this links with a Ricoeurian informed approach to narrativity. I am also drawn to the method's ability to produce a 'coherent developmental account' (p.15), where we experience 'the incorporation of the notions of human purpose and choice as well as chance happenings, dispositions, and environmental pressures' (p.16). In the analysis of the data I have described data elements and events as plotted events, and I have referred to the participant contributors' plots as plot lines.

In summary, as my therapeutic experience is in the narrative tradition of therapy, and because of my core ethics relating to gender, culture, participation and discovery, I found Polkinghorne's approach to narrative analysis a meaningful primary method of analysis.

Applying Polkinghorne's narrative configuration

In this section I describe the process involved in my application of Polkinghorne's (1995) narrative configuration. I then give a detailed account of the terms plotted events and plot lines. I developed these terms as sense making descriptors to act as a guide in applying his approach. Polkinghorne's approach is not prescriptive and he does not offer a step by step guide. More so, he guides the researcher in the process of arriving at a configured plot, while leaving the practicalities to the interpretation, or preferences, of the researcher. I have outlined, here, the steps involved.

The staged process of configuration

1. The transcripts included my [researcher] questions, comments and segments of dialogue and the therapists' responses, comments and segments of dialogue.
2. Reading the interview transcripts several times, with repeat readings at various stages to verify and substantiate the data.
3. Listening to digital sound files if any particular section of dialogue required checking or verification with the transcripts.
4. Developing written summarised case studies for each therapist to introduce their background, interest and inclusion in the research study. I refer to these as the therapists' narrated accounts. The case studies are not intended to be complete accounts as they are introductory. They include text related to the significant elements of the plot.
5. Conducting the *first stage of the configuration process* to describe the 'data elements' (Polkinghorne 1995, p.15) as segments of a storied account. From multiple readings of the transcripts, I compiled all significant data elements, including any causal events into a list. I then condensed the overall list of data elements into the most vital elements for

the making of the plot and for the plot outcome. I described these elements as plotted events.

6. Conducting the *second stage of the configuration process* involved drawing together the *plotted events into a number of subplots that I described as plot lines*. The subplots, or plot lines, are developed by identifying ‘connections of cause and influence among the events and begins to identify action elements’ (Polkinghorne, 1995, p. 18). Removed all plotted events, or data elements, that did not contribute to the making of the plot, or the culmination of the plot.
7. Conducting the *third stage of the configuration process* involved analysing all the therapist’s subplots or *plot lines and then shaping them into three configured plot as the storied outcome*, or culmination of the research. I then removed all subplots or plot lines that did not contribute to the overall emplotted narrative.

The plotted events and plot lines

In Chapter Five, I include a list of the therapists’ plotted events at the end of each of their case studies. I did this to make the early stage of the configuration process visible. Given the use of Polkinghorne’s approach to narrative configuration and the development of emplotted narratives, I have used the terms ‘plotted events’ and ‘plot lines’. I decided to develop these terms because Polkinghorne did not use such descriptors, and I found I needed an easy reference for the two types of narrative data produced by the configuration process. The plotted events are segments of narrative data and the plot lines are segments of narrative data formed into plots. Usually the plot lines include segments of narrative from the research participants’ plotted events. Here I outline the meaning of these terms. I also refer to the ‘narrated account’, meaning the therapist’s account as told during the dialogical and relational conversation held within the research interview. This account becomes the transcribed record of the interview.

According to Polkinghorne’s narrative analysis, as a form of narrative inquiry, aims to elicit ‘how and why a particular outcome came about’ within the storied account, presented by research participants. To achieve this objective the researcher undertakes a ‘configurative analysis’ of the storied accounts (p.19). In developing the configurative analysis, the researcher

produces a descriptive account of the action events in the person's account and, at the same time, develops an historical account, thereby 'writing a history' (p.19). The research participant's thoughts, plans, actions and feelings are captured by the researcher within the storied account once it is transcribed, written, and analysed, by the researcher. The analysis process transforms the thoughts, plans, actions and feelings of the research participant into an historical temporal account, reflective of the time the interview took place.

Following Polkinghorne's method, the narrative configuration is more than a transcription of events - it is a way of understanding 'the how and the why' of the participants narrative (p.19). Therefore, the plotted events are more than emergent themes within the participants' accounts. They are: segments of narrative taken from the participant's storied account, designed to assist the researcher in the sense-making process of analysis; segments of narrative that transform the participants' account of events, happenings and actions into an historical account; segments of narrative that have temporal relevance in terms of the sequencing of the unfolding account. They indicate the significance, to the overall configured plot, of the participant's thoughts, plans, actions and feelings to the beginning, middle and end (or outcome) of their languaged and narrated account; and segments of narrative that give voice to the narrator of the story.

An example of a plotted event is drawn from one of the participant contributors, Chet's account. He sees his therapy as *nuts and bolts and holding the line for a young person* and has some resignation that he does not see there are any *significant encounters in therapy* for him.

The above plotted event is a segment of narrative. As I have already begun a configuration process, the narrative is formed into an early stage emplotted narrative, to aid with the purposes described above, (i.e. sense making, developing an historical account, etc.).

As described above, the plot lines are segments of narrative data formed into plots. The process I used in the configurative analysis involved considering each participant's plotted events, with the aim of developing an integrated and coherent account (Polkinghorne). The plot lines are elements of the configured accounts that form part of the structure of what will eventually

become the overall configured plot. Therefore, the plotted events are integral components of the narrative configuration process, reflecting the plot events held within the beginning, middle and end of each narrated account. Consistent with his approach ‘the researcher is the narrator of the story, and often the story is told in his or her voice’ (p.19). The therapist’s plot lines describe the emplotted narratives woven throughout each narrated account, and are the locus for the integration and interpretation of the overall data.

I have included the therapists’ plotted events and plot lines as evidence of the narrative configuration process and also to show the reader the early stages of narrative analysis and configuration. I have done this for two reasons. One is to share my narrative inquiry analysis process in an open way. More importantly, I have included these analysed accounts as they contribute to the summarised versions included here. Without a doubt, they offer a layered representation of the therapists’ storylines. An example of a plot line in Chet’s account is, *the nuts and bolts* narratives of *respect and understanding* in the therapeutic relationship.

The process of analysis

In the early stages of interviewing, it appeared that some people responded more readily to the concept of spirituality in the work, others to the notion of sacred and or poetic, and others used their own descriptions such as transformative or intimate moments. I engaged in a process of co-construction with my two supervisors as outlined in Chapter One. This led to the realisation that I wanted to study poetics in therapy, and I have elaborated on this at various points throughout the thesis. Gradually, I realised I wanted to inquire about two areas. The first area was self-discovery - by the doing of therapy and the making of their craft/their art in therapy, embracing the idea that therapy is an art/craft where the therapist is involved in the process of making and doing (Mishler, 1999). The second area was poetics, in whatever form the therapist understood it, related to Taylor’s concept of ‘becoming what I have it in me to be’ (Taylor, 1991, p.62).

For the narrative analysis, I considered the following questions in relation to each of the therapist participants’ transcribed interviews. These questions provided an important anchorage

back to the overall theoretical base, informed by Ricoeur, (1991) for the thesis, being an understanding and interest in poetry, narrativity, language and interpretative acts.

1. What are the plot lines running through this person's account?
2. What are the subplots?
3. How does the person make sense of the concept of poetic, sacred and or spiritual moments in their therapy?
4. What are the missing narratives in their accounts in relation to poetic, sacred and or spiritual moments in therapy?
5. What is the therapist's experience of, and interpretation of, vicarious traumatisation in their practice?
6. What is the therapist's positioning in relation to self-discovery, ethics, creativity and the practice of crafting one's therapy (Mishler, 1999)?
7. What is the therapist's positioning to the notion of 'being what I have it in me to be' (Taylor, 1991, p.62)?

I used my reflective interpretations as an anchor point conceptually, and to indicate the intersubjectivity between my voice and the voices of the participant contributors (Chase, 2005).

Managing the audio files

All interviews were digitally recorded, downloaded as sound files and transcribed verbatim. I used specifically designed software to enable this process and to assist with transcribing. This approach facilitated the process considerably and offered me the added security of sound files that were electronically stored. It is fair to say that, even with my best intentions, I did not

always manage to transcribe the data in a timely manner. Eventually I managed a full transcript of each interview.

I transcribed interviews verbatim so that I had all the original spoken word in its raw state. However, after experimenting with a few different approaches, I decided to delete some of the interviewee's repetitious speech such as the expressions, 'you know', 'well', 'so' and the often-repeated word. I kept some of these expressions, but when they detracted from the overall message, I deleted them. Mishler (1986) describes the way that transcripts become a 'representative transformation' of what has been said, and I was mindful of this quality (p.48). He also mentions the need for 'repeated listenings' to ensure the most accurate transcript possible for their own analytic purposes' (p.9). I found this to be absolutely the case. I often returned to the sound files for repeat 'listenings'; going back, and really hearing the nuance of speech, the subtleties of the conversation flow, the timbre in the voices, the intonations, exclamations and laughter. These qualities helped me to situate what I was hearing and place them in a temporal context and meaning, as spoken in the dialogical process.

Methodological strengths and limitations

One of the strengths of the thesis is that I have used a Ricoeurian informed poetic framework throughout the thesis and it underpins the research methodology. I believe another key strength is that the research methodology allows for an open, reflexive engagement with people's accounts. Due to the collaborative style, possible with narrative inquiry, I have confidence in the configured plots being true to people's accounts. The limitations relate to my shifting focus from, and interest in exploring, spirituality alongside poetics, and my decision then to turn more fully towards an inquiry on poetics. This interest became apparent as my configured research narrative developed into a more coherent whole as the research progressed (Polkinghorne, 1995). I have responded to this limitation by engaging in reflexivity throughout the process and have given evidence of this throughout the thesis (Etherington, 2004).

Ethical considerations

All participant contributors in this study understood that their participation was voluntary and without payment. As experienced therapists they were keen to explore the concepts with me in a collegial manner. They understood that they were free to withdraw at any point. Each person was given a non-identifying pseudonym in the form of a jazz singer or musician. While the pseudonym would go some way to ensuring privacy, anonymity and confidentiality, I was aware that some of the accounts would be easily identified as belonging to particular people, due to the specialised field in which the interviewed therapists were working. In these situations, I asked each person how they would like me to handle the situation. Each person agreed that the pseudonym was appropriate and there were no concerns about being identified as a participant contributor to the research.

In regard to locating and positioning the interviewees within the text (Jarviluoma, Moisala, & Vilkkio 2003) I refer to each person as a participant contributor. I chose this term to make explicit my commitment to the ethic of participation in practice. I have also located my gender positioning throughout the text, and this adds to the 'explicit positioning of background factors influencing the methodological choices, the perspectives taken, as well as the selection of material' (Jarviluoma, et al. 2003, p.23).

All participant contributors signed an informed consent (Appendix 1) agreeing to participation in interview and digital recording processes, where their responses would be recorded and transcribed. Ethics approval was granted by the University of New England Human Research Ethics Committee (Approval No. HE 07/103).

Conclusion

This chapter has described the methodological orientation and methods used to gather and analyse the dialogical and relational conversations I had with therapists for this project. In the following chapter, I introduce the participant contributors and their narrated accounts. These accounts use many of the participants' own words to provide the reader with a sense of the conversation.

Chapter 5

Therapists' narrated accounts

Places in the middle

Introduction

The birds they sang
At the break of day
Start again,
I heard them say,
Don't dwell on what
has passed away
or what is yet to be.

Ring the bells that still can ring.
Forget your perfect offering.
There is a crack in everything.
That's how the light gets in.

Anthem, Leonard Cohen (1993)

The poem above by Leonard Cohen is from the song Anthem. The words provide encouragement to move on, to embrace the promise of a new start and to honour the imperfections of life. These sentiments are useful in therapy and research. Beyond the pragmatics of usefulness, Cohen's words offer poetry and hope.

This chapter includes summarised accounts of the nine dialogical and relational conversations as narrative inquiry research interviews. The summarised accounts introduce the participant contributors. These introductions are not designed as complete case studies. I made this

decision to achieve two objectives. The first was to make visible the early stage of narrative configuration, and the second was to reduce repetition in the data analysis chapters. The first objective is achieved by including a list of *plotted events* at the end of each person’s account. The second objective is achieved by not including all of the relevant data in this chapter, so that there is minimal repetition in Chapters Six, Seven and Eight. As a central component of the narrative inquiry interview process, each account includes significant narrative content drawn from the relational and dialogical engagement (Shotter 1997). Following the summary of the case studies, I include descriptions of each person’s narrated account, expressed as plotted events.

In bringing forward the narrated accounts, I am mindful of the strong relational threads that weave through all of the stories, and the place and time from which the accounts were told. I am drawn to the layers of telling held within the accounts: my telling of the research intention; the therapists telling of their responses and their larger stories; and the telling that became the shared account as the interview culminated.

I am captured by the depth of the accounts, the generosity of each person in their offering, and the intimacy generated by the asking and telling of accounts, both mine and theirs. The ritual of attending, inherent in the research interview, appears to create a holding space for the flow of the unexpected, the unspoken, the wondrous and the darkest of tellings. For this I am duly grateful and honoured to have participated in, and acted as a listening witness to, the therapists’ accounts.

This chapter includes the summaries of each therapist’s narrated account. In some places I have included descriptions of the analysis relating to the configuring of plots, or the ‘emplotted narrative’, meaning a storied narrative (Polkinghorne 1995, p.15). In other places I have allowed the summarised narrated account to be simply that, an account of the narrated event, the research interview. I chose to do this because I was attempting to hold a poetic sensibility in my engagement with the narrated account, and in some parts of each account the narrated version is enough and does not require a detailed explanation of the applied analysis process.

The next chapters fulfil that task and so it was not always necessary to provide an explanation in the summarised versions held in this chapter. In an attempt to uphold the narrative inquiry tradition, I have included data relating to each therapist’s account at the end of their summarised narrated accounts. The data outlined includes what I refer to as the plotted events. I have presented the accounts in the order that they occurred in. In true narrative form, each one is somewhat different and unique from the others, and attempts to offer a conversation as captured in time and in context.

Dee Dee

Dee Dee works as a counsellor in a community based public health service, an hour from Adelaide’s CBD in a relatively disadvantaged community which faces a range of significant social health problems. She has a background in participatory approaches within the community and in community based mental health responses. Dee Dee has a Doctorate in Counselling. She describes herself as an intuitive therapist who uses a combination of approaches, including narrative and solution focused approaches; strengths based orientation and cognitive behavioural therapy.

Dee Dee does not particularly identify as a narrative therapist, as she has an eclectic style, although she says she uses narrative approaches. Her involvement with trauma relates specifically to the intersection between women’s experience of domestic violence, sexual assault and mental health concerns. Dee Dee participated in the study because she was interested to see how her therapy work and interests in spirituality related to poetics.

Dee Dee says that she identifies strongly with the concept of spiritual moments in therapy and that she is intrigued by poetics, but had not heard of the concept in a counselling context before. Dee Dee describes spirituality in therapy by referring to Jung and the concept of the

collective unconscious - *collective unconscious and the energetic forces [that] somehow have influence over us, [and] we tune into in language or somehow in relationship to each other*¹⁰.

She says that there have been a few times when she has heard back from people she worked with and they have said that something transformative occurred in sessions with her. She said she doesn’t always know that this has happened.

In the interview, Dee Dee reports on experiences that have been *transforming counselling exchanges for both of us [client and Dee Dee]*. She states that in this particular exchange there was a sense of openness and movement in the session saying, *he was able to understand what was being asked of him very quickly, and it was thrown open very quickly and I felt like we moved ten sessions along, within half the time it would usually take.*

Dee Dee speaks about moments of revelation and the notion of standing together at the crossroads with her client. She describes a sense of *freedom to explore a spiritual plane* and the importance of sharing in the discovery of new territory in her therapeutic relationships.

It’s such a unique exchange between two people who are experiencing something that hasn’t been experienced before and that’s what makes it spiritual. I can’t prescribe it. I can’t go to the next session and replicate it. I am looking for that in every session because, if I experience it I am hoping that you are experiencing it, because it’s new territory for both of us.

Dee Dee

She makes it clear that she attempts to navigate the notion of being expert by keeping herself on some level ground with her clients. Dee Dee and I have the following dialogue:

¹⁰ I remind readers that direct quotes from participants and my voice in the transcripts are written in italics throughout the thesis.

If you enter a therapeutic relationship, considering that you don’t want to be on an expert plane and that you consider issues of language as critical to introduce that equal footing, do you think that encourages these moments to occur?

Lesley

Many people are so weighed down with other people’s ideas of who they are. Maybe they don’t have the freedom to explore a spiritual plane or to have an awareness of it. I have been part of facilitating groups where women have obviously had some different spiritual experience that they could articulate. When we did a relaxation exercise and we read out some words or played some music, people connected with it.

Dee Dee

Here she is describing that some people need an entry point to help facilitate a connection with what might be described as potentially transformational or spiritual.

Dee Dee proposes her antidote to vicarious traumatising.

In a nutshell I go into a session and I have an opportunity to come out of a session bigger than I went in. Like what is this person going to provide to me [their stories] not the feeling of having to give and give to this person. How can I provide an opportunity for an exchange here that will add to my spirituality? I have folders of cards and pieces of writing and poems and drawings and other things that people have given to me that adds to my sense of me as a person who has contributed something to their life.

Dee Dee

Here she speaks about her narrative and the construction of self-hood through the act of doing; her living out of her identity as a therapist (Freeman 1999). At this point she shows me folders of all of the items she has been given and has collected, as her evidence base that transformation occurs.

The evidence is the folders. A woman who has sent me an email about how transformative the work has been, who I haven’t seen or heard of in three or four years, and this week I got an email from her saying I want to do some more work.

Dee Dee

We look at the folder together: stories and words from a young woman who had experienced sexual abuse and who had written some poetic reflections about her experience of therapy; a

young man who has explored painting to express his feelings of violence. Dee Dee reads some of his reflections to me. And I ask her: *So what do you think he gave you in terms of understanding this idea of poetic moments?* Dee responds:

I am very emotional about it; tears are not very far away from me. This [interview] is really good because it’s helping me find some words for what I haven’t been able to find words for before really. So sometimes where I might go into a session hoping to invite someone into a wider spiritual place, whatever that is, the other person feels equally able to invite me into another spiritual domain.

Dee Dee

Dee Dee’s Plotted Events include:

1. Intrigued by poetics in therapy.
2. I was a facilitator of some bigger thing happening.
3. Standing together at the cross roads.
4. Letting go of a particular theory bound practice.
4. Transforming counselling exchange.
5. Freedom to explore a spiritual plane in therapy and a sense of movement.
6. Asking - How did that happen?
7. Moved to a new place and new knowing.
8. A different understanding of me as a therapist with a poetic construction, people are less likely to box and dice me in the work.
9. Poetic moment, as calling forth the poet in all of us.
10. To come out bigger than I went into the session; adds to my spirituality.
11. Collecting an evidence base of people’s transformation.
12. Going into a different dimension of a wide-open space.

Corra

Corra has worked as a counsellor for over 30 years, and she has practiced using co-counselling and transpersonal counselling methods. She was interested in taking part in this study due to

her long standing interest in the Celtic traditions of poetry and spirituality and the way these traditions are lived out through relationships in everyday Celtic life.

Corra does not identify as a narrative therapist, although she tells many stories in her therapy. She identifies with transpersonal therapy and teaches co-counselling. Corra’s qualifications are in education and she describes herself as *a counsellor who teaches about communication*. Her involvement with trauma relates specifically to people’s experience of terminal illness, loss and grief, experience of domestic violence, sexual assault, and relationship related injuries. Corra participated in the research study due to her therapy work in these areas and her therapeutic and personal interest related to poetics and spirituality in therapy.

I asked Corra what was it about poetic and spiritual moments in therapy that had her thinking she would like to be part of this research. Corra responded with a description of playing with her children on the floor when they were little and how when she would interact with them, she could see that they had learnt something. This indicated to her that they had *expanded their experience* and this was a pleasurable experience for her. She then says in quick follow up that she gets these moments in therapy too, when people who have been bounded by the effects of trauma are able to make a shift happen in their understanding or meaning making in relation to past traumatic events. She says this gives her a sense of being involved with a person and that she finds the intimacy level in therapeutic relationships very satisfying.

Corra grew up in Scotland and her family belonged to the congregational church. She says that this experience had a significant influence on her experience and understandings of culture, relationship and the ways people communicate with each other about ideas such as *spirituality and poetic processes*. At the age of 14, 15 & 16 years Corra was expected to speak about issues within the church, including matters to do with spirituality and the church buildings and other matters that were of interest to the Congregational Church community. Through this involvement, Corra experienced herself as part of a non-hierarchical structure that invited her thoughts and participation on a daily basis. *My thinking and experience and perspectives were valued constantly*.

Corra then describes how living in Australia led to a sense of something missing. She found that therapy provided a level of social discourse that felt familiar and enjoyable for her. She made cultural connections with her ability to understand the thinking meaning making and interpretations of events from an Australian cultural context as well as a Celtic one. She connected this experience to the way she was able to navigate new meaning making with clients in response to past trauma.

Corra has detailed understandings of spiritual and poetic moments in therapy. Her intention as a therapist is to seek out a level of relationship and a way of talking that is at times intense, where she has expectations that clients will consider and play with ideas of expansion, movement and change. She is aware of the limitations when a client is not willing to change. She expects that therapy for her will include a level of satisfaction, pleasure and enjoyment.

Corra attributes meaning to two significant areas, one being her Celtic background and the other her experience of migration to Australia. A major point of self-discovery was when, as a mother, she experienced the delight of her children learning and expanding developmentally as a result of her play and interactions with them. She has found similar experiences of pleasure, delight and intensity through the therapeutic exchange.

While Corra says she sees herself as a counsellor who teaches primarily about communication, she has shaped an identity as a therapist with a strong voice in relation to her chosen area. She speaks with the voice of authority within a non-hierarchical positioning, which allows her to introduce playful and pleasurable options into the work. Even when the subject area may be serious in terms of responding to people’s experience of trauma, she straddles the serious with the potentially light and playful. She does this in much the same way as she straddles the varying cultural perspectives presented to her in therapy.

Of particular note, Corra names and owns her experience of spiritual and poetic moments in therapy. She refers to *poetic process in therapy and poetic moments*, which may or may not occur alongside spiritual moments in therapy. She has a description of both in her therapeutic relationships. Her craft making in therapy is focused on spiritual and poetic processes, where both the client and the therapist are moved in an emotional sense, and at the same time there is a connection beyond emotions that may involve the heart, the mind and the spirit. When she is present, and sharing with another person, Corra experiences these moments of poetic and spiritual processes in therapy as a rewarding and engaging component of her work. *It feels like a privilege and an intimate connection, it is pleasurable.*

Corra identifies key struggles in her therapeutic relationships, when the person she is working with in therapy places limitations on their ability to change, or when the person is unable to change due to issues such as depression. She relates to depression from an energetic standpoint. She uses particular therapeutic techniques to encourage a shift in attitude, or a shift in the client’s meaning making, in regards to the experience of depression and or trauma. She believes that the technique is helpful in that, by replicating the level of intensity in a therapeutic exchange, she is able to match the level of intensity that accompanied meaning making at the point of trauma. She explains this in the following way.

When people are depressed [from trauma] and I can’t get them to laugh and I can’t get them to feel anything really ...it’s like a numbness. I find that most difficult...that’s the absolute opposite to the poetic moment...that unwillingness to connect the heart and the head and to be moved by something.

Corra

Corra speaks about working with clients and depression in relation to trauma.

They are depressing the poetic moments, and the spirituality and the knowledge of the heart and the head, and knowledge about themselves. I always validate that they [the client] have the right to depress if they wish. I say this must have made some sense in their life at some stage and I keep asking them if it is still making sense ... now? So I keep challenging them to make a different decision. I am only interested in how did you [the client] respond to that and what meaning did you [the client] make of that [the abuse]. You [the client] have come here because you want something to change.

And...

...now the decisions we make in those really, really difficult times have a lot of intensity, so we need to match that intensity [in therapy]. So the poetic moment or the spiritual moment is necessary because it creates an intensity, which matches the intensity in which they made the decision.

Corra

In this territory Corra aims to ambush the intensity and strength of feelings of worthlessness, depression, and disconnectedness associated with trauma by introducing conditions that may provoke equally intense and strong reactions as a catalyst to change. She does this by using her energy for change, and by respectfully and repeatedly nudging her client towards a new interpretation of the present moment, while co-constructing new meanings of the past traumatic events. Responding to Corra, I reflect:

One of the images I get as you’re speaking of the poetic, is like the breath flowing...flowing between the therapist and the client but also the breath flowing in your own life and in your own experience and in the universe. And as you’re talking about somebody with depression it’s a sense of the breath just not moving, not flowing.

Lesley

Corra responds with, *there is no way that their breath and my breath will meet*. She describes drawing on her narratives of expansion in these circumstances where she struggles to find connection with someone.

I believe absolutely that each person has their own journey. The excitement comes when the things I have learned, and managed to expand into in my journey, can facilitate something for someone else. I don’t take it easily; I don’t like it [when there is no connection]. But when I can’t do that for someone else, I just have to accept there is a limitation between us that I have some part in and they have some part in.

Corra

As the interview draws to a close Corra describes a spiritual and poetic moment she had recently with a client.

She has had cancer and she has this great longing to go home but she is afraid to allow that because it might mean that she is going to be dying here. I just looked at her and said ‘I’m going to be spiritual - there is no difference’ and she said ‘arrhh I get it’. People think that when they are dead they won’t be here, but spirit is here, and they are where spirit is. So going home might be being without the body, but it’s no different to being here. So that was a poetic moment and a spiritual moment because I reached in and spoke to an experience

that someone is having who also has expanded spiritual ...experiences. The minute I said to her ‘there is no difference’- she got it. There isn’t any way I can explain [in words], because anyone listening to the conversation wouldn’t have made any sense of it at all. There are no words to describe it and I am struggling to do so.

Corra

Here Corra attempts to describe the illusive and indescribable nature of spiritual and poetic moments, and at the same time, she explains how meaningful the exchange was for her client and for herself. Corra reflects on this exchange.

I love having someone ask me about my deep and meaningful self. All of that is really significant. I think my understandings about trauma, being something that is over and my spiritual understanding about time and what we are doing here, assists my belief that the trauma is over. I get really excited about that and I think the example I just gave - it is illustrative of something and, if you have experienced it, you will understand what it is.

Corra

Corra is naming her relational engagement with spirituality, temporality, trauma and the poetic sensibility she brings to her therapeutic relationships. In closing Corra says that being with someone is spiritual. She says, *be with them and that’s spiritual. Be with them whatever they are.*

Corra’s Plotted Events include:

1. Belonging to Celtic cultural background.
2. Self as migrant.
3. Between two cultures.
4. Expanded understanding of different perspectives.
5. Early experience of validation: her thinking, perspectives and experience as important.
6. Expectation that meaning making in the present is more important than past experiences of trauma.
7. Narratives that are moving and integrate heart, mind and spirit.
8. Seeks a poetic intensity in therapy.
9. Intention of linking heart connection to the talking.

Chet

Chet works for a prompt-response, mobile, brief-intervention team for young people aged 16 to 20 years who are presenting with some concerns regarding their mental health. The young people may be unhappy, struggling with daily life, having suicidal thoughts or experiencing early symptoms of psychosis or mental illness. Chet has a background in social work. He describes his therapeutic practice as using narrative therapy, motivational interviewing and commitment therapy; which is mindfulness cognitive therapy. Chet says that he incorporates these approaches with *the simple value of approaching someone in a respectful way*. We meet in one of the counselling rooms of the service where he works.

Chet describes his therapeutic approach as informed by narrative therapy, including narrative therapy in balance with the other therapy styles described above. His involvement with trauma relates specifically to the intersection between young peoples’ experience of violence and abuse, sexual assault and mental health concerns. Many of the young people he meets have chaotic and disorganised lives due to the effects of mental health issues, experience of family breakdown, trauma related to perpetration of violence and abuse, or the experience of being harmed by acts of violence and sexual assault. Chet participated in the research study due to his openness about his therapy work in these areas. He did not express any particular interest in sacred, spiritual, or poetic moments in therapy at the time of negotiating his participation.

Chet grew up in a Pentecostal Christian environment and his father, while a dissident, was a minister who inspired and encouraged him to embrace sincerity, honesty and reflection. He said that, while he had moved a long way away from that experience, he had in those early years learnt about *spirituality and the pursuit of faith*. He said that he found it hard to be part of the mainstream and said: *I don’t seem to be able to settle in and toe the line in most things and I shy away from mainstream and mainline*. He saw this as both a strength and a weakness in himself, saying that he had *spent great tracks of [his] life not being particularly useful [and] as not engaged and in train with something*.

Chet suggests that his therapeutic work is rather uneventful, that it has a nuts and bolts quality to it where he is simply *holding the line* on a few things in therapy with young people. He states that nothing much happens as a result of his interventions and that he decided that he *can't change anybody*.

I talk about the idea of what is sacred in the everyday, the everyday ordinary moments in therapy. In response to my questioning about the quiet moments that happen, the ones that may be sacred and or poetic but not necessarily spiritual, Chet states that he probably sabotages some of those moments as a technique, in order to contain potentially fraught exchanges in his practice with young people. He says he isn't sure if he is ready to hold situations in which those moments occur.

I am interested in the way Chet appears to express a number of contradictory narratives about his therapeutic work and his lived experience. He appears to have resigned himself to a position of *no significant encounters for me*. This is despite the way he says both sacred and poetic realms are important and have been important in his personal life. He says that what he respects in another therapist is their capacity to *tune in to where someone is at and to catalyse for them the thing that they want and need; and I suppose I use the word catalyse.... in a sense is a chemical reaction that's not involved in the reaction but it facilitates it and it's a mystery*.

As Chet's story unfolds and he begins to make connections about how sacred moments may have been part of his therapeutic practice, he brings forward a number of descriptions of his work as a therapist that appear to be at odds with each other. Chet enters into a space of *poiésis* (Freeman 1999) in the interview where he is making meaning about his work and the intersection with sacred and poetic moments.

Alongside this description he also reports that, by being present for young people when they are in the midst of turmoil, there is a noticeable and positive change for the young person. I make the point that in the mental health system it is not an environment where young people often feel understood, or experience integrity or respect in their engagements with mental health professionals. I say:

That sounds to me like a place that isn't necessarily easy to get to in the mental health system; what you have described and what you have achieved indicates there is some potential, there is some hope and there could be movement from there, but you seem to underplay having reached that place in your therapeutic relationships.

Lesley

He names what happens in his therapy as being a lighter version that is still respectful and authentic and involves a rapport. He quickly follows on to speculate that it is possible, due to his history, that he is used to experiences of intimacy and occasionally even sacredness, but he wonders whether his clients have such experiences in their lives. He then states that, just maybe, *the experience of rapport and respect is bordering on sacred* for the young people he meets with, as he guesses that they don't often have that experience in their day-to-day lives. In addition to therapeutic moments that are bordering on sacred, he talks about noticing his own practices deepen. He experiences himself in therapy as often gesturing towards the sacred and poetic, by always supporting notions of an *authentic being*.

Chet says: where a young person is grounded in something sacred that is quiet and still at the centre of those things [the dynamics of homelessness, the issues of family relationships and living with abuse] is where you can connect with another person. In the following quote he indicates to me that this is a significant area of struggle for him.

I long to be amazing and manifestly so; there is a strong desire. But something else says that's not true for me or the people I work with, so this other principle comes in to play. I don't have a coherent narrative that brings it all together. It's a feeling of engaging with the person and thinking oh nothing very dramatic happened out of that so what did happen - well I connected with them where they were at and [they/we] took some tiny incremental step.

Chet

Chet’s Plotted Events include:

1. Background as Pentecostal Christian when growing up and father a Minister although a dissident.
2. Deciding he can’t change anyone as a therapist.
3. Resists mainstream and mainline - not able to toe the line in most things.
4. Sees his therapy as nuts and bolts and holding the line for the young person and some resignation that there are no significant encounters in therapy for him.
5. At the end of the day seeks out a place in his therapeutic relationships to feel grounded in an experience of being understood and respected.
6. ‘I can’t change that’ despair in mental health: narrative of being present despite the odds.
7. Young people are more than their overwhelming issues: narratives on their behalf.
8. Therapeutic relationship as a site for processing and producing personal illumination.
9. Therapy bordering on sacred; narrative of deepening practice towards intimacy.
10. Gesturing towards sacred and poetic: narratives of the ‘authentic being’ and the ‘dignified self’.

Joe

Joe has a background as a mental health nurse. He works for a statutory mental health service for younger people aged 16 to 20 years. He describes his current position as providing brief intervention, using CBT cognitive behavioural treatment or mindfulness based therapy, which sometimes involves a family work component with parents or grandparents. He says that, as the work is brief, he normally sees young people for a period of six sessions, and then they are referred on for further intervention if required. The young people are often facing some sort of crisis or mental ill-health at the point of referral. They may be unhappy, struggling with daily life, be having suicidal thoughts, experiencing early psychotic symptoms or early signs of mental ill-health. Joe started out working with children aged five to twelve years of age and later on with adults in mental health programs in England. He has over 20 years of experience in therapy and mental health intervention. For the interview we meet in one of the counselling rooms of the service where he works.

Joe does not identify himself as a narrative therapist. At one point he says *I don’t profess to be [a cognitive therapist] but I dabble in it*. My sense is that he sees himself as a mental health practitioner who uses a range of therapies to achieve his brief intervention requirements. This, however, is only speculation. Joe’s involvement with trauma relates specifically to the intersection between young peoples’ experience of violence and abuse, sexual assault and mental health concerns. Many of the young people with whom Joe meets have chaotic and disorganised lives due to effects of mental health issues, the experience of family breakdown, trauma related to perpetration of violence and abuse, or the experience of being harmed by acts of violence and sexual assault. Joe participated in the research study due to his therapy work in these areas and his interest in the research study and in what makes change possible in therapy.

I ask Joe what it was about poetic and spiritual moments in therapy that had him thinking he would like to be part of this research. The following dialogue occurred between us. Joe says:

I was certainly very interested, you know the idea that you can’t always link something to a clear evidence base although you might be trying to create one [he laughs]. You know something happens sometimes in therapy that is hard to describe. I have spent quite a lot of time and I am having conversations with my colleagues about what is it that affects a change with young people. I have often seen change happen but have thought ‘is it us, is it conversations with milkmen, or the weather’ - or even in a session something happens. I put a lot down to the therapeutic relationship and I think studies have shown that over and above anything else that the therapeutic relationship helps, and you don’t have much else. So I guess there must be other things that happen, in being in a room with [someone] and something that clicks [for the client]. And so I was interested in what that might be, [is it] what people say [what the therapist says], or the sort of people they are or the emotion in the room, so I was interested.

Joe

Given that this is something you have thought about over time how would you describe what you have noticed or experienced as a therapist?

Lesley

I was thinking about that on the way in actually; I was thinking - ‘how would I describe what you and other therapists are describing as poetics?’ I haven’t got a clear description or understanding of what poetics is, I suppose, but I kind of I don’t know. It’s still unclear to me [he laughs]. I didn’t come to any conclusion and [then] think - ‘I can actually pin it on something.’ It feels a little abstract and hard to pin and hard to pin down.

Joe

I am interested in the way Joe speaks about what poetics means to him, his uncertainty and also his desire to not *pin it down*. This seems to be indicative of Joe’s ability to play with a new concept, to allow his imagination to run without having to fix his thoughts, and to seemingly be comfortable in a state of not knowing.

Joe speaks about his great interest in what is it that makes the difference for people in therapy and what are the moments that elicit change. He says that he invests strongly in the therapeutic relationship, and what happens when you are *being in a room* with someone. Throughout the interview, Joe laughs easily and often appears to enjoy our conversation and the opportunity to explore this area.

He tells me that, while he has not come up with a clear description or understanding of what poetics is, he has spent time thinking about these moments in therapy. I note with interest that Joe only responds to the question of poetic moments in therapy, and spiritual and sacred moments, as missing narratives (Fine & McClennard 2006). He explores at length his experience of moments in therapy that were hard to describe but memorable, as they resonated strongly with clients and with Joe. Joe illustrates a number of these experiences from his therapeutic work. He speaks of a recent example involving a young man, when Joe took a risk and asked something that he felt was *quite provocative*. Later in the interview, Joe speaks about therapy with two women clients who had experienced childhood sexual abuse, and the hard to describe, yet strongly resonant moments that occurred between them. Joe gives a touching account of how he experienced moments of connection in therapy, with a client, and wondered to himself if the client reminded him of his mum.

Joe speaks about his experiences of moments of connection, reconnection and noticing disconnection occurring in therapy, and the times when he has felt *encouraged and flattered*. He also describes the intimacy and closeness that is held within the place of coming to understand a client’s experience. He speaks of times when therapy goes beyond a business-like exchange, while still within ethical boundaries, and he describes the therapeutic relationship as *an intimate relationship*. Joe locates his beliefs about therapeutic relationships and therapy as being linked to humanistic ideals and the concept of human-to-human connectedness.

He values the role of creativity and flexibility in his therapy. He describes the importance of noticing the embodied experience and trusting in his own instinctual processes when he is with clients. He speaks of being someone who will always *hang on in there* with people and that he always has hope that things can change for people.

Joe describes how beneficial it is for him as a therapist to know that a client has felt supported and assisted. Joe describes the feeling of being encouraged to go on. Joe adds an interesting quality to his trauma-related therapy, by finding appropriate and respectful opportunities to experience the work as enjoyable and at times amusing. Even in the difficult terrain of responding to trauma, Joe’s self-narrative of being someone who likes people, and who enjoys the process of simply hearing their stories in their entirety, adds a sense of lightness to his therapy. Interestingly, although I ask Joe about vicarious traumatisation, he doesn’t directly respond to that. Joe does not say whether his response includes protection from vicarious traumatisation or not. What he does say indicates that building a therapeutic relationship, and taking the time that is required to do that, is important to him. In reflecting on Joe’s comments, it is worth thinking about the pressures involved in a brief intervention approach. I checked Joe’s transcript and noticed that in most of his comments he made some reference to the time pressured nature of his work and the outcome expectations related to a structured approach. This includes expectations of using CBT (cognitive behavioural therapy) most often, time constraints, and client outcome related constraints.

As we were talking I was thinking I do have the tendency to stick in there with people longer than maybe I should. I hang on in there. That seems to be something I privilege and something that I think is important. There is this business plan part of me that says ‘six

sessions’ and that doesn’t always fit with humans and human experience, especially when people come to you with trauma and need time and need to build a relationship and you don’t know how long that might take.

Joe

Joe reflects on experiences when he felt a connection with a client, and wondered what the connection could relate to. He doesn’t describe these moments as poetic or sacred, but as emotional moments of connection.

It can be emotional; I can connect on an intellectual level, on a cognitive level. You connect emotionally because you sort of feel, someone’s distress and sometimes examples that you can’t describe, that I might, I don’t know what I’d call those - you feel connected with someone but you try and rationalise. I’ve tried rationalising in the past, [asking myself] do they remind me of someone I was close to, do they remind me of my mum?

It happened on a couple of occasions, both with women who had been sexually abused and I had worked with [both women] for a long period of time. It wasn’t the same situation on both occasions, the other woman, we had [worked together in therapy] for quite a long period of time. I’d heard some incredibly traumatic things from her and felt really quite swamped and overwhelmed with what she was saying to me but when it had come to the end of the time of working with [both of these women] they [gave me] feedback about how much they had benefited, and that meant so much to me that they had felt supported and benefited from what it is that we talked about. On both occasions [with two women clients], that had been the case.

Joe

In closing the interview Joe reflects on our conversation.

Oh it’s been interesting, I suppose I do think about it and it’s been like supervision for me because I have found it beneficial to reflect on some of those elements that I would like to put higher on the priority list when it comes to the work. I probably do subconsciously. I probably do give them weight but it’s good to talk about them and maybe keep talking about them now and again in supervision. Because I can’t set out to actually do them because then it becomes [a formula], but at least I can acknowledge them and it’s been useful in that way.

Joe

Joe’s Plotted Events include:

1. Something happens in therapy that is hard to describe.
2. How did you do that? As if it was magical.
3. There was a feeling in the room and there was a feeling that I had about connection.
4. Being understood leads to self-understanding.
5. Needing a level of closeness to understand their world.
6. Going beyond them being a client and me being a worker and beyond business like.
7. The intimacy of the therapeutic relationship.
8. Noticing connection, reconnection and disconnection in the relationship.
9. Moments of connectedness - do they remind me of my mum?
10. Letting go of structure & procedure to prioritise the therapeutic relationship.
11. Knowing how much I have helped someone really encourages me.
12. I hang in there with people and have hope about change.
13. I’m nosey—I like people and hearing their stories warts and all.

Nina

Nina is a well-known psychologist and therapist based in Adelaide, who works with people who have been injured by childhood sexual assault, ritual abuse, and other forms of abuse or violence. She is known for the work she does in partnership on the body and trauma, responses to vicarious traumatisation, and she also has a history of work with Aboriginal people. In addition to these areas, Nina works with adolescents and young people and with generic issues of concern for people. Nina has a Masters (Honours) Degree, exploring the effect of trauma work on therapists, and this area is of particular interest to her.

Nina’s therapy is inspired by strengths-based approaches including narrative therapy, solution-focused brief therapy, cognitive behavioural therapy, Bird’s (2000) relational externalising and acceptance, and commitment therapy. She has a particular interest in working with the effects of trauma and abuse using a range of body-oriented techniques that complement her other therapeutic approaches. Another participant in the research study suggested that Nina might

also be interested in participating. Nina participated in the research study due to her trauma therapy, and her interests in the research study and spirituality in trauma therapy.

I start the interview by saying:

I like the idea of opening up space to talk about these moments in therapy. I’ve called them sacred or poetic but I am interested in what other people call them, or do other people experience them, what does it mean for the work? And the momentum of the work and the ability to stay in the work, I suppose, when therapists hear trauma stories over time. I’m interested about your thoughts.

Lesley

In response, Nina speaks about her research project first and tells me that one emergent area of her study was the opportunity for spiritual connection which trauma work provided. She then expands and tells me that her research focused on some therapeutic work on ritual abuse and how this led her to examine the Holocaust literature of people like Inga Clendinnen and Charlotte Delbo. This work illustrated for Nina the phenomenon of witnessing their witnessing, and she relates this to her experience of what was happening in her therapy with a client who had suffered from, and was continuing to suffer from, ritual abuse. Nina then describes at length a crisis point, which occurred for her with this client, which she named as a spiritual crisis. Nina describes how she managed this crisis point and how it led her in a particular direction, towards examining and understanding spirituality in the work. She says that the work with this woman led her to an intense place of self-discovery and understanding regarding her practice.

That experience with her, in that intense way, has increased my overall awareness of spirituality in the work - of the spiritual dimension of the work; and it’s an interest of mine anyway, and that [dimension would] be there in different ways, in other areas, and not just the trauma work.

Nina

Of note, at this point in the process of speaking to Nina, even though I introduce both poetic and sacred moments to her at the outset of the interview, she has interpreted and heard spiritual moments and or spirituality in therapy. This is of significant interest and I could postulate that

it relates to Nina’s overriding interest in spirituality. It might also be that for Nina, she views all moments of transformation through a lens of spirituality.

Nina sees that the spiritual context of her trauma work gives her an opportunity to extend her spiritual development, and she describes how she listens for opportunities where spirituality may come into the therapeutic conversation.

I wouldn’t want to work any other way. I find that there are quite a few opportunities for it, but not necessarily with everybody and not necessarily quickly. I am thinking of someone I am working with who had awful trauma but it hasn’t really come in yet, but I’m sure it will. It’s about listening for it, so I am just waiting.

Nina

Nina also sees spirituality as being culturally relevant for the Aboriginal people she meets with in therapy.

I think there is a cultural knowing in terms of Aboriginal people that it will be important and so I will be listening to a comment about dreaming in a particular way. It’s more an expectation that the world is more than what we know and so I will be watching for it. I can’t make it happen if it’s not there, but I think it’s about noticing it.

Nina

Nina speaks about her work exploring links with trauma, the body and spirituality and her teaching role in relation to this work. She tells me that this work is done in partnership with one of her colleagues and she is delighted by the way it has added a new dimension to her therapeutic practice. Nina is very clear that the opportunity to explore the spiritual dimension in her work offers, for her, a *protective aspect* to the experience of vicarious traumatisation. I ask Nina what it is like for her to be having a conversation like this one.

Oh exciting Lesley as you can imagine, and very much of a positive thing in terms of countering the hard aspects of the work. I do [believe] that it’s part of managing it and keeping the positives up and knowing that. I mean I believe that the positives have a protective aspect in terms of supporting me to deal with the harder aspects, to buffer

whatever you like to call it [possibly vicarious traumatising, although she doesn’t name it here].

Nina

Nina accounts how she balances her therapeutic work so that she is seeing people with a range of issues. At times, she limits her trauma work. She says that other helpful routines like yoga, meditation, fitness, having a *sense of strength* and having both a major delight and appreciation of the therapeutic relationship, together with the many experiences she herself has, learning something from the women she works with, are all contributing protective factors. She describes how her research project gave her both an opportunity to speak about the effects of trauma on therapists and on herself, but also how the research supported her, saying *the research has helped, really helped me to talk about it, so it’s a different experience for me and now people know I’ve done the research and [know] I’m interested in it [the effects of trauma on therapists]*. It appears that here Nina is claiming her sense of self and identity in relationship to this area of practice and also describing how she has named this area as an ethic for her practice. I ask Nina how she navigates the term vicarious traumatising; her responses are included in Chapter 8. To close the interview I ask Nina about her interest in spirituality in therapy and the effects of trauma on therapists.

Just to finish off I will ask you a couple of questions about what does it mean for you to work this way and to have the freedom to work this way? And what do you think it means for your clients that you can be this way, and what does it mean for your peers and colleagues.

Lesley

Well I think it’s enormously satisfying to work in this way and it’s one of the reasons I continue to really enjoy the work. I hope it means positive things for my clients. I do evaluations, so not all of them like [spirituality in therapy] and some would go and some would stay. I imagine for those who are comfortable with [spirituality in therapy] and that includes my Aboriginal clients it’s positive. And the other area where I would certainly talk about these things is in the supervision work that I do and that’s really good. I understand that [spirituality] is not talked about, and will add child protection to the areas that it’s not talked about.

I work hard at maintaining my network and the people I meet with are people who support that [spirituality in therapy and the effects of trauma on therapists]. So I guess that’s what happened in my life with that. For example a colleague was a member of a peer supervision group and she was doing a thesis on social work and spirituality and I wrote a piece for

that. I will look for opportunities and I was pleased to have this opportunity [to be interviewed], it supports a conversation - like this supports me in the work. It's not a one way thing, it's good to do.

Nina

Nina’s Plotted Events include:

1. Nina’s research into effects of trauma on therapists.
2. Spiritual connection in trauma work.
3. Exploring the notion of witnessing the witnessing: her client’s account of ritual abuse.
4. Crisis point: world not as I knew it: ritual abuse therapy.
5. Spiritual narratives...more than moments in the work.
6. A cultural knowing for Aboriginal people and spirituality.
7. Opportunity to enhance spiritual development through the experience of the therapeutic relationship.
8. Listening for moments.
9. The body knows where it has been traumatised.
10. Body and spiritual links.
11. Positive effects of the work have a protective aspect.
12. Noticing my body and my spirit in the trauma work: noticing I’ve had enough.
13. Research provided a different experience of the work.
14. Helpful life routines: yoga and spirituality.
15. Noticing client’s delight and what I learn from the therapeutic relationship.
16. Vicarious traumatisation as part of a bigger story and degrees of vicarious traumatisation.
17. Important to name vicarious traumatisation, but time to move on.
18. Focus of what people teach us in therapy.

Joni

Joni is a well-known therapist working in private practice. She has a reputation for therapeutic work and teaching in Australia and New Zealand. A major focus of her work has been trauma related therapy involving people who have experienced violence and sexual abuse. In addition to trauma therapy, Joni has extensive experience as a couple and relationship therapist. Joni

reports her influences as including meditation, literature of many forms, and poetry. Her therapeutic influences in addition to those just mentioned have included narrative therapy ideas of Michael White and David Epston (1999) and, for the last fifteen years or so, she has been engaged with the relational languaging and resource centred approach to therapy as originated by Bird (2000). I first met Joni some twenty years ago when we were working on a preventative program for sexual health.

I meet with Joni in her studio on the outskirts of the city where she lives. I recall the exotic looking trees on view through the window. I ask her what was it that had her interested in the research. Joni says she was interested that my research was oriented towards therapists and that she has *always been interested in therapy and how it affects us and what we bring to it, and how we are changed by it*. She tells me that the other reason was *an opportunity to explore my own thinking and learn something*. Joni describes how her relational use of language allows her to *get as close as is possible to develop an understanding of somebody else’s experience. I do use poetry in my work, direct poetry - but I also think that what is created through language. There can be such resonating moments that it is a form of poetry*.

Joni describes her thoughts about poetic and sacred moments in therapy.

It’s about poetry and language in the therapy because that’s what I offer. I’m a talk therapist. I’m not an art therapist. Language is my medium and sometimes I have borrowed from Issabella Allenda’s character who says ‘I sell words for a living’. I think that’s an interesting concept, and also a really personal belief, that words can change people’s lives, and they can be gifts or they can be weapons.

Joni

Joni describes how her relational use of language allows her to get as close as is possible to develop an understanding of somebody else’s experience. I do use poetry in my work, direct poetry - but I also think that what is created through language. There can be such resonating moments that it is a form of poetry.

I ask Joni about these resonating moments and she tells me that she doesn’t think of them as sacred moments, but more so that she thinks *all moments are sacred and there are moments that move out of the domestic, and therefore they are more noticeable*. She also identifies *closer moments of understanding and resonance* in her therapy saying *there are moments when there is clarity or understanding or joint recognition*. Joni is strongly influenced by the world of metaphor and she indicates, through metaphor, a particular place that she enters into as a therapist where she experiences herself as being removed enough from the process to more easily access the realm of metaphor.

There is (sic) places where I feel I become so out of the picture, I remove myself enough to be facilitating something and then in that place, images come, or metaphors; and I will say to people I don’t know where this is coming from ...and sometimes it’s a spot on metaphor. I don’t think I’ve created that metaphor, I think we have created it somehow.

Joni

For Joni poetic and sacred moments are also described *as moments of connection and moments of transformation*.

In describing her experience, Joni speaks about her understandings and relationship to metaphor. She describes a major turning point as being when, through the process of relational languaging, she realised that *language is metaphoric, not just metaphors in language, all language under-represents the experience*. This illumination allowed her to fully appreciate that when people talk in therapy, they are speaking about the surface of their experience. She described this as:

Once I got that, it was ‘oh, even if people are talking [about their experience] this is just the surface of what the experience is’, so how can I then use relational language to keep unfolding the experience and finding more words for it and more connections.

Joni

For Joni poetic and sacred moments are described as *moments of connection and moments of transformation*. Throughout the interview, Joni does not respond to the idea of spirituality and so I can conclude that she either related more to the concept of sacred moments, which she does speak about, or that spirituality is a missing narrative for her (Fine & McClennard 2006).

Joni at one point says that all moments are sacred; the humorous moments, moments at the edge, and metaphorically rich moments.

I ask Joni how she navigates the term vicarious traumatising. Her responses are included in Chapter 8. In closing, I ask Joni to tell me more about her idea of using humour to say what may be hard for people to hear in therapy.

I have a lot of laughs in my therapy as well as tears. This allows me to say things that have an edge to them; that can be both laughed at, but also considered, and well in trauma work and also in couple work where you want to work within an edge but you don't want to be seen as the female therapist having a go at someone. So I can language things that are quite close to the bone but I'm not having a go at you, [not having a go at] your personhood.

Joni

Joni's Plotted Events include:

1. Interested in how therapy changes us.
2. Like Issabella Allenda's character 'I sell words for a living'.
3. Words change people's lives.
4. There is poetry in the language of therapy.
5. All moments are sacred.
6. Moments of clarity, understanding and joint recognition.
7. Metaphor as an energetic joining of some sort.
8. When I empty myself I am in preparation to be available.
9. When I bring myself fully into that resourced moment.
10. No protection in detachment.
11. The active agentive yes to contribute but never plug in: a place of protection and relaxation, but not relaxed.
12. A particular kind of travelling reserved for intimate relationships.
13. Rewarding to feel people make connections and see people change.
14. A contributing sense of purpose to a meaningful life.
15. Only at the surface of the experience and the fight for words.
16. Emotionally loose and a lightness to travel: laughter and tears.

17. Transforming moments and moments of transformation.

17. Seeing their worlds and all language is metaphoric.

18. I just love a great mystery.

19. Love is the holding bowl.

Billie

Billie is an internationally renowned therapist who originated a relational linguistic approach to therapy in the narrative tradition. She describes her practice as being a resource centred approach, and also refers to the ideas as relational languaging. I first met Billie in the late 1990s in a training context when she was teaching about negotiating gender relations in the therapeutic relationship. For our interview, I met with her in her studio in the outskirts of city where she lives.

Billie has an extensive background as a therapist in the narrative tradition and she would perhaps describe herself this way. More specifically, she would perhaps describe herself as a therapist using a resource centred approach, and engages with her ideas known as relational languaging. However, as the originator of these approaches, she can be rather dynamic in the way she describes her therapeutic ideas. Billie participated in the study due to her experience working with trauma and her interest in the research study.

As we are meeting again for the first time in a number of years, we have some initial catching up together. I ask Billie how she is, and she tells me that she is feeling *institutionally defeated*. We speak about this for a bit and then weave into the interview, coming back to these comments later in the interview. I ask her what had her thinking that she would like to be part of my study on sacred, spiritual, and poetic moments in therapy. She responds with how she sees herself in relation to the therapy work.

I think my life is touched by the people I work with; to some extent it has given me a very rich living knowledge of human suffering and dilemmas beyond the lived experience I have. So it's allowed me to venture into territory that I don't want to venture into personally. I don't want to have those experiences personally but to venture into that territory, and to

stand alongside people and trying to find a way to live well with what they have done or had done to them, and that is a huge human task.

Billie

Billie uses metaphorical descriptions to describe her work and these descriptions are dotted throughout the interview. She speaks about the way she has named her ethics and how she pursues discovery through a conversational process that allows her to produce new relational understandings with the people she meets with in the present moment. She says that this discovery goes beyond her and what she could produce if she was adhering to one of the rule-bound therapies. Billie speaks about a jazz metaphor to describe the generative nature and ethic of her practice. She highlights the significance of learning something new and the idea that she is collecting live knowledge through her therapy, teaching and consultation with people. When I ask her how she would name the moments that I am referring to as poetic or sacred, she speaks about transformative moments, where therapists are creating.

Billie speaks about a *jazz metaphor* to describe the generative nature and ethic of her practice. She highlights the significance of learning something new and the idea that she is collecting *live knowledge* through her therapy, teaching and consultation with people. I ask her how she would name the moments that I am referring to as poetic or sacred.

I have been running workshops on working in the present moment, but I shifted the description to transformative moment. What can we do to create and welcome that possibility? So if I'm understanding what you're saying correctly, transformative moments for me are ones where therapists are creating - maximising the potential for that in a room or in any other meeting ground and when that happens, it includes us. We are active participants in that and it's greater than what we might have imagined it to be. We don't even know what that transformative moment might look like or be to the other person. So I think they are often moments of profound recognition where people feel profoundly recognised by another, and feel naked in that recognition, but safe within that, in that they have made that decision [to be recognised]. Then to be sitting in that space where somebody has made themselves available to you at that level can be moving. And moving probably doesn't describe it but, touching in that the human spirit has been touched. Each human, the essential in all of us, is touched and, in a sense I'm touched by that and so is the other.

Billie

I ask Billie how she navigates the term vicarious traumatisation. Her responses are included in Chapter 8. As I am moving towards the close of the interview, I ask Billie when she first knew that all of her work had to be about *moments of transformation* in the present moment.

I think when I started working with people who had been severely injured in childhood through sexual assault. I think it was in that work that I really experienced something different. I experienced a requirement of me that wasn't there with some of the work that I had done. [I noticed] that what we did right now in this conversational process had huge implications for the meaning people would make of the past, and of themselves and possibly the future so this was a space for new discoveries and I was in that discover process too. I was discovering what was working, what I needed to do and also how people experienced me regardless of how I thought I was being, so that was the work that I think really shifted me.

Billie

Billie’s Plotted Events include:

1. Concept of defeat.
2. My life is touched by the people I meet with.
3. It has given me a very rich living knowledge of human suffering and dilemmas.
4. A huge human task: alongside a journey to redemption.
5. Discovery is shared in the present moment.
6. Conversational process to produce something beyond me.
7. Jazz metaphor.
8. Engage with ethics and named my ethics.
9. Meeting ground of human beings: human spirit is touched.
10. Transformative moments where therapists (and myself) are creating.
11. Moments of profound recognition.
12. Sweeping the leaves: my life lesson.
13. I want to move the trees but not kill myself.
14. This moment is enough.
15. All geared towards the poetic transformation.
16. Transformation is only possible after honed practice.
17. Talk as an instrument.

18. People injured in childhood sexual assault are increasingly pathologised by the helping professions.
19. Noting down my ethics.
20. Sweeping the leaves with others.
21. Know when to leave the leaves alone and walk away.

Etta and Ella

This interview was structured differently to the others, Etta and Ella requested a joint interview and I was open to this idea and so we went forward. It is probably fair to say that the interview and subsequent transcript does not equal the same length of the two individual interviews and transcripts. I am not sure this was a problem because I believe the women’s shared and separate parts of the dialogue are noteworthy and in the spirit of a dialogical process of narrative inquiry. The shared interview was negotiated in a way that the interviewees and I as the interviewer were in agreement about the interview context, questions and process (Mishler 1999).

Ella has an extensive background in therapeutic work with people, mostly women who have suffered trauma due to the abusive and violent actions of others. She has a rich interest in spirituality in therapy and life, and speaks about her early experiences at a time when it was considered to be unsuitable to speak of spirituality in therapy. Ella’s therapy background is eclectic and she speaks of Ericksonian trance work at one point. She has a therapy background in the narrative tradition and engages with the resource centred approach of Johnella Bird. Ella’s interview occurred due to her experience in therapy with people experiencing trauma, violence and abuse and her interest in the research study.

Etta has an extensive background in therapeutic work with people, mostly women who have suffered trauma due to the abusive and violent actions of others. She has significant experience working with Maori families and community in New Zealand. Some of Etta’s responses focus on her experiences working with Maori colleagues and community. Etta speaks of her interest

in ritual, incantations and the daily life of trauma therapy throughout the interview. Etta’s therapy background is eclectic and includes some of the therapy practices she learnt from her Maori colleagues. She has a therapy background in the narrative tradition and engages with the resource centred approach of Bird. Etta’s interview occurred due to her experience in therapy with people experiencing trauma, violence and abuse and her interest in the research study.

We meet on a cold autumn day. Our session begins with some introductory chat and the three of us quickly settle into the interview process. Etta and Ella make the dialogue very easy for me and there is a buoyant and familiar sense to the way they work alongside each other. They appear to be good friends and colleagues.

I give some background detail to the research project and the research aims. In this introduction I speak about my previous therapeutic work.

There were times when things would happen in the therapeutic relationship that I experienced as moving or intimate or connecting and transformative not just for the young person but I felt for me, at some level, that there was something significant about me being witness to those experiences and that those experiences wouldn’t have been possible without what was happening in the therapeutic relationship.

Lesley

In this interview it is evident that I have sharpened my focus on poetics and I start the interview with the question, *can you tell me what is it that speaks of poetry in your work, or what might interest you about this area?* Ella responds by picking up on spirituality and describes how, years ago, therapists would never speak of this in their work.

No one would dare to say that any aspect of their practice was spiritual. So I started asking, and every one checked in with yes they did or had an experience of [spirituality] and everybody had this same fear of ‘I don’t want to be proselytising like with a Christian’ metaphor’, ‘I don’t want to be seen as one of them’ and ‘I don’t want it to be that the client experiences any pressure of any kind’ [to explore a spiritual context].

Ella

Etta says this is the first time she has heard of poetic being used in the context of therapeutic relationships.

That’s the first time I’ve heard about the term poetic being used in the context of therapeutic relationships, so that was very interesting. I would not have thought about the moments I’m thinking of, the examples I’m thinking of I wouldn’t have bought [forward] the word poetic and yet sometimes I’ve used various poetry as a metaphor or explaining something or shared with clients a poem that might appeal to their situation or their part of the journey. It caught my eye straight away and I thought ‘well that’s another way to explain [these moments.]’

Etta

I tell them that some of the therapists I have spoken to talk about using poetry as an entry point to a more image based or metaphorically based way of talking and that some have talked about using poetry to assist people to say things that they can’t say in words. From here Etta weaves back to the earlier part of the dialogue about evoking moments.

One of the great delights for me in this interview, apart from all of the depth and wisdom imparted by Ella and Etta, was the sound of their voices. Each time I turned to the digital recording and each bit of going back over and over again to recall a semblance of the intonation, nuance and meaning of their comments, was enjoyable. I was somehow comforted and reassured by the way these two women spoke and by the sound of their voices. Their use of language - their intentional search for words, the timing of their speech, their accents and the beautiful timbre of their voices - was all a great delight. In listening yet again to Ella and Etta, I felt moved to comment on this aspect of the process, as I was similarly charmed listening to all of the digital recordings of the interviews. I found myself drawn to this consideration and the possibilities for further inquiry about voice. I wondered about the client’s experience and what it is for them in the hearing of the voice of their therapist, how representative voice is, how it holds so many cues about a person and what matters to them, and the way voices are essentially evocative.

In closing I ask if there is anything that they do to evoke these moments in therapy, and Ella speaks about not being purposeful and Etta describes an incantation.

You can't evoke it by being purposeful. I think you can clear space. I notice that I have more of them when we are doing say visualisations or say Ericksonian trance work, it's more in that kind of time, being fairly quiet and attentive. Sometimes if people are working on body things and I'm in a receptive [place]. It's more likely when I don't have a head full of 'go this way' or 'my God I'm missing it'. If you have any anxiety, it's hopeless.

Ella

But in the way of clearing the clutter before any session in my room I have a little jug and I just sprinkle some water. I don't even call it a prayer, but it's something I learnt when I was working in South Auckland with Maori. I just say this, [they would call it a prayer] but I'm not religious at all, so it's a little incantation, and so I say that, in the Maori language because that's how I learnt it down there, just to settle myself into the room and to clear the clutter. But sometimes in doing that I will get that sense before the client is even there. I will get that physical feeling of fluidity and openness and I think the openness means I'm not thinking about anything. I don't have any particular thoughts even about the person who is coming, it's just like open. So this probably does help although that's not the purpose, to get that feeling. The purpose is to settle myself in the room and be present, and clear away the clutter.

Etta

Etta and Ella's Plotted Events include:

1. Daring to speak about spirituality - beyond a Christian metaphor.
2. Poetry as a metaphor.
3. An open fluid feeling.
4. You can't evoke it by being purposeful.
5. These moments happen but not out of structure.
6. I would never have thought of that word - poetic.
7. Fresh metaphors are poetic.
8. Poetry as a point of connection.
9. Rituals to clear the clutter - a little incantation.
10. Maori knowledge of sacred space - transition from ordinary to sacred space in therapy of teaching.
11. Poetic and sacred moments let me move away from 'I should know the question to ask'.
12. Poetic and sacred moments bring freshness and a surprise and multi-level openness.

13. It came from sideways - connecting point - with a burst of laughter.
14. Can do this for years - go in and go out - Vicarious Traumatization doesn’t envelop me.
15. Tidy the room - rituals of the everyday.
16. All equally transformative - everything is sacred.
17. Moment to moment attention.
18. Noticing when something passes across a client’s face.
19. Not knowing everything in every situation - the value of not knowing.

Conclusion

This chapter presented summarised accounts of the nine dialogical and relational conversations as narrative inquiry research interviews. Each account includes significant narrative content drawn from the relational and dialogical engagement, being a central component of the narrative inquiry interview process. As summarised accounts, they are not complete case studies of each of the interviews. From the narrative content of each interview, I developed the *plotted events* and have included these at the end of each account as illustrative of early stages of narrative configuration. In the next chapter I turn to the analysis and discussion of the therapists’ *accounts* and the culminating emplotted narratives from the narrative inquiry. The following chapters include descriptions of the participant’s *plot lines*, which build on the *plotted events* and demonstrate the next stage of the configuration process. Therefore, the *plot lines* in chapters six, seven and eight are not exactly the same descriptions as the *plotted events* here in chapter five, due to the development of the configuration process. Chapter four gives a detailed account of the configuration process and the role of plotted events and plot lines as significant data elements in narrative configuration.

Chapter 6

Analysis of configured plots part 1

Dance Me To The End Of Love

Dance me to your beauty
with a burning violin
Dance me through the panic
till I'm safely gathered in
Lift me like an olive branch
and be my homeward dove
Dance me to the end of love

Let me see your beauty
when the witnesses are gone

Raise a tent of shelter now
Though every thread is torn
Dance me to the end of love

Show me slowly what I only
know the limits of
Dance me to the end of love

Extract. Leonard Cohen (1993, p.337,338)

Introduction to the three configured plots

The poem above by Leonard Cohen is from the song *Dance me to the end of love*. The words conjure images of shelter, intimacy, love and surrender. At the same time there is a sense of acceptance and hopelessness, with the words 'every thread is torn' (Cohen 1993, p.337, 338).

Sentiments such as these are ongoing themes in therapy, and Cohen's (1993) text offers hope and love, even though there is a resigned air of panic and loss.

One of the participant contributors, Joni, spoke about *love being the holding bowl* for our engagement in therapeutic practice. Her words have stayed with me as the spoken words for what I have felt and known about therapy for some time. Joni spoke of her metaphor *the holding bowl* in response to a comment I made during the interview, when I described love entering the therapeutic relationship and how I had at times wrestled with this occurrence of love; love's presence in the therapeutic relationship. In this situation, I spoke about a young person and the way he appropriately shared strong emotion and thanks as he said goodbye to me after a lengthy period of therapy.

This moment is characteristic of the many moments I have experienced in therapy when something good and transformative appeared to be happening. I mean good in the virtuous sense and not in the sense of making me feel good that this happened to me as a therapist. I concur with Bird's (2006) comments on love and the therapeutic relationship when she says:

The way love is expressed in therapeutic relationships, for example, is always subject to the bounds of the understanding of the therapeutic relationship. This understanding includes professional ethical bounds.

(Bird 2006, p.115).

Therefore, this understanding indicates that any expression of love requires a response by the therapist, to demonstrate the professional and ethical boundary of the therapeutic relationship (Bird 2006).

The type of love I am referring to is not easily defined, and it is beyond the scope of this study to define or investigate love and all its manifest complexities. Still I do want to make some clarifying comments related to my interpretation of love and this configured plot. To achieve this I will turn to Nussbaum's (2001) extensive philosophical thesis on love's multiplicities, and adopt one of her conclusions:

I have tried to indicate that even in their real-life imperfect form, indeed especially in that real form, in which the incompleteness and surprise of human life is accepted rather than hated, love and its allies among the emotions (compassion, grief) can provide powerful guidance toward social justice.....we find a mercy and equity that we need to combine with our other, loftier visions.

Nussbaum (2001, p.713)

Utilising Nussbaum's (2001) concept of 'love and its allies', providing 'guidance toward social justice', I am able to connect love with a lived experience of equity, ethics and justice (p.713). Informed by a social justice framework, as a practitioner I am able to value the emotions held within the therapeutic relationship, while also being responsible for managing the ethical boundary of the therapeutic relationship. The client's lived experience of emotions, including love are available for therapeutic inquiry, as are the interrelated lived experiences of justice, ethics and equity (or a lack of justice, ethics and equity in life). Yet the therapeutic inquiry is also informed by the therapist's lived experience of love and other emotions and experiences of equity, ethics and justice, due to the dialogical and relational nature of therapy. Equity, ethics, and justice are significant considerations in regards to the experience of trauma and the healing and recovery processes integral to trauma therapy

Therefore, the love I speak of in trauma therapy is a love related to human acts of heart-felt regard, indicating a movement towards justice, goodness, fairness and ethical practices for both client and therapist in trauma therapy. I realised that I needed to have therapeutic responses and an ethical engagement with strong emotions in therapy when I worked in the area of domestic violence prevention with men and when engaging with young people who had harmed and sexually abused younger children. Strong emotions were often present in these therapy contexts. I have come to think of expressions of strong emotion in therapy as acts of grace, mercy, love and equity. These acts are sometimes found in sacred, spiritual, and unnamed poetic moments.

In approaching the process of configuring the plotlines, I carry a similar image of holding. My holding is characterised by feelings of anticipation and earnest regard for doing the represented plots the best possible justice within, and hopefully beyond, my capacity. So I enter this space

of conversation with delight and intention to bring forward the configuration process; to uncover the emplotted narrative (Polkinghorne 1995) and to present the integrated whole as the storylines of this study.

I have configured the data into a coherent whole and devised three configured plots. In this introduction, I give an outline and description of the three plots. Then I present the discussion and analysis of the plots. This chapter includes plot one, Chapter Seven presents plot two, and plot three is presented in Chapter Eight. The configured plots of the research are:

Configured plot 1

The poetics of transformation and resonance in the therapeutic relationship.

Subplot 1. Making and doing in therapy.

Subplot 2. Words change people's lives.

Subplot 3. The surprise and wonder of poetic, sacred and spiritual moments.

Configured Plot 2

Therapy as threshold experience: narratives of self-discovery, practice, and identity.

Configured Plot 3

A relational and dialogical engagement with vicarious traumatising: therapists and their practices.

This chapter presents the first of the three configured plotlines and a description of the emplotted narrative devised during the configuration process, including the three subplots described below.

Subplot 1: This subplot discusses the notion of therapists making and doing therapy and considers the endeavour of crafting one's practice; crafting one's therapy as an act of art and

poetics. This endeavour involves the production of authentic practice orientations and methods. The subplot draws on Elliot Mishler's (1999) study of 'craftartists' (p.7) and considers the potential for therapists to develop moments of transformation and resonance when an artistic and poetic sensibility and craft narrative is applied to the making and doing of therapy. Mishler's use of the term 'craftartist' related to his research with people working with art and craft and his interest in the trajectories of their 'work identities as craftartists' (p.7).

Subplot 2: This subplot discusses the notion of the crafted spoken word in therapy and considers the endeavour of languaging one's therapeutic practice, and the notion of a worded therapeutic practice. In this subplot the role of the therapist is experienced as being akin to the role of the poet, where words are considered to be central to the dialogue and to the negotiations and navigations of the therapeutic relationship rather than being incidental to it, or for that matter, being primary components of a talk therapy approach. This creative therapeutic stance to trauma, language and words, when used poetically, can lead to moments of transformation and resonance in the therapeutic relationship. In this subplot words are raised, revered, contested, fought over and claimed within a purposeful linguistic engagement, where words are not just the tools of the trade - they are the trade, and so much more, and when used poetically can lead to moments of transformation and resonance.

Subplot 3: This subplot discusses the ways that therapists engage with poetic, sacred and spiritual moments in their therapeutic relationships and gives an account of the potential for resonance, transformation, surprise and wonder when therapists engage in therapy constructed in the present moment (Bird 2004). This subplot explores narratives of the unexpected and unplanned, when poetic, sacred and spiritual moments in therapy appear to '*come from sideways*' [Etta], furnishing the therapist, client and the therapeutic relationship with a sense of surprise and wonder and with the notion of the therapy being alive, transforming and resonant.

The poetics of transformation and resonance in the therapeutic relationship

Part 1 includes threads from all of the therapists' accounts. This plot line includes accounts from Joni, Billie, Etta and Ella, Chet, Corra, Nina, and Dee Dee. The emplotted narrative is

about the production and experience of transformation within the therapeutic relationship, the presence of resonance held in the accounts, and the naming of a poetic sensibility in relation to both of these events. It is not new to speak of transformation and resonance within therapy. What is new is to consider the act of poetic construction, when therapists are crafting practice through *poiésis* in therapy. These acts of poetic construction are representative of the narratives and plotlines held within the therapeutic endeavour. Poetic acts of crafting practice through *poiésis* invites in therapy an engagement with the aesthetic, emotional and ethical world of therapists, and the worlds of the people (clients) who consult them about their lives. A larger discussion of this can be found in Chapter Two where I clarify the terms poetry, poetics, and *poiésis*. I discuss their application in the therapeutic literature together with the way I intend their use in this thesis.

I use the concept of poetics as it relates to the creative acts of doing, making and producing. Freeman (1999, 2002), Ricoeur (1991, 2004), and Taylor (1991) spoke of *poiésis* as meaning to create, and I have used this term throughout. Freeman describes the ‘poetic construction of selfhood’ and the ‘configurational acts through which this construction occurs [as being] better conceived in poetic terms; as imaginative labor’ (1999, p.99). Ricoeur states that ‘poetry is more than the art of making poems’, encouraging a definition of poetry as ‘*poiésis* or creation in the largest sense of the word’ (2004, p.461). Following, Ricoeur, Freeman and Taylor I find poetry, poetics, *poetic construction* or *poetic crafting* more accessible terms than *poiésis*. Even the expression *poetry and the act of making and doing therapy* seem more useable references to describe the concept of meaning making and the way that ‘meaning is found through being made’ (Freeman 2002, p.24). Despite this, I have used *poiésis* at many stages to indicate poetic construction. An example of the way Freeman uses the term *poiésis* relates to acts of ‘self-interpretation’ and ‘self-construction’ involved in the construction of selfhood (1999, p.109). Another example could include processes of self-discovery with shifts from self-blame to a growing sense of self-compassion. I have also used the terms *poetic sensibility* to describe circumstances in poetic, sacred, spiritual, and yet to be named moments in therapy, when poetry (i.e. the making of creative acts or poems) and poetic responses are evident.

Taylor defines acts of self-discovery as requiring *poiésis*. He describes all creative acts, from artistic acts to poetry, as forms of ‘making’ and *poiésis* (Taylor 1991, p.62). Today the word

poiésis is not easily located within everyday language. Poetics is a more commonly used term to describe imaginative forms of expression and those related to poetry. Poiésis in therapy could include the use of metaphoric language and imagery, and the use of poetry, film, art and other writing forms as creative therapeutic expressions.

I shall speak of poetic crafting as it relates to the doing and making of transformative moments, in and out of therapy (Freeman 1999). Poetic crafting could include the following: the doing and making of relationship in the present moment; the production of meaning and co-constructed meaning; the making and doing of an active practice in relationship to ethics; and the production of a therapeutic relationship that enables and allows for transformation and resonance.

The three subplots describe and expand on the notion of a poetic sensibility. The specifics of the making and doing are articulated through some of the stories held in the subplots. Each subplot links to the overall plotline of transformation and resonance in the therapeutic relationship, and each of the subplots have some relationship to each other.

Subplot 1: Crafting practice: therapists making and doing their therapy

This subplot discusses the notion of therapist as making and doing their therapy and considers the endeavour of crafting one's practice - crafting one's therapy as a poetic act. This endeavour involves the production of authentic practice orientations and methods. The therapists' accounts of their making and doing in therapy is explored so as to consider some of the ways that they have engaged with a crafting narrative in practice. The subplot draws on Elliot Mishler's (1999) study of 'craftartists' and considers the potential for therapists when an artistic and poetic sensibility and craft narrative is applied to the making and doing of therapy (p.7). To illustrate this subplot I draw on the accounts of Billie, Etta and Ella.

I begin with Billie to demonstrate her narrative of therapist as 'craftartist' (Mishler 1999, p.7). Billie has shaped a new practice, known as a resourced centred approach, with a focus on the linguistic practice of relational languaging. She brings forward the notion of ethics in practice

(Bird 2004). I described the idea of ethics in practice and situated these concepts within a broader frame in Chapter Two, when I examined the literature on ethics and critical cultural practice. As a reminder, this concept means an active enactment of practice ethics during therapy. Billie speaks about the way she pursues *discovery* through a *conversational process* that allows her to produce new relational understandings with the clients in her therapy, *in the present moment*. She says that this discovery goes beyond what she could produce, if she was adhering to one of the *rule-bound therapies*.

I get new knowledge, not only do I get a degree of excitement - excitement and interest. I think rule bound therapies create dead therapists and they leave therapy or they remain dead in it. This type of work is alive, you know it has a certain degree of prediction to it but it's new so each time you enter the room your entering something new and so I get that - I get interest, it's alive, I'm in that moment.

Billie

Many new, or less experienced therapists, find the direction of structured or directional approaches helpful and perhaps necessary as they acquire the skills of doing therapy. Billie refers to these structured or directional approaches as *rule-bound*. This raises issues of supervision and support for new or developing therapists so that they are able to craft their therapy as they acquire new skills.

I ask Billie when she first knew that all of her work had to be about moments of transformation in the present moment.

I think when I started working with people who had been severely injured in childhood through sexual assault. I think it was in that work that I really experienced something different. I experienced a requirement of me that wasn't there with some of the work that I had done. [I noticed] that what we did right now in this conversational process had huge implications for the meaning people would make of the past, and of themselves and possibly the future so this was a space for new discoveries and I was in that discovery process too. I was discovering what was working, what I needed to do and also how people experienced me regardless of how I thought I was being. So that was the work that I think really shifted me.

Billie

Billie speaks about a *jazz metaphor* to describe the generative nature and ethic of her practice. She highlights the significance of learning something new and the idea that she is *collecting live knowledge* through her therapy, teaching, and consultation with people.

I have been running workshops on working in the present moment, but I shifted the description to transformative moments. What can we do to create and welcome that possibility? So, transformative moments for me are ones where therapists are creating, maximising the potential for that in a room or in any other meeting ground, and when that happens, it includes us. We are active participants in that and it's greater than what we might have imagined it to be. We don't even know what that transformative moment might look like or be to the other person. So I think they are often moments of profound recognition where people feel profoundly recognised by another, and feel naked in that recognition but safe within that, in that they have made that decision [to be recognised]. Then to be sitting in that space where somebody has made themselves available to you at that level can be moving and moving probably doesn't describe it but, touching - in that the human spirit has been touched. Each human, the essential in all of us, is touched and in a sense I'm touched by that and so is the other.

Billie

The way Billie interchanges her use of present moment with transformative moment is of interest. She locates discovery, the present moment, and transformation, as being on the same plane. She illustrates movement in her practice by saying that she was speaking about *the present moment* but now she has shifted to *transformative moments*. Her account speaks to her need to create her craft, her therapy, in response to her experience of working with people *who had been severely injured in childhood through sexual assault*.

This part of Billie's narrative is about entering into the making and doing of her craft in therapy. We see her entering into a place of reflexive engagement with the making of therapy. She says that by noticing the significance of *what we did right now in this conversational process* and the implications for the temporal meaning people (clients) would make, she was able to identify a point in time in her therapeutic practice when she realised a need to turn to crafting her practice; to make it go beyond what she knew and found familiar.

Mishler's (1999) study of 'craftartists' focused on the way they lived out their life trajectories and indeed shaped their identities while they were living out their arts practice (p.7). We see

the same narrative accounts here, where Billie's story speaks of identifying an area that required something of her that she had not previously engaged in with regard to her crafting trajectory and her approach to therapy. As she steps into making a new way of doing therapy with people who have *been injured* by sexual abuse in childhood, we see her constructing a self-narrative as someone who creatively crafts and makes her unique form of therapy.

Considering therapy within a crafting narrative is particularly interesting as it suggests a different intention and task to a narrative of skill, or a skill trajectory. We expect that therapists will engage with the development of skills in their area of focus. What we don't always expect is that therapists will engage with a process of crafting their practice. The crafting metaphor is useful in considering the way that arts practice is always concerned with crafting of the art and the development of new art. Craft artists develop skills in relation to the practical application of their art and alongside the process of skill development; artists also produce and develop new forms and expressions of their art. There is a creative engagement in arts practice that produces new art and keeps the practice alive. This creative process engages with temporality and so, while it is occurring in the present moment, it is informed by the creative process (or lack thereof) of the past, and in turn informs the creative potential (or lack thereof) of the future.

Billie's narrative tells a similar story. Her crafting in therapy considers the temporal nature of the creative process. Her examination of what is required in the present moment and her reflexivity in relation to the past, informs her considerations of what will work or be helpful for her clients in the here and now and in the future. She applies these concepts to her own practice of crafting therapy and in terms of her teaching and support to other therapists.

Transformative moments only occur when [therapists] have developed when people have developed a certain degree of knowledge but also have totally and utterly practiced the technical ability that move them from an ordinary conversation to the potential for a transformative conversation. And through that process we then move to a knowledge which is more - a way of working which is more, you use spiritual -transformative. But it's only when you have those two areas very well established that you can reach that third place which you know musicians talk about, John Shotton talked about and lots of people talked about which is the third place being more of an interpretive place. But really the fact that we talk, that therapists talk is a really profound problem because if we, because everybody talks and if we thought, if we considered talk was an instrument, most of us are talking off key and when we say to the people we work with who never heard an instrument before, 'does the way we are playing appeal to you?' They might say 'well yes it's quite an

interesting thing that you are doing, I don't quite know where you're going with it' and that we seem to think that's good, that's enough (in regards to being accountable for our practice). And with many life problems I suppose it is, it's enough but I think that the area that you're talking about and probably the group of people that get most pathologised it's not enough and consequently they do get increasingly pathologised because the talk we are doing is not reaching people it's not making a difference.

Billie

Billie approaches the crafting of her therapy as artists might approach their art. Indeed she uses a jazz metaphor to explain her relationship to crafting and creativity. She is not interested in doing what she has already done in therapy. Although she says there is a certain level of predictability to the work, she actively pursues *discovery* within the therapy. By pursuing discovery, Billie claims an *alive* engagement with her therapeutic work. Billie's comments need to be considered within her own particular context; in that she is an expert practitioner. She crafts her therapy from a position of knowledge, skill and extensive experience as a therapist, supervisor and trainer.

Transformative moments for me are ones where therapists are creating, maximising the potential for that in a room or in any other meeting ground, and when that happens, it includes us. We are active participants in that and it's greater than what we might have imagined it to be.

Billie

Billie positions herself for improvisation. In the jazz metaphor, she is sharing the stage and, at the same time, being centre-stage to her musical sensibilities and the pursued realm of discovery, which is the art of her practice.

I turn now to Ella and Etta's contributions to this subplot. Ella and Etta both gave individual examples of understanding the value of not knowing and described what's possible when I hone in on my well-practiced skills and move away from prescriptive approaches to therapy. The first indication of their experience in crafting their therapy comes from comments made by both Ella and Etta in regards to speaking about spirituality in their therapeutic relationships. Ella hints at a crafting narrative by saying that her experience of Ericksonian trance work taught her to move beyond *being purposeful* in a session. And how in these moments when she

is *being fairly quiet and attentive* with a client there are possibilities for a poetic engagement. Etta describes that *these moments happen but not out of structure or even out of earnestness*, (in terms of), *doing the right thing*. These comments give an indication that Etta understands that part of crafting her practice requires a deliberate preparedness to go beyond the taken-for-granted or formulaic approach to therapeutic practice.

Here they speak about letting go of their usual modalities with a willingness to explore and enter a place of creative process. Etta and Ella take a stance that says I value the concept of not knowing. This stance is not about a skill deficit. Here, Ella and Etta as experienced practitioners have the capacity, from extensive years of therapeutic practice and skill, to enter a place of not knowing. Entering into not knowing means they are entering a place where a creative border is available to them. This border is between what they know and practice from the position of an informed, resourced and knowledgeable therapist and the frontier of what is yet to be spoken of and languaged through the dialogical exchange in therapy. At this creative border there is scope for inquiry and discovery. What I am suggesting here is that a significant amount of practice wisdom is required to allow a therapist to enter into a crafting narrative. It is not always about age or length of career as a therapist, but more about a genuine interest and willingness to engage in the exploration of what is yet to be known, yet to be named and yet to be honed, in one's role as a therapist. Of course this willingness to engage needs to be balanced by a firm foundation of skill, experience and ability.

Ella gives an account of this creative border in her crafting practice.

You can't evoke it by being purposeful. I think you can clear space. I notice that I have more of them when we are doing say visualisations or say Ericksonian trance work. It's more in that kind of time, being fairly quiet and attentive. Sometimes if people are working on body things and I'm in a receptive [place]. It's more likely when I don't have a head full of go this way or my God I'm missing it. If you have any anxiety it's hopeless. So when you mentioned poetics, I would never have thought of it either. I would never have thought of that word to describe, but sometimes my folks will come up with wonderful metaphors, and thinking about it now with that word, they are poetic, not in the hackneyed [sense]. There will be something very fresh and I've thought where did she get that? I would never have said that or read that anywhere.

Ella

This is a rich example of Ella's openness to inquiry and exploration. She is mulling over the notion of poetic in the research interview and then relates the notion to her practice in terms of how she *clears space for it*, and invites creativity in to her work. She describes how, in this place of discovery, her dialogical exchange with her client produces *something very fresh* and she is surprised, thinking *where did she get that?*

We have here a description of the creative border in practice, where the discovery of new meaning, new sense making and new crafting of therapy is engaged in during the dialogical exchange between therapist and client. It is alive therapy, crafted in the present transformative time. Ella describes the making and doing of her craft narrative in this account.

For me there is a freshness and a surprise; it's like if I'm there moment to moment and the word we have been using is open but multi-level openness. It might be this, it might be that, that's where the surprise is and the unexpectedness and that enlivens. I've been at this for a while and every so often someone will say 'aren't you bored' or 'aren't you painting by numbers by now and sick of it in a way' - that's what they're asking and I'm not [laughing], it's fresh and new. Things happen and I know when it's working when the things happen that I didn't think would happen. The phrase or the sentence or the image or something from the client or sometimes from me. A person was visualising and suddenly I was aware of how alone she was in her life and it was like 'oh that's where she is positioned' [opening up] another whole level of something.

Ella

The words *I was aware of how alone she was*, is the discovery from this exchange. Ella discovered new meaning through the therapeutic conversation at the creative border and made a new understanding about her client's experience of herself. Here she was making therapy in the present transformative time. By this I mean that within the current moment of time, within the current occurring and happening moment of therapeutic dialogue transformation occurs.

Furthering this subplot, Etta speaks about how she manages to hold off a prescriptive approach to therapy by engaging in a crafting narrative.

The possibility that those moments might happen; it helps me move away from: and I'm not always conscious of this, but thinking about it now and articulating it helps me move away

from the sense of I should know the question to ask. And so it has helped me to, I am not afraid of silences, and certainly working with Maori has helped me with this. So I can say [to someone] 'I just need to think about that'. So it has slowed my pace and it's helped me to get rid of the jumble about asking a really good question.

Etta

Etta describes how she is freeing herself up from the expectations to follow a prescriptive pattern of a structured approach, where a therapist asks this question and then this question as part of a structured assessment, treatment or intervention plan. Here she is able to create and make her therapy. She is freed from the cultural expectation of knowing everything in every situation and embraces the resourced place of not knowing. Etta's crafting work takes shape here, as she engages in the poetic crafting of her therapy. Etta and Ella include poetry as a metaphor when describing particular situations in therapy. Their therapy includes examples of poetic metaphors and how poetry can be used as a point of connection, as well as various references to poetic moments in relation to the above outlined subplot.

In closing this part of the discussion, I bring forward something Etta said towards the end of our interview. Her comment, like Billie's, underscores the notion of moving away from expectations to follow a prescriptive pattern of a structured therapeutic approach and to negotiate the bounds of one's therapy through a poetic crafting. In this negotiation, we see again what's possible when therapists hone in on their well-practiced skills and move away from prescriptive approaches to therapy.

The knowing is given such value rather than the not knowing and paying attention. I think if people do pay attention they would notice the moments of openness, the moments of connection and the poetic moments, when something passes across a client's face and inquiring about that instead of letting it pass and going on with your next formed question. So if someone asked me about spirituality and poetics I would come to it like that. To start with the not knowing everything in every situation, then we will notice those moments.

Etta

When Etta said ...*when something passes across a client's face*... I was captivated and moved all at once. She spoke so eloquently of what it means to attend to and to pay attention to, her

client and how, when this happens, therapy is in the realm of poetics, where the transformation and resonance are bedded deeply in the therapeutic relationship.

Subplot 2: Words change people's lives

In this section I discuss the notion of the subplot *words change people's lives*. This subplot considers two important positions; the endeavour of crafting one's practice through the use of words and language, and a therapeutic stance and practice belief that words change people's lives. This endeavour involves the production of authentic practice orientations and methods, upholding the notion of the *crafted spoken word in therapy*. This subplot is made up entirely of Joni's contribution and includes her ideas, *trading on words and language in the marketplace of metaphor...the words change people's lives plot*. Joni is the only contributor to this subplot due to her passionate interest in words; their power in therapy and the transformative capabilities of language. None of the other participants focused on words or language as specifically as Joni. I decided that Joni's responses are deserving of their own subplot, particularly considering the Ricoeurian (1991) philosophy of language and interpretation utilised by this study.

Joni focuses her crafting narrative on the spoken word in therapy. Indeed, Joni's compass points are all directed towards the spoken word and the way she chooses and uses words in her role as a therapist to help people change their lives. Early in the interview, she describes herself as someone who sells words for a living. Here she is paying homage to author Isabel Allende who, in one of her novels, has a character who described herself in a similar way.

It's about poetry and language in the therapy, because that's what I offer. I'm a talk therapist. I'm not an art therapist. Language is my medium and sometimes I have borrowed from Isabel Allende's character who says 'I sell words for a living.' I think that's an interesting concept and also a really personal belief that words can change people's lives, and they can be gifts or they can be weapons.

Joni

Here, Joni makes her stance as a spoken word therapist who is interested in poetry and language and her strongly held belief that words make a difference.

Joni's crafting of her practice takes place in a passionate and dynamic relationship with words. She speaks about how she believes in the power of words, how she will *fight for a word* in therapeutic conversation, how she negotiates time and place to have *more words* available for use in therapy. Words fascinate her, they move her - they are her place of poiesis (Freeman 2002). They are the primary resource for her poetic crafting in therapy. Through words, she brings forward her poetic construction (Freeman 1999). She is a talk therapist. She weaves her therapy and her metaphors through the crafting of spoken words in the therapeutic relationship. This is Joni's authentic and original contribution. This is where she stands and what she claims, through her self-discovery; the 'making of something original and new'; her crafted practice in therapy (Taylor 1991, p.62).

Joni is committed to a dialogical engagement with her clients, language, and interpretation of words and the use of words in therapy. She thinks it's important to *fight for words*.

I really do fight for words, in that place that I'm talking about, more words are available to me but I do feel like I really fight for a word that is resonant or likely to resonate, because I think it's in that resonance that there is the energetic changing. And so, unless [clients and therapists] are really committed to, and interested and fascinated by words, then I think this way of working must be very, very tedious and disconnecting for them.

Joni

She speaks about her intention to position herself as closely as possible to an understanding of her client's experience of injury through abuse, and broadly all experiences of her client. What is worth noting here is that Joni achieves her stance - her determination to get as close as possible to an understanding of her client's experience - through the crafted spoken word. She uses relational languaging and a resource centred approach as her frame (Bird 2004), and from here she crafts each word, each piece of the therapeutic inquiry within a crafting narrative. She enters a metaphorical realm in terms of a linguistic understanding, but also in terms of her crafting of the spoken word. Joni includes the metaphorical realm as a significant component in her use of the crafted spoken word.

She describes a major turning point in her focus on words as therapeutic resources as occurring, through the process of relational languaging she realised that *language is*

metaphoric, not just metaphors in language, all language under- represents the experience. This illumination allowed her to fully appreciate, when people talk in therapy they are speaking about the surface of their experience. She described this as *once I got that, it was 'oh even if people are talking [about their experience] this is just the surface of what the experience is', so [I consider], how can I then use relational language to keep unfolding the experience and finding more words for it and more connections.*

Joni describes how her relational use of language allows her to get as close as is possible so as to develop an understanding of somebody else's experience. I do use poetry in my work, direct poetry but I also think that what is created through language, there can be such resonating moments that it is a form of poetry. Here Joni gives a clear description of poetics in practice.

Joni is strongly influenced by the world of metaphor and she indicates that, through metaphor, she enters a particular place as a therapist where she experiences herself as being removed enough from the process so that she can more easily access the realm of metaphor. She relates to me:

...there is (sic) places where I feel I become so out of the picture, I remove myself enough to be facilitating something and then in that place images come or metaphors, and I will say to people I don't know where this is coming from ...and sometimes it's a spot on metaphor. I don't think I've created that metaphor, I think we have created it somehow.

Joni

Here we see another way that she is crafting the spoken word; through the co-construction of meaning, language in metaphors, and arriving at a place where both Joni and her client are engaging with poetic crafting by using co-crafted poetic spoken words. The way Joni negotiates metaphor is another expression of her poiésis, where she engages in her unique and authentic crafted practice in therapy.

In closing the discussion of this subplot I have illustrated through Joni's narrative, the role of therapist as being akin to the role of a spoken word poet, where words are considered as central to the dialogue and the negotiations and navigations of the therapeutic relationship; rather than

incidental or, for that matter, primary components of a talk therapy approach. In this subplot, words are crafted from the lexis produced by the therapeutic relationship. Words are the currency of a metaphorical and interpretative world teased to life by the therapist Joni, as she imbues trauma therapy with her poetry - her authentic poetic construction.

Subplot 3: The surprise and wonder of poetic, sacred and spiritual moments

This section discusses the surprise and wonder of poetic, sacred and spiritual moments in therapy. This subplot considers how, from the therapists' perspectives, these moments provide for transformation and resonance within the therapeutic relationship. This endeavour involves the production of authentic practice orientations and methods, upholding the experience of poetic, sacred and spiritual moments in the therapeutic relationship. This subplot includes plotlines from Ella, Etta, Dee Dee, Joni, Nina, Chet and Corra.

Etta and Ella's practice embraces the three areas of poetic, sacred and spiritual moments in therapy. They name each in their interview and demonstrate a range of ways they experience and navigate spiritual, sacred and poetic moments in therapy. Their accounts describe therapy as sacred space; the use of small rituals and a readiness to surrender structure in a session when a spiritual, sacred or poetic invocation occurs. They explain how it is not always possible to plan or navigate such moments and indeed they claim that such moments occur from a place outside of structure and planning.

Etta's description of her practice with incantations as preparation for entering the therapy room offers a window into her experience of what she describes as spiritual and sacred. From here Etta weaves back to the earlier part of the dialogue about evoking moments. She says that while she doesn't try to make something happen she has a process she follows that she learnt from Maori in South Auckland. This process she named as *an incantation to settle myself*.

In the way of clearing the clutter before any session in my room I have a little jug and I just sprinkle some water. I don't even call it a prayer, but it's something I learnt when I was working in South Auckland with Maori so I just say this, [they would call it a prayer] but I'm not religious at all so it's a little incantation, and so I say that, in the Maori language because that's how I learnt it down there, just to settle myself into the room and to clear the

clutter. But sometimes in doing that I will get that sense before the client is even there. I will get that physical feeling of fluidity and openness and I think the openness means I'm not thinking about anything. I don't have any particular thoughts even about the person who is coming, it's just like open. So this probably does help although that's not the purpose, to get that feeling. The purpose is to settle myself in the room and be present, and clear away the clutter.

Etta

Listening to this part of the dialogue, I find Etta's description of her incantation to be a poetic representation of herself as she prepares to enter the space of therapy. It creates a portal into the imagery of her pouring the water and speaking her words as she settles the clutter. She describes how her Maori colleagues shared the incantation with her and the Maori tradition of transitioning into and out of sacred space. In Maori culture, therapy and teaching are recognised as sites of practice that open sacred space. She tells me that this process of transitioning from *ordinary to sacred space* in therapy with Maori people holds significant cultural meaning. Ella acknowledges the influence of Maori traditions and cultures.

I think they [Maori] have taught us about sacred space. There is a lot around the transition from ordinary to sacred space. So the counselling space and teaching is recognised as sacred [by Maori].

Ella

Etta's description of sprinkling water from the little jug is a literal reference, yet it becomes a beautiful metaphor for moving in and out of sacred space. Metaphorically and literally, the everyday ritual of pouring the water honours the notion of therapy and teaching as being related to sacred talking and sacred spaces. Ella speaks about a new recognition with a client when *it came from sideways*.

A person was visualising and suddenly I was aware of how alone she was in her life, and it was like oh that's where she is position another whole level of something, and she has verbalised [her aloneness] but suddenly it came from sideways, from nowhere, and it just came and I thought 'oh she is so alone, it's going to be really uphill'. It was a major connecting point. Some points of contact that I would describe as spiritual, but there are bursts of laughter, and suddenly find ourselves almost out of role and laughing at something; just drop everything and stop and laugh for a little while. It's a lovely point and it bursts out into someplace else.

Ella

This description of the surprise and wonder narrative, linked to poetic, sacred and spiritual moments is, I believe, a key feature that remains unspoken in therapeutic work with people who have been injured through sexual abuse and violence. It is a place where relief and release occur; where connection between therapist and client and between therapists/client and new recognition, new meaning, is suddenly made: a place of transformation; offers a pause. In this place, both client and therapist can laugh and be in a moment of relaxation in the midst of talking about what is hard, or tragic, or painful. It is a burst of lightness that comes from sideways.

For Joni, all moments are considered equally sacred, saying all moments are sacred and there are moments that move out of the domestic and therefore they are more noticeable. She also identifies closer moments of understanding and resonance in her therapy, saying there are moments when there is clarity or understanding or joint recognition.

For Dee Dee and Corra the concept of spiritual moments relates to a sense and experience of expansion. Dee Dee speaks about the experience of spirituality in therapy engaging her with a larger and expanded sense of who she is as a therapist.

There have been a very few instances where I have felt, in a counselling relationship, swept up in something that I had no control over....um something, I would have used the word spiritual, so and that takes me into a Jung area of the collective unconscious and the energetic forces somehow have influence over us that we tune into with language or somehow in relationship to each other. Just a very few times its happened and sometimes it's apparently happened for people where I've not been aware of it and I know that from the feedback I've got from those other people. Afterwards you know, people might send me a card or an email or, and I think 'oh my goodness I had that much influence'. And I think 'it wasn't actually me that had the influence, somehow I was a facilitator of some bigger thing that was happening or part of it even not even a facilitator'.

Dee Dee

I then ask Dee Dee how these spiritual moments relate to the overall experience of transformation in the therapeutic relationship.

You're telling me about a moment in therapy that was transformative and that links to this concept of a spiritual moment in therapy, so there is something about when a spiritual moment occurs, there is a sense of movement is it just movement?

Lesley

No it's bigger than that, it's much bigger. It deserves words like epiphany or life change or scales falling from your eyes, or entering a new dimension. That's how it seems from the feedback I get. When it happens for someone and I haven't been aware of it, when people come back and say 'I was thinking about when you said such and such and this is what happened this week'. I think 'oh my goodness how did that happen? I don't even remember saying that'.

Dee Dee

At this place, Dee Dee again expresses the surprise and wonder plot of sacred, spiritual, and poetic moments, where she is in a state of surprise and wonderment about her client's responses. She speaks of the unexpected moments that occur within the transformative and resonant exchange of the therapeutic relationship.

Corra has a longstanding interest in the Celtic traditions of poetics and spirituality and the way these traditions are lived out through relationship in everyday Celtic life. Corra's Celtic background, with a deep interest in poetry, her Scottish cultural influences and her spiritual focus are all significant in shaping the way Corra expresses herself in therapy. She finds an intimate dialogue in therapeutic relationships, where she is able to connect with traditions from her Celtic past. I asked Corra the question that I have pondered over. I tell her I am interested in her thoughts on how our lives as therapists are potentially enriched by poetic or sacred moments.

There's a whole experience for me in being a migrant. Having been brought up in one culture at a very interesting age - being brought to live in a very different culture and this culture that I live in, the people do not talk and communicate at the level that they did in my original culture. I cannot get the kind of culture that I am use to living in Australia. In a therapeutic setting, the person has come to talk about something that is meaningful for them and there is the opportunity for me as the therapist to move them to a place a heart mind connection and the possibility of the poetic moment. I come from a Celtic culture where they just talk about spirituality and poetic process are seen as the same thing, as the thing that moves people, that connects with people that expands people. So I think there's something

in me that's not met in this culture that gets met in the therapeutic process, some of the time. And so I get expanded in life. I get a 'champagney' feeling inside. I like to take theory and apply it into the individual's process. I guess when I allow that person to have those more poetic moments I can see someone else's perspective on life which expands me as well.

Corra

In this cultural reconnecting, Corra's poetic crafting focuses on her view that narratives of expansion in therapy happen - including narratives that are moving and integrate heart, mind and spirit.

A poetic moment is where the heart is touched. I'm not sure if it's possible to have a spiritual moment if the heart is not touched but I think the heart might be touched without it being a spiritual moment. A spiritual moment for me is when I experience an expansion beyond the daily ordinary stuff and sometimes I can conceive that someone has made an emotional connection or to what has been done in therapy but other times I see there has been an expansion way beyond the average and I would call that spiritual. It's like another dimension is added that takes it out of the ordinary. Emotion is what I would call poetic moments where the heart is touched and the head is moved. But then there is a place where I actually get to see where that fits within the big picture of life and that's the spiritual.

Corra

In common with Dee Dee, Corra experiences these moments of poetic and spiritual process in therapy as a rewarding and engaging component of therapeutic work, when she is present and sharing with another person. She experiences these moments as a privileged and an intimate connection that holds pleasure and delight. I am drawn to Corra's account of spiritual and poetic process and the way she grounds this understanding in her cultural heritage. For Corra *spirituality and poetic process* are experienced as the same entity. It would appear that this is the place of Corra's *poiésis*, where her Celtic cultural heritage meets with her making of therapy as being potent with the potential for intimacy and expansion (Freeman 2002).

Nina's ideas link with spirituality in a number of ways. These include from her engagement with Aboriginal clients; her involvement responding to ritual abuse, what she refers to as a spiritual crisis, the spiritual connection she experiences with trauma therapy, her exploration of the body and spirituality, and her experience of body work and trauma. She has a rich and textured narrative rendered from her extensive experience of therapeutic relationships and an

open exploration of spirituality in therapy. Nina gives an account of body work with a client who had suffered extensively from ritual abuse. She speaks about a process that focuses on a part of the woman's body that had not been hurt by the ritual abuse as a resource for healing.

There was this little area under her arm [and] she could keep this part of her body safe. It hadn't been affected by the abuse and so we worked with it in different ways, but one of the ways we did work with it is, and it's an idea from somebody in the States who I've used for supervision a couple of times who works in this area. We really worked on what we could do to enhance or maximise that little area of her resilience and it was a lovely thing that used the body. The conversation that came out of it was really was on the spiritual plane, of her experience of survival and operating on that level it was a way into it. Then we drew on it, so what you do is you breathe you know it's quite metaphysical as one of my clients said. You breathe in through the area of resilience and then you breathe out from the traumatised areas, and the idea is to create some homeostasis. So we talked about it and then we used it as a [positive] force. So you can see it is a really nice way of enhancing the spiritual dimension of remembering, of survival and what [parts of the body] manages to survive the trauma.

Nina

Nina's account indicates how spiritual moments provide for transformation and resonance within the therapeutic relationship. In her endeavour, she focuses on the transformative realm of healing, where not all is easily explained from a linear positioning. Nina draws on links between the body, the entry points for healing and spirituality. She integrates this practice with herself and notices her bodily reactions to trauma work *on a spiritual level as well as emotionally*.

Two of Chet's plotlines are relevant here. From a reflexive place I found Chet's narrative compelling. As discussed in Chapter 5, I am interested in the way Chet appears to hold a number of contradictory narratives about his therapeutic work and his lived experience. In particular, there appears to be a missing narrative (Fine & McClelland 2006) of sacred and poetic moments in his therapeutic relationships, and he appears to have resigned himself to a position of *no significant encounters for me*. This is despite the way he says both sacred and poetic realms are important and have been important in his personal life.

Early in the interview he says that he decided some time ago in his practice that he *can't change people* and he thinks *some things can happen when you are just present with the process* with the young person. He says that what he respects in another therapist is someone who can *tune into where someone is at and to catalyse for them the thing that they want and need and I suppose I use the word catalyse, in a sense is a chemical reaction that's not involved in the reaction but it facilitates it and it's a mystery why*. I talk about the idea of what is sacred in the everyday, the everyday ordinary moments in therapy. I ask Chet about the quiet moments that happen, the ones that may be sacred or poetic but not necessarily spiritual. Chet states that he probably sabotages some of those moments, to contain potentially fraught exchanges in his practice with young people. He says he isn't sure if he is ready to hold situations in which those moments occur.

Chet speaks about the times when he wards off connection or intimacy.

I probably sabotage some of those moments because it's quite threatening to you and the client to really enter into a space of real connection and a real sense of we are meeting in this moment in this very grounded or authentic way. I don't know if I feel ready to hold situations in which those moments occur. I think I keep it on another level where rapport is maintained, a slightly less version of the same thing. I'm thinking of some sessions I have had with people. I can't remember a session that I had with someone that would go to that level. I feel like I'm gesturing in that direction but I don't go there.

Chet

In response I say to him, so that's interesting in itself, because you say you are gesturing in that direction but you don't go there. What is it that has you wanting to go towards an intimate and or sacred exchange? He responded by talking about authenticity and dignity, and his hope that the young people he meets with can embrace an understanding and experience of authentically just being and being okay. I have described Chet's interests here as narratives of the 'authentic being' and the 'dignified self'. From here, he moves closer to the act of gesturing towards poetic and sacred moments in therapy.

Two things are happening with any engagement I have. One is the superficial level, where issues of accommodation and family relationship are being addressed in some way. I'm coming in as a witness with a degree of accountability and integrity and honesty enters into the picture. My presence settles things a bit and in the meantime I'm learning and learning about approaching the situation without trying to impose an agenda on it. And [I'm]

standing and holding the line for this principle of human being and I feel like I'm still in a process of learning about my own impotence in relationship to that. Maybe there is something else to learn beyond that about how you can engender or elicit or hold it for another person, but may be I've got a bit more personal evolution to do before I can do that. So those are big personal and sacred, spiritual questions and I am using my job and my role to do that but no matter what I was doing I would be using it [the job] to do that.

Chet

Here Chet is giving voice to an understanding about his lived experience in the present moment as a therapist, as he describes what could be called the mundane realm of case management, while also highlighting the significance of accountability and honesty in therapy. Then he reels forward into the future to consider how he wishes to evolve in relationship to his practice and the incorporation of his thoughts and hopes about what he believes is sacred. He closes off this piece of the conversation by saying how the big picture questions, the '*sacred spiritual questions*', become part of his reflective wonderings as a therapist.

Of great interest to me here is that Chet articulates a quest narrative that circles around the concept of *sacred and spiritual questions* and he states how he uses his therapeutic relationships as a site of inquiry for this pursuit. Here he describes himself as a witness to the young person's experience, while also casting across time and positioning himself as witness and agent to his personal spiritual and poetic quest. Another narrative is gaining momentum as he continues to make and find meaning all at once (Freeman 2002). At this juncture Chet's voicing of this storyline could be interpreted as both a poetic construction (Freeman 2002) and as a threshold occasion. It is possible to do this, Freeman (2002 citing Heidegger 1971) says, when something moves away from what it has been to become another form of embodied experience. Chet takes a move away from the notion that nothing much happens in his therapy and illustrates that his therapeutic work is actually engaging with a universal search for meaning and understanding that goes beyond the mundanity of his *nothing much happens* narrative. This emerging narrative is probably best described as *therapy work providing a process for personal illumination*, and this links to the second overall plot of this research being *Therapy as Threshold Experience*. Yet throughout the interview he uses tentative language to describe his relationship to sacred and spiritual moments in therapy. Towards the end of the interview he says:

Yes I like the description of sacred. In mental health you get some people who are pretty disturbed for all the normal reasons and they are a long way from being able to connect with another person. There is a kind of a disappointment that happens that comes often. To have thought that you had an occasion like that with a person, so you have that connection with an adolescent and it should have been perspective changing something should have shifted but then you hear later that they went off and behaved and did and acted in ways that shows that totally violates the principle that was established in that sacred moment.

Chet

For Chet it appears that the sacred moments are about a poetic gesturing, where the concept of an *authentic being* and a *dignified self*, hold hope and possibility. And where a young person is *grounded in something sacred that is quiet and still at the centre of those things* (the ongoing dynamics of homelessness, the issues of family relationships and living with abuse) *where you can connect with another person.*

In closing, I reflect again on Joni's idea of *Love is the holding bowl*. I imagine this as a metaphorical description for the entire first emplotted narrative *The poetics of transformation and resonance in the therapeutic relationship*, and from which *The surprise and wonder of poetic, sacred and spiritual moments* became the third subplot. Surely love always comes from sideways, unexpected and with wonder. Love is ripe with the potential to transform and resonate, if noticed, if attended to, if witnessed. There appears to be little analysis required of this plotline, as its significance is really that it is raised at all. Love in therapy is often a casualty of what Fine & McClelland (2006) refers to as the missing narrative. Indeed, when Joni raised it she did so as an add-on comment when she said *just one more thing I will add because you used the word love. I think love is here [in therapy]. It's a particular kind of love and I very rarely speak about it in the work for some degree of confusion but certainly in that place love is the holding bowl.*

I will let the notion of love in therapy close this discussion, where in summary I have considered the unexpected and unplanned plotlines; when poetic, sacred and spiritual moments in therapy appear to *come from sideways*, furnishing the therapist, client and the therapeutic relationship with a sense of surprise and wonder, and the notion of poetic crafting in present transformative time.

Conclusion

Chapter Six outlined and presented the discussion and analysis of the first Configured Plot and the three subplots. This configured plot is about the production and experience of resonance and transformation within therapeutic relationships, and the naming of a poetic sensibility found in the therapists' accounts of trauma therapy. The three subplots are configured around the role of: crafting practice as a relational engagement with poetic sensibilities and resonance in the therapeutic relationship; rendering well-honed skills in the making and doing of trauma therapy; the crafted spoken word and language as a relational engagement with transformation; and an active engagement with poetic, sacred, spiritual and unnamed moments.

Each subplot places value on the emotional and ethical worlds experienced by therapists and their clients. The engagements discussed in this plot are rarely explored in research on the therapeutic relationship in trauma therapy. This is possibly due to the more usual focus of research on the clients' experience and accounts. Here I have been able to explicate the therapists' understandings and experiences of themselves as active agents of transformation and resonance within a dialogical and relational sphere. The therapeutic endeavour of transformation and resonance, described within this emplotted narrative, leads to the production of authentic trauma therapy orientations and provides a range of applicable options for practice.

Chapter 7

Analysis of configured plots part 2

Trauma therapy as threshold experience: narratives of self-discovery, practice and identity

Sisters of Mercy

All the Sisters of Mercy
They are not departed or gone
They were waiting for me
When I thought that I just can't go on
And they brought me their comfort
And later they brought me this song
Oh I hope you run into them
You who've been travelling so long

Leonard Cohen (1993, p. 109)

Introduction

The poem by Leonard Cohen is from the song *Sisters of Mercy*. In 1972, I heard the song for the first time. A Canadian friend frequently played the record. As a song it is like a lullaby, and as a poem more like a parable. The sisters arrive and wait for him. Once he realises they are there, his despair vanishes and he can go on (Cohen 1993, p.109). In therapy, threshold moments of self-discovery arrive and wait to be noticed. Junctures of self-discovery, including the moment just before the arrival, the point of threshold and the moment after, are useful in therapy and for the interpretative work necessary in narrative inquiry.

This chapter presents the second of the three configured plot lines entitled 'Trauma therapy as threshold experience: narratives of self-discovery, practice and identity.' Here I present the second configured plot line, being a discussion of how trauma therapy acts as a site for the production of threshold experiences in relation to therapists' engagement with therapeutic inquiry, discovery, and the process of shaping and making identity. This plot line explores the experience of discovering a sense of selfhood in regards to one's identity as a therapist and the shaping of self-identity as a person in the world outside of and beyond work and therapy. This subplot draws on Charles Taylor's (1991, p. 62) concept of self-discovery where people develop into '*what I have it in me to be*'. I have extended this notion to apply the process of self-discovery to the endeavour of therapy. Within this, the exploration of self-discovery is possible for therapists, through a process of shaping and making therapy, and an engagement with crafting one's therapy. As a therapist, I engage in a process of creative expression through crafting my authentic therapy, and in so doing reconfigure my practice identity and become what is mine to become as a therapist and as a person (Taylor 1991).

As flagged earlier in Chapter Four, I engage with Taylor's notion of the authentic self as being a new experience of self/selves that is socially constituted through the enactment of therapy. I contend that through the process of therapeutic discovery fresh accounts of self are negotiated and mediated and that these self-states are not fixed notions of being. These experiences of self are entry points for transformation where a person, therapist or client may connect with a sense of self/or selves and identify with this expression as being authentic to them at that point of time.

Here the plot line links with David Whyte's (2001) poetic view of shaping identity through work and investigates and considers the supporting and intersecting self-narratives related to shaping of self as therapist (public) and self as person in the world (private and public). This endeavour involves the production of authentic practice orientations and methods.

This configured plot includes accounts from Joe, Billie, Chet, Corra, Nina, and Dee Dee. The configured plot focuses on how therapy acts as a site for the production of threshold experiences for therapists in relation to an alive engagement with therapeutic inquiry and the

process of shaping and making identity. The analysis draws on Ricoeur's narrative and interpretative process and utilises the concept of 'poetry' meaning, creative acts in the form of *poiésis* (2004, p.461). I have applied these understandings to the analysis of the participants' plot lines to understand how self-discovery, as an expressive act of narrativity, informs their sense of identity and practice in therapy. As a point of recall, in this chapter I draw on Ricoeur's (1991) three tenets related to poetry: poetry can challenge; poetry can preserve the breadth of language; and language is instrumentalised and often reduced by social and cultural practices.

This plot line explores the public and private sense of selfhood, while considering both the making of practice identity as therapist and the shaping of self-identity as a person in the world outside of, and beyond, work and therapy. It is worth commenting that I am not contending an artificial separation between sense of self in the work and sense of self not in the work; indeed these experiences of self are interwoven, connected and integrated.

I begin with Chet to demonstrate his narrative of trauma therapy as a threshold experience by considering three of his plot lines, being: narratives of personal illumination as processed and produced in the therapeutic relationship, therapy bordering on sacred: narratives of deepening practice towards intimacy in the therapeutic relationship, and gesturing towards sacred and poetic: narratives of the 'authentic being' and the 'dignified self.' From the perspective of a narrative inquiry, where the emplotted narrative is the central turning point, I find that Chet's accounts belong also as evidence to the configured plot under consideration here. I have already analysed Chet's interview at length in Chapter 6; I will not expand in great detail, other than to highlight the way Chet's accounts also inform the plot line of narratives of self-discovery, practice and identity. I am following Ricoeur's (1991) suggestion that the same data might be used to interpret and illustrate new meaning within the narrative configuration process.

What is of interest in Chet's narrative relates to Taylor's (1991) exploration of the ethics of authenticity, where he outlined his account of the human search for authenticity and the relationship to ethics. I find Taylor's (1991) thesis to be a message of great significance, and

indeed his claim relates brilliantly to the task of therapy, where therapist and client are joining to support the search for authenticity. It is often the case that when people turn to therapy for support and assistance following experiences of harm, or when facing acts that have caused injury and harm to others, there is an overwhelming experience of being disconnected from a sense of self. Therapy attempts to reconnect people to a sense of self, to a sense of an authentic life where healing is possible, and where there is refuge from the injurious experience of trauma, abuse and violence. Therapy is a potential site for discovery and creative acts, when expressions of protest, hurt and healing receive validation through listening, acknowledgement, recognition and witnessing. Through these creative acts clients' can move, *not on*, but through discovery to a newly located experience. This place of discovery, including the moments when *poiésis* occurs is socially created and constituted through the creative and transformative acts of relational languaging (Bird 2004) in therapy. Arriving at a place of fresh realisation may mean that different thoughts and feelings are available while others may become less consuming. In therapy, I hope that clients gain a sense of themselves from their own authentic engagement with what matters most to them.

Taylor's conception of authenticity posits that each of us has an authentic way of being, and that we each face the endeavour of discovering through our socially constitutive, relational and dialogical practices what it is that makes us unique. Seeking authenticity, recognition and identity may be considered as creative acts integral to the dialogical and relational. In this way 'our identities are formed in dialogue with others, in agreement or struggle' (Taylor 1991,p.45). Taylor's thesis claims that the only way each of us can undertake this process of uncovering our authentic self/selves through discovery is by '*articulating it afresh*' (1991, p.61).My belief is that the new articulation requires a social, dialogical and relational engagement with a created or constitutive expression of self through the process of *poiésis*. Bird (2004) achieves this through her use of 'relational language-making' (p.349) and her approach to 'narrating through dialogue', where she is engaging in the 'making of language and meaning' (p. 139) in therapy. This is how she makes therapy practice through the doing of her therapy, and her immediate environment is the dialogical and relational context of therapy and the concerns of the person she is engaging with. Bird's relational and dialogical context produces new language and new meaning in therapy and I believe this is another example of what Taylor is referring to, when a new articulation of self occurs. Subsequently, this new

articulation leads to a new experience of self through the processes of therapeutic inquiry. Taylor makes the connection between self-discovery and an artistic, creative, expression where he believes artistic expression is the only way people come to a place of knowing who they are, and what is uniquely theirs from a position of self-identity and creative production.

Within this frame, we see Chet giving voice to his self-discovery and creative authentic expression as he speaks about gesturing towards sacred and poetic moments and the way that his therapy borders on what he refers to as sacred. In this process Chet is navigating a process of claiming a newly constitutive or socially created self. In Chapter Six I used some of the same passages of Chet's narrative to illustrate his relationship with sacred, spiritual and unnamed moments. In this chapter I am focused on the way he uses these moments in therapy as thresholds for his own discovery, related to his identity construction and the development of his therapeutic practice.

In his exploration of self, as person in the world and self as therapist, Chet appears to be engaging in the contradictory edges of his self-discovery by forming self-definition through dialogue (Shotter 1997). I have included the following dialogical exchange to illustrate the way I have applied Taylor's (1991) concept of speech acts to my dialogue with Chet, when he creatively expresses his making and shaping of practice and identity.

I like those words [poetic, sacred and spiritual] in terms of my private life and my private journey but don't really see them as related to my work very much. I am curious as to whether I'm just going to have not much to say. It was a curious juxtaposition those words in relation to my professional tasks, and I have no idea where that is going to go. They evoke the area of mystery and unknowing that fills in the gaps in between that which is definite and prescribed and normative in our life. But those sorts of things never quite encompass or explain to us our own experiences or feelings or behaviours or anything and I'm interested in the grey areas in between.

Chet

So there is openness to these ideas in your work?

Lesley

It feels like inevitability rather than openness, it's the way I have to be in being me. I am always shying away from that which is normative and expected in terms of belief and practice. I don't seem to be able to settle in and toe the line in most things and I shy away from most things that are mainstream and mainline and [I] expect that I see that as a strength and unique thing about me, but also a weakness because I spent great tracks of my life being not particularly useful.

Chet

Your starting points was somewhat intriguing, have you had any thoughts about sacred, spiritual, and or poetic moments in your work?

Lesley

No, only that I think they are lacking a bit. I have read books and gone to training and heard people describe wonderful encounters in therapy or people experiencing moments of insight or connectedness I don't think that happens in my work. My work seems to be very nuts and bolts, its plugging away holding the line on a few things and I wonder if I don't find those sorts of things happening maybe I'm doing something wrong. So I'm drawing a blank, I don't know what to think in relation to those things and in a way I am hoping through this inquiry I might change my view and think maybe there is a bit of that in my work after all.

Chet

It appears here that Chet sees a boundary in relation to his work and therapy identity and what he values in his personal life. From here he gives expression to this boundary by speaking about *gesturing in that direction*.

I'm thinking of some sessions I have had with people. I can't remember a session that I had with someone that would go to that level [of intimacy]. I feel like I'm gesturing in that direction but I don't go there.

Chet

He then states that maybe just the experience of rapport and respect is bordering on sacred for the young people he meets with, as he guesses that they do not often have that experience in

their everyday lives. In addition to therapeutic moments that are bordering on sacred, he talks about noticing his practices deepen. He experiences himself in therapy as often gesturing towards the sacred and poetic, by always supporting notions of an *authentic being* where a person is *grounded in something sacred that is quiet and still at the centre of those things [abuse and violence] and the dignified self* is maintained, nurtured and protected in his therapeutic exchanges.

The plot lines embedded in Chet's narrative, include: Therapeutic relationship as a site for processing and producing personal illumination; therapy bordering on sacred; narrative of deepening practice towards intimacy and gesturing towards sacred and poetic; narratives of the 'authentic being' and the 'dignified self.' Later in the interview, Chet articulates the threads of his plot lines saying:

I think I am starting to as my own practices deepen. I tried teaching mindfulness to my clients and you can't teach this if you have to do it. I can't affect this for my clients, I could lead them towards it but I can't teach them to go there if I haven't been there myself.

Chet

In the section above, Chet claims the importance of daring to try, or daring to act as a therapist. He speaks of his own practices deepening as he realises that he has a need to experience *mindfulness* if he expects his clients to try it. This illustrates his plot line of a *deepening practice*, where he becomes more closely connected to his expectations of himself as a person and as a therapist. He challenges himself to take up a more authentic position so that he is not prepared to ask more of his clients than he would ask of himself.

He speaks about authenticity and the dynamics that operate in young people's [clients] lives when substance use and domestic violence are occurring.

I hate seeing humans [and knowing] all that they could be and feel and experience [if they] had an experience of just being, being okay. I meditate and I look for that experience of being and being okay, [when] there is nothing driving and demanding, pushing, pulling or engaging and I want that for them and I even get passionate and evangelical about it. I want them to see all of these things that are happening in their relationships that are just robbing them of their own capacity to just be and be connected and that's my personal

journey. I want that for them so I'm always trying to find the person within the dynamic [of abuse and violence and substance use] and to get them to see that they are different. They are not the things that are running rampant and around them. They are not those things they are something else.

Chet

In terms of the question I asked you earlier, what do your therapeutic relationships mean to you and what keeps you doing this? Is it about wanting to invite your clients into this place of 'just being and being okay.'

Lesley

Two things are happening with any engagement I have; one is the superficial levels where issues of accommodation and family relationship are being addressed in some way, I'm coming in as a witness with a degree of accountability and integrity and honesty enters into the picture and my presence settles things a bit. And in the meantime I'm learning and learning, about approaching the situation without trying to impose an agenda on it and standing and holding the line for this principle of human being. I feel like I'm still in a process of learning about my own impotence in relationship to that and maybe there is something else to learn beyond that about how you can engender or elicit or hold it for another person, but maybe I've got a bit more personal evolution to do before I can do that. So those are big personal and sacred spiritual questions and I am using my job and my role to do that but no matter what I was doing I would be using it [the job] to do that. It's just possible that with my history I'm used to experiences of intimacy and occasionally sacredness, but it's possible that the people I work with don't have much of that in their life and maybe just the experience of rapport and respect is bordering on sacred because they don't get it very much.

Chet

I then ask him, *so is there a spiritual narrative?* He responds by speaking about the concept of *nothing at the centre of everything, which is actually the bliss.* Initial analysis led me to think that he was deflecting this question in terms of his dialogue with his clients, but after rereads of his transcript I realised he is indicating that the dynamics of violence and abuse in his clients' lives take over and leave no room for him to find a quiet or sacred space in therapy. Still he persists with his idea that it is *about 'a peace of mind'* for the client. He says that he cannot get there [to a place of peace] with a client. Chet asserts that he keeps practicing [meditation] to get there himself.

In these conversations, I have used words like poetic, sacred, spiritual and these words may not fit for you. But the everyday moments. I called them unnamed moments, those nothing type moments, that happen in therapy, seem to have significance. I am curious about what happens in therapy with those type of everyday moments. I'd be intrigued to know if there was some validation about the way you are approaching your therapy, where you bring a sense of peace or everyday peace to your therapeutic relationships, to these young people whose lives are chaotic or overwhelmed by the dynamics of violence and abuse. What would it mean for you if you were able to embrace what you do bring to your therapeutic relationships?

Lesley

He then says, *I guess I am embracing it [spirituality] in some way because I persist with it and I feel like I have honed something.* I am interpreting this comment as a threshold to discovery and identity construction for Chet, both as a therapist and his sense of 'authentic being' to use his words. He is tentative, but he appears to be making meaning in that moment as he contemplates what it means to keep going in this area of practice, and what it means to claim his skills and the experience of himself as a therapist who has '*honed something*'. I ask *is it a Buddhist sensibility that you are speaking about?* Chet replies, *yes it is, but it's everywhere. It's in motivational interviewing and acceptance therapy also.*

There is a wonderful rawness to Chet's accounts. It is not the rawness of naivety, but more an admirable and gutsy determination to speak with earnest regard for the young people he meets and, with equal measures, in regards to his own life course of using the therapeutic relationship as a site for processing and producing personal illumination. Chet gives a compelling account of his passionate exchange as he navigates his personal illumination through acts of poetic and creative crafting in therapy.

I will now turn to comments made by Dee Dee as she reflects on the interview. I have turned off the digital recorder, but we have continued to talk and she starts to say more. I turn the recorder back on, explaining to her that I want to capture these closing comments. To illustrate the dialogical nature of the interview process I have included a segment of narrative from our conversation to give Dee Dee's comments context. I say to her:

I'm just thinking about Katz and Shotter's research and how they speak about really listening to hear what the person is saying. Listening for the way they are [the client] languaging it and the meaning that they are making. So when you locate those words, [the client's words] that is like a portal to something else. When you said to me 'time is running out', I was thinking all sorts of things. Maybe time was running out for him [Dee Dee's client] to not be doing what he really needed to be doing.

Lesley

Dee Dee speaks more about her client who is a writer, and his recent pursuit of writing plays and of painting. She says what a privilege it is *'to be an audience to that'*. Then right at the end of our interview, she gives the following account:

So what is really helpful, for the first time I have an image of when I'm going into a session, you used the word portal and I thought that's a lovely word [to describe] going into a different dimension, of a wide open space that is very inviting and welcoming that has no bounds to it where we are both equal so if I can somehow contribute to that being possible in a session I think that's a wonderful thing. It's helpful for me to have that image to take that with me into a session.

Dee Dee

These closing moments of the interview with Dee Dee are an example of how the research interview allows for a relational and dialogical exchange (Shotter 1997) where the interviewee is engaging with the construction of therapy and identity, by the process of bringing forth meaning and language. Dee Dee actually uses the words *'for the first time'*. In that moment she is aware of and naming her own border crossing. She knows that she is in the territory of negotiating and naming a languaged account of how she travels into a *different dimension*. She knows she is doing this for the first time. She also knows that she has languaged a metaphoric account of what I call Dee Dee's passage narrative. Dee Dee says *for the first time I have an image of.... when I'm going into a session*. By using the word *image* Dee Dee is speaking metaphorically and shaping her passage narratives, so that she is able to describe the move across dimensions in her therapeutic relationships. I have named this account as a passage narrative, where Dee Dee negotiates the coming into, going through, and crossing over space and time; the moves and shifts of practice in her therapy. As Mishler describes:

'Yielding control to interviewees of the flow and content of the interview, entering into a collaborative relationship, attending to what and how interviewees may learn from their

efforts to respond meaningfully to questions within the context of their own worlds of experience, giving them voice in the interpretation and use of findings, serving as advocates of their interests all these “research methods” radically alter the standard definition of a researcher’s role and aims’.

Mishler 1986, p.132

Dee Dee’s description above fits well with her plot lines of passage narratives, where she is negotiating a different dimension in therapy and entering a *wide open space that is very inviting and welcoming that has no bounds to it where we are both equal*. However, this passage also illustrates Dee Dee’s reconfiguration of practice identity and her experience of a threshold experience, as she realises for the first time a new practice dimension and the experience of moving into a new space in therapy where she feels invited and welcomed, with equality shared in the therapeutic relationship. Dee Dee speaks about her intrigue and discovery narrative where we see her move away from a theory-bound or *prescriptive* approach to a stance of poetic crafting in relation to therapy.

In this next section of dialogue with Dee Dee I ask her what she is doing in her therapy that helps her connect with discovery. She describes a sense of revelation related to new discovery in therapy.

You were describing that there are two things that can happen in these spiritual moments in therapy. One is that you may not be aware [at the time] and only become aware when the client tells you [that something important occurred in that moment] and then times when you are aware that something is happening. So the moments when you are aware of what’s happening, what makes this possible?

Lesley

I become aware of having moved to a new place. Instead of the session being prescriptive or familiar I am in a place where I think ‘this is new knowing for me’, I am having some revelation or I am getting to think about some things that I haven’t thought about before and that makes it inviting and thrilling.

Dee Dee

Dee Dee appears to be involved in two processes of discovery in the above segment of narrative where she is speaking about her discovery experiences in therapy, and this is rendered with the meaning she is constructing in the dialogical and relational conversation with me. She indicates this by stating that she is having a revelation that she has not thought of before. This experience of giving account of discovery in therapy, and then being expanded by further discovery in the conversational research interview, may thicken Dee Dee's self-narrative and propel her act of self-discovery and *poiésis*.

Dee Dee considers what a difference it might make to the way others identify her as a therapist and the way she experiences her own self-definition as a therapist. In this piece of the interview, she tries on a poetic self-definition as therapist that may potentially lead to a less prescriptive version of her therapy and open possibilities for shaping a *different understanding of me as a therapist*. As she does this, she appears to be in the process of identity construction, within a dialogical exchange. She is considering what it would mean if others experienced her differently as a therapist, connecting her possibly to an alternative view of who she might be and what her therapy is about. This is possibly a form of 'poetic construction of selfhood' as described by Freeman (1999, p.99).

As this was the first of the interviews I was yet to know this, but this would not be the only time that I would have a sense of one of the therapists saying something, giving meaning to a concept, for the first time. This experience brings a sense of border crossing to the interview process, and highlights the importance of a relational and dialogical opportunity held within the research interview, when the 'flow and content' of the interview is intentionally geared towards a reciprocal engagement between interviewee and interviewer (Mishler 1986, p.131).

At the time I wondered, was it my novice state as a researcher that had me thinking this way? Now I can appreciate, as the data is configured into the emplotted narrative, that these border crossing experiences in research are indicative of the co-construction of meaning that occurs within the doing of the research interview and the inquiry. It is an active state of doing and creating. The interview is producing meaning. It brings me back to the concept of *poiésis* as meaning *to make* (Freeman 2002) and, as I reflect on this interview, I am thinking of the notion

of poetic making and doing with a focus on the active and agentive self or (selves) in the interview, being the interviewer and the interviewee.

Well I think that when I use the word 'spiritual', people often want to put it in a church box, and I find that really difficult. And so if poetics was a more common word (for my practice) would people be less likely to box and dice me in this way. If people were to describe me and said this is a counsellor where you can develop a poetic side of yourself or where you might look for some poetic moments, whether that would give them a different sense of who I am than if they said spiritual - you can do some spiritual work.

Dee Dee

From here she aligns herself with a poetic artistic expression by describing the poetic potential in all of us. Here she imagines poetic crafting as leading to a *different understanding of me as a therapist, [where] people are less likely to box and dice me in the work*. Dee Dee's statement above is descriptive of what I am describing as poetic crafting or poiésis. This definition connects with the concepts of *making and doing therapy* as a creative process that then produces a new sense of self, identity and therapy (Freeman 1999, 2002; Ricoeur 1991, 2004; and Taylor 1991). Here she is contemplating how her identity as a therapist may change if she was engaging more fully with poetics in therapy. Then, in the next statement, she talks about being a poet and this description fits easily with poetry therapy (Mazza 2003), but also could be described as bringing a poetic sensibility to her therapy. I am using the description *poetic sensibility* as I think it connects back to Ricoeur's (1991) ideas of poetry and play. A poetic sensibility gives an impression of ease; it is a thought, a feeling, a gesturing towards poetry and poiésis without taking the next step to commitment. There is room for playful contemplation. She says:

We are all poets aren't we and how sometimes people in group work come to discover the poet in themselves is, it's emotional for me to see that. I give opportunities for that, descriptions of what's happening for them in art work or colours or music or writing and again poetics can sometimes have people thinking poetry "I can't write poetry" whereas for me a poetic moment is calling forth the poet in you, however you want to express that, the artist.

Dee Dee

In turning to Dee Dee's passage narrative, I will reflect on her metaphoric use of the language indicating movement in time and the concept of passages. She speaks of moving, spaces, crossroads, degrees of measure in space, exploration, and directions in her considerations of herself as a therapist. As she speaks she gathers up images of coming into, going through and crossing over space and time, culminating in a sense of movement as she navigates the shifts and moves of her practice.

I think that people come to counselling because they are at a cross road and when I think of a cross- road, I don't think of four, I think of 360 degrees of possibilities in your life but you come to a place in your life and you think 'I have some emotional pain and this is not okay for me. I don't like where I've come from. I want to go to a different place but I don't know what that is for the moment. I'm stuck at this place, too fearful or too nervous or whatever to go in a different direction but knowing that I don't want to go back' and that's the bit that I like to explore with people. 'What is it that you would need in order to go forward? Like what are the conversations that would be of some use to you for you to make a step in a different direction?'

Dee Dee

She gives a further account of her passage narrative in a description of work with a client. Indeed here she is speaking about less familiar steps in a journey, that ultimately lead her to an expansive expression of her spiritual exchanges in therapy. I ask Dee Dee *what words would you use to describe this new territory that you are stepping into?* Dee Dee describes this as a *foundation for future work.*

It wasn't that I was at the crossroad saying 'oh come', I wasn't being the coach that I normally feel that I am saying, 'give it a try I will walk along a few steps, you can do it'. It was more that he was saying, 'I am going to go this way' and I was thinking 'and I am going in a new direction too', and it was exciting thrilling. So this is, this is quite a foundation for future work.

Dee Dee

In another account she speaks of a human experience of not knowing the next way forward, when we are frozen at a crossroad.

I think it's about an acknowledgement that we all stand at the crossroads together, and that education and economics and relationships make huge difference in your lives, but with all that stripped away we all stand at crossroads frozen at times - thinking 'I don't know how to go forward.'

Dee Dee

What Dee Dee illustrates is the way she companions her clients on their passages in therapy where the therapeutic relationship acts as the connecting point for transit. She is alongside (in her passages metaphor), coming into, going through, and crossing over space and time as she crafts the moves and shifts of her practice through her application of a poetic sensibility. The passage metaphor is extended in Corra's plot line: *Between two cultures narrative*.

This subplot contributes to the configured plot *Trauma therapy as threshold experience: narratives of self-discovery, practice and identity*. In Chapter Six I used the same segment of Corra's narrative to interpret her experience of unnamed poetic, sacred and spiritual moments in therapy. In this chapter I am interpreting her threshold experience in therapy of self-discovery, and how these influence her practice and identity construction. Making this process visible builds a 'progression of evidence' in narrative inquiry by including segments of quoted text (both mine and the therapist's), by drawing attention to the interpretative analysis when using the same segments of text collected from participant's narratives, and describing 'thought procedures that informed the interpretation of the meaning of the storied texts' (Polkinghorne 2007, p.7,8). Corra gives an account of her migrant experience and how in translation, this life experience was a threshold in itself which has, in turn, shaped and formed Corra's expression of her authentic self as therapist.

There's a whole experience for me in being a migrant. Having been brought up in one culture and, at a very interesting age, being brought to live in a very different culture. And this culture that I live in the people do not talk and communicate at the level that they did in my original culture. I cannot get the kind of culture that I am used to living in Australia. In a therapeutic setting, the person has come to talk about something that is meaningful for them and there is the opportunity for me as the therapist to move them to a place, a heart mind connection, and the possibility of the poetic moment. I come from a Celtic culture where they just talk about spirituality and poetic process are seen as the same thing - as the

thing that moves people, that connects with people that expands people. So I think there's something in me that's not met in this culture that gets met in the therapeutic process, some of the time. And so I get expanded in life. I get a 'champagney' feeling inside. I like to take theory and apply it into the individual's process. I guess when I allow that person to have those more poetic moments I can see someone else's perspective on life, which expands me as well.

Corra

When Corra says *so I think there's something in me that's not met in this culture that gets met in the therapeutic process, some of the time*, she demonstrates how her personal experience in the world as a child has informed the way she approaches her therapeutic relationships. Here her private world self and her public world self as therapist are connected, as she seeks out an experience of her Celtic culture that is missing, living here in Australia. She has chosen to use her understandings from her life changing experience as a migrant to make and shape her therapy. Corra gives an account of how she applies her poetic construction and expression, garnered from her experience as a migrant, to the task of understanding her identity and different perspectives in therapy.

One of the things I do is I think a lot by myself and I construct an awareness or an understanding that is very much at an individual level, and every now and then in the therapeutic context, I get to see someone who has made a construction which is quite different. And this is what happens when you have lived in two cultures. There are questions you can ask, it's like another culture but it's a personal one. It's where you really get to see what some people see, as this is just the way it's done. You know there are alternatives so it gives me that picture into an alternative way of looking at something that deeply affects me. And makes space for me [where] there wasn't space [before], because I had only thought about things within my own context.

Corra

For Corra there is no authentic creative expression of self without an active expression of her speech acts as a Scottish, Celtic woman. Corra needs to connect to her Scottish Celtic traditions to be able to express what is authentically hers to express. Corra's poiésis springs from her dialogical and relational engagement with the therapeutic relationship as the site for her poetic, culture informed expression.

Nina describes the threshold experience of her Masters Research, where she engaged in an in-depth exploration of the effect of trauma work on therapists (Hetzl 2000). Her research demonstrated that trauma work in therapy provided opportunities for spiritual exploration and connection. Nina's plot line describes her narrative of research as a threshold experience in relation to her trauma work in therapy.

It was an in depth exploration of the effect of trauma work on therapists, as an action research project. One of the strong things that emerged was that this work was just not about vicarious traumatising. One of the things that reminds me of your work, that came out of the research was the opportunities for spiritual connection that trauma work provided, or connection at a spiritual level, those sort of things. So yes it's obviously been in my head and after I finished the thesis I've been doing some training with a colleague in a couple of areas, well this area presenting the findings and encouraging the people to talk in a fuller way about the impact, rather than just the vicarious traumatising experience of the work. And also ways of dealing with the negative experience. So thinking about the positives of trauma work is something I've been thinking about for some time although it didn't happen initially. How I started in my research was because of some work that I'm still doing very long term work with somebody who has experienced complex trauma. Who has given me my most concentrated training in this area and in terms of the spiritual side of the work. Ritual abuse has been not all of the work, [with this person], but a significant chunk of it [her experience]. So it started off with that and experiencing what I describe as spiritual crisis in relation to just being up against the enormity of the abuse of her and other children and needing to go to the Holocaust literature in particular, [which I know I am not alone with but this was my experience] to try and find some way of making sense of it and that initial experience. I was physically sick but it was also more about spiritual crisis.

Nina

Nina then describes at length a personal crisis that occurred for her in relation to therapy with this client. As described above she named this as a *spiritual crisis*. Nina describes how she managed this crisis and how it led her in a particular direction, towards examining and understanding spirituality in the work. She says that the work with this woman led her to an intense place of self-discovery and understanding regarding her practice.

That experience with her in that intense way has increased my overall awareness of spirituality in the work, of the spiritual dimension of the work and it's an interest of mine anyway, and so that [would] be there in different ways in other areas of the therapy and not just the trauma work.

Nina

Of note Nina's research demonstrates two significant threshold experiences that bring forth new knowledge into Nina's therapeutic relationships and her relationship with herself. Both her private sense of self and her public sense of self as therapist become informed by this new knowledge. By this I mean that Nina's experience of self/selves is socially constitutive and situated through her socially mediated and constitutive relational enactments (Gergen 1991). In this plot line we see Nina grappling with a spiritual crisis which urges her towards researching the site of her experience. Nina utilises Clendinnen's (1999) work on the Holocaust literature to connect with a universal narrative of overcoming adversity in the face of trauma and torture, and then she shapes new practice to share with others. In her narrative, she speaks of discovering a range of authors who explored witnessing, and how Nina experienced her research reflective of her experiences in therapy with clients. From here, she integrates the emergent knowledge into shaping her therapy. She considers the relevance of 'witnessing the witnessing' in her therapy work with trauma and says:

So that was a bit like therapy. With Inga, witnessing their witnessing and I knew that was in that place in therapy. Inga [writes about], witnessing their witnessing and I knew that I was in that place in therapy witnessing the witnessing, and also my client was witnessing in this situation, the men, not only the men but many men and some women being abusive to, not only herself but her siblings and other children and other adults. So there was that parallel that was really helpful. Inga writes a really, [I have found it very powerful] powerful chapter that asks: how was it that the Nazis were able to do these things? So that was really helpful for me in terms of thinking 'how do these people do these [abusive acts] things.' So it was a very powerful time.

Nina

From here, Nina gives an account of how she was encouraged by an academic, Amaryl Perlesz, to share her findings with other therapists. This led Nina into a new and creative area of practice where she focuses on body work in response to trauma. Nina has extended this area of practice and she now conducts workshops in this area for other therapists who are also working with trauma. Through her research as threshold experience, Nina has developed a significant voice about this area of work. Indeed she says that before her research she didn't speak so much about her ideas regarding spirituality in trauma therapy. Through research she has carved out her authentic creative expression, and by doing so has become what is hers to become (Taylor 1991). Nina's experience of poiésis is evident in her speaking out; her doing and

making of unique practice locations in body work and resilience, linked with spirituality. Here she has produced a unique contribution by applying a poetic sensibility to the making and doing of her therapeutic work, with a focus on spirituality in response to trauma. In this place, where Nina has reconfigured her practice and her sense of self (both her private and public self) through the threshold experience of research, she claims a different experience of working with trauma.

You see I've had this opportunity to do the research and have that experience of talking with them, [academics and other therapists]. It was really good and it's opened up opportunities since because I've been doing the training with [her teaching partner]. But before that I had started to ask other people when I had my own experience, so I think I do talk about it and the research has really helped me to talk about it - so it's a different experience for me and now people know I've done research and know I'm interested in it.

Nina

Joe describes the threshold experience in therapy of knowing your efforts as a therapist has assisted a client who has experienced trauma. Joe describes the feeling of being encouraged to go on. He describes how poetic, and or sacred moments, or moments of *connectedness* as described by Joe, are sites for the revealing and discovery of knowing that you have helped as a therapist. Here we see the concept of transformation and hope generation held within the shared experience of these connecting moments, for both client and therapist.

There have been moments in a session, there has been one recently with a young man, we were doing [a structured therapy exercise] and I made a comment to him and he said 'how did you do that?' I know that's what he said at first. I suppose there was something that flattered me about that. In the course of our work we were doing a very typical [exercise, exploring] events, feelings, thoughts, behaviour. It didn't seem to describe enough of what he was talking about. I made an off the cuff comment [saying] 'this is to do with your mum isn't it? It seems like it's to do with your relationship with your mum. [It was] quite provocative sort of. It felt at that point it would be quite good to do something quite provocative and he replied with 'how did you do that!' As if it was magical. I had connected with something with him, that he had said, or how he was acting in relation to the things I was writing on the board.

Joe

Joe's voice indicated delight as he described this situation, where his young client thought he performed some sort of magic. It was apparently an important moment for Joe and for the

young man. Joe's description indicates what it means to him as a therapist to know that he has connected with his client, and how that influences the way Joe feels about himself when he is in the therapy room in the midst of an exchange that is connecting. Joe tells me more and speaks about a feeling of connectedness, but also a sense of affirmation (he describes this as feeling flattered), to hear directly from his client that he is connecting with him in that therapeutic moment. He links this to saying how important it is for him as a therapist to know *his therapy is helping*, and that he then feels encouraged to go on.

Well it felt like connecting. I mean it did feel flattering because you know like everyone, I like to think that I'm getting it right sometimes, and it felt like 'oohh - so that's been really helpful.' So I felt flattered that he thought in some way what I'd done was magical or that I could see inside his head and understand him as well as, as well as I did at that moment. And I felt connected to him, more connected and I suppose I felt encouraged to keep going and to keep supporting him, yeah it encouraged me to be there and help him more. I think he felt understood, that was what I was getting back from him because we went on to discuss it a bit and more. He agreed, a big part of what we were talking about was the relationship with his mum and we didn't necessarily go on to work on that more it was just that that moment had been significant for him. That moment struck a chord with him and with me and we didn't work for much longer after. Not long after that, he said things had really improved and he didn't feel the need to continue to come, which was good. He's no longer coming now. He's someone who really benefited from lots of things [in therapy].

Joe

Joe articulates this plot line by describing some of the ways he uses creativity and playfulness in his therapy, to give himself permission to leave structure and orthodoxy of a manualised therapy to focus on building components of the therapeutic relationship.

Sometimes you can work with someone and it can seem very businesslike [he takes a long pause] but somehow I think that what seems to really make a difference is that closeness that people need to feel connected. As a therapist I need to feel that I have a level of closeness with the person I am working with to be able to understand their world. Even above that I need to be able to know, on a level of connectedness, I need to feel closer to them than them being a client and me being a worker. It goes beyond that I think and you obviously hear intimate things about them, like you said there are boundaries but you do give something of yourself.

Joe

He speaks of noticing moments of connection, moments of reconnection and also noticing moments of disconnection. With moments of disconnection, he takes them as a clue or signal to let go of his set agenda for a session, and says at times he lets go of saying to himself *we need to be doing session two on cognitive behavioural therapy*.

Young people often experience this willingness to let go of a set agenda and to instead focus on what is present and in the room for the young person as reconnecting and validating.

Joe

Joe says that he sometimes feels like a salesman when using a structured approach like cognitive behavioural therapy that may be too rigid and organised. In exploring Joe's experience of reconnecting with the young person in the room I ask Joe when you are more relaxed are you more likely to be yourself in the therapeutic moment or what words would you use to describe, if you are then more relaxed what becomes possible for you?

I am probably more myself. I think when I am doing an approach or working on a particular technique I'm too busy trying to remember the next step in that technique and I miss things. I'm not, that's what I mean by the connection. I'm disconnected or there's a distance between me and that person because I'm thinking about the next step. I'm probably much more observant and a better listener and much more creative when I'm doing that, when I'm being myself [be]cause I can be more open to think about which direction it goes and I suppose I'm more client centred and driven by, my response is guided by the response I get from them (the client). It is a two way thing as opposed to me thinking of the next question irrespective of what they say to me, I'm thinking of the next question.

Joe

Here we see Joe making decisions to prioritise the therapeutic relationship and process over his standard structured approach in therapy. Joe clearly defines the limitations of following a standardised therapeutic process without bringing forward and integrating the subtle and skilled nuances of negotiating and managing the therapeutic relationship in trauma therapy. He demonstrates his skill and maturity as a therapist by being able to name, give language to, and reflect on this very issue. A significant subplot emerges here that I am describing as *investing in the therapeutic relationship as a primary relational resource*. This is an ethical stance for Joe, and he follows this stance with action through practice in his therapeutic connection. Indeed, this is part of Joe's authentic creative expression. It is here that we experience Joe's

reconfiguration of practice identity, as he negotiates the shaping and doing of his practice identity, to embrace his experience of narratives of encouragement and narratives of connectedness. Joe's *poiésis*, his poetic crafting of his practice identity, involves negotiating agreement to speak about connectedness as part of his trauma work in therapy. By giving voice to connectedness, knowing that he has helped, and the subsequent experience of being encouraged in therapy, we see Joe shaping the doing and making of his craft as he centres on his unique authentic expression and being what is his to be (Taylor 1991).

In bringing the discussion of this configured plot to a close, I turn to Billie's plot line: Sweeping the leaves: narratives of defeat, acceptance and partnership. This gives a rich account of her threshold experience in therapy as she names for the first time the feeling of defeat.

When Billie and I first meet for the interview I ask her how she is. She tells me she is feeling *institutionally defeated* and we weave back and forwards to this expression of *defeat* during the interview. I think Billie arrived at the interview with a sense, and perhaps an embodied experience, of defeat; but to this point she has not spoken of 'defeat'. She then gives voice to it (in the second quote of her text below) and we have a dialogue about defeat. Her giving voice to the experience of defeat is defined as a 'speech act' within a philosophy of language and interpretation (Ricoeur 1992, p.40). After the completion of the interview she makes a humorous remark about being 'attended to' in the interview and how unusual that is for her due to her role as a therapist, which positions her as the one attending others. I have reflected on this and conclude that the format of the dialogical and relational interviews as a conversation between one therapist as researcher and another therapist as participant has the potential to evoke threshold moments of discovery. I am speculating. However, it does appear that Billie mulled over her experience of defeat in the lead up to the interview, and then at the interview she gives language to her experience for the first time.

Billie wraps the telling of this account in a Zen story *sweeping the leaves*, giving her telling a metaphoric and poetic touch. This is Billie's starting point in the expression of her threshold experience in therapy.

My life challenge is to recognise what I can do, and to let go of what I can't [do], but that's not to say I don't continue to try - but not kill myself in the effort. I think it's Zen, that Zen activity where people sweep the leaves, and someone says but the leaves will fall tomorrow and they say so what, and you go and sweep them tomorrow. Well, I find that a very hard thing to do. I want to move the trees or do something that is going to profoundly shift something. So this is my life challenge which is to be satisfied with what it is I can do, and I can do it, rather than be pained by what's bigger than this. It keeps me in the work in the moment. It keeps me going - this moment is enough because this moment is all I have, and in a sense that's what the people I'm working with have - now - this.

Billie

Billie's account brings into sharp focus a number of elements that shape her plot line, including her goals and intentions, her actions and the meaning she is making (Polkinghorne 1995). What I am most interested in is how she has an ongoing engagement with discovery, not only self-discovery. In this short piece of dialogical exchange above, she demonstrates that she is positioning herself to claim her creative ground. She locates the concept and expression of defeat as being another note to play in her jazz improvisation, and then she connects it back to her engagement with discovery and transformation in the present moment, saying this moment is enough. This is what I have referred to as *present transformative time*. When I next ask her 'is there anything you do to evoke poetic, sacred moments or moments of transformation in therapy?' she states that everything she does is geared towards evoking the present moment.

Towards the conclusion of the interview, I turn back to Billie's spoken words, her 'speech acts', about defeat (Ricoeur 1992, p.40). In this exchange, Billie is enacting *poiésis* in the present transformative moment, as she becomes what is hers to become (Taylor 1991). In this rather long piece of dialogical exchange, Billie gives an account of her actions and language as she gives meaning and voice to the narrative of defeat, resignation, acceptance and disinvesting in her therapeutic practice and her role as therapist and teacher.

Well you see the concept of defeat; I don't think I've ever used the word defeat to anyone before. This is a new for me. Defeat may be a good thing because although it doesn't feel like much of a good thing I have to say, but you know when you asked me that question when I had those experiences, [of first realising her work needed to be about transformation in the present moment] and when I began to think more about this and try and articulate it to myself. At that point I was totally dedicated to transforming the therapeutic world, and perhaps even the world and my premise was if I could articulate this in a clear enough way people would welcome it, because why wouldn't you. So for many, many years from 1988 to 2008 I have been trying to find ways to articulate it, to teach it, to give people the experience of it, with that overriding sense of 'well this this will do it. If I rewrite it this way

and if I present it this way or I do this and this.’ So defeat as a description has been coming for some time. It’s not like I reconstruct myself when I’m defeated into something else, but sometimes I reconstruct myself into the same pattern which is problematic. But I think what you’re asking me; I don’t think I have actually said to people this [about defeat]. I have said to people and what I said in this conference recently is ‘I’m [concerned] at the professionals’ lack of focus on the practice. I’m appalled at it’ and everything in this presentation was representing the practice. [I was] saying ‘you need to know what you do, you need to be able to describe what you do, and you need to be able to show what you do. You need to have a focus on the practice.’ Who in what other professional group talks about the work and never, never privileges what it is that we do, except when we are learning? When talking about working in the present those transformative moments they only occur when people have developed a certain degree of knowledge, but also have totally and utterly practiced the technical abilities that move them from an ordinary conversation to the potential for a transformative conversation. And through that process we then move to a knowledge which is more, a way of working which is more you use ‘spiritual’—transformative but it’s only when you have those two areas very well established that you can reach that third place which you know musicians talk about, Johns Shotter talked about and lots of people talked about, which is the third place, being more of an interpretive place. But really the fact that we talk - that therapists talk is a really profound problem because if we, because everybody talks and if we considered talk was an instrument most of us are talking off key.

You know the effort people put into playing a jazz instrument very well or playing sport very well or heart surgery very well is not the effort lots of people put into counselling or therapy or just talk. They just don’t do it and yet that’s not to say they don’t make an effort - they don’t make an effort in the technical application of knowledge, they make an effort to collect knowledge and I think that’s very disheartening because if you make an effort to collect knowledge then you are going to subject people who have suffered enormously to the same sort of processes that they have already been subjected to.

Billie

Billie’s comments above, where she compares *therapists talking* to a musician playing an instrument, build on her jazz metaphor and delivers her profound notion that many therapists are *‘talking off key’*. She implores therapists to *make an effort in the technical application of knowledge* and to move beyond the assumption that all therapy requires is a voice, and the ability to talk. I have included this section of Billie’s text here as it relates to her plot line of defeat, acceptance, and partnership. Billie’s role as a trainer, teacher and supervisor, and her passionate concern about the way therapists are *‘talking off key’*, is linked to her earlier plot line asking therapists to apply a significant effort to hone their ethics, skills, and practices in trauma therapy. Billie’s narrative urges therapists to tune their instruments, and to actively apply their knowledge, identify their ethical priorities and engagements, and develop their

practice identities and skills. For Billie it appears that her talk is her instrument and she will only play it by herself - or in concert with others only when it is in the right key.

In the denouement of Billie's narrative, we see her experiencing an ending and a beginning to her narrative, as she engages in a poetic threshold. She is shedding the narrative of *I want to move the trees* and at the same time giving language to a new narrative that is anchored around her poetic threshold of defeat, resignation and acceptance. She moves to a description of *I want to move the trees but not kill myself*. In the end, these parts of the emplotted narrative include the concept of sweeping the leaves with others, which becomes part of the overall plot line *sweeping the leaves with others: narratives of defeat, acceptance and partnership*.

I have used the term *poetic threshold*, building on Heidegger's notion of threshold occasion, when something moves from what it was into another form (Heidegger cited in Freeman, 1999). But Heidegger's threshold occasion relates to the concept of disclosure, where the world, or meaning about the world, is revealed and disclosed. Indeed Freeman speaks about the *service of disclosing* as a major role of the poet in bringing forward the truths about the past (Freeman 1999, p.24). I am considering a poetic threshold negotiated through a relational and dialogical engagement with language (Ricoeur 1991). Here, I am suggesting the notion of a poetic threshold in therapy where the therapist, in this case Billie, is engaging in a process of *poiésis* (Ricoeur 1991 and Freeman 1999) where meaning is being made, and through the making, a new poetic sensibility is negotiated or entered into in therapy. A dialogically negotiated poetic threshold enables the therapist, in this case Billie, to give language to the therapy as she engages in the doing and making of her therapy.

From here Billie returns to the importance of therapists being accountable to a set of ethics and her plot line *Crafting ethics in participation*. This concluding part of Billie's plot line will contribute to final configured plot considered in the next chapter.

Conclusion

In concluding the discussion of the second configured plot line, I have outlined some of the unique contributions made by the therapists. This has happened when the therapeutic relationships, and therapy, act as a site for the production of threshold experiences in relation to therapists' engagements with therapeutic inquiry and the process of shaping, and making identity. This plot line explored the public and private sense of selfhood, in terms of considering both the making of practice identity as therapist and the shaping of self-identity as a person in the world outside of and beyond work and therapy. This configured plot line draws on Charles Taylor's (1991,p.62) concept of self-discovery where people develop into *what I have it in me to be*. I have extended this notion, applying the process of self-discovery to (what I am referring to as) the poetic and sacred human task that is therapy. Within poetic and sacred moments of therapy, the exploration of self-discovery is possible for therapists, through the process of shaping and making therapy, poiésis and an engagement with crafting one's therapy. In this chapter I considered the ways that, as a therapists, we engage in a process of creative expression, through crafting our authentic therapy within our unique practice locations, and in so doing reconfigure our practice identities and become what is ours to become, as therapists and as a people (Taylor 1991). This chapter explored the way the configured plot embraces David Whyte's (2001) poetic view of shaping identity through work. Drawing on Ricoeur (1991), I have illustrated the significance of practice ethics relating to poetic and transformative discovery in present transformative time, the role of poiésis and poetic crafting in therapy practice, and the life endeavour of becoming what is mine to become through the authentic creative expression of my therapy. Equally, we could speak of becoming what is ours to become, through the authentic creative expression of what is our therapy, our participation, and our partnership, in the therapeutic relationship and in all therapeutic locations.

In the next chapter I present the third and final configured plot, entitled a *Relational and dialogical engagement with vicarious traumatisation: therapists and their practices*. Chapter Eight is a discussion of therapists and their practices and explores how narratives of self and creativity, and ethics in practice, produce a relational and dialogical engagement with therapeutic creativity in trauma therapy.

Chapter 8

Analysis of configured plots part 3

A dialogical and relational engagement with vicarious traumatisation: therapists and their practices

Introduction

This chapter presents the third configured plot line and a description of the emplotted narrative from the position of the interviewed therapists. Here I present the culminating configured plot, which is a discussion of how narratives of self and creativity, and ethics in practice produce a dialogical and relational engagement with therapeutic creativity in trauma therapy. This plot line provides a *dialogical and relational engagement with vicarious traumatisation* and explores therapists' practices in trauma therapy. The plot line may contribute a counterpart narrative to the discourse and practices of vicarious traumatisation. At the very least, it offers a range of therapists' practices with a focus on participatory, ethical engagements in response to the experience of vicarious traumatisation.

This plot line opens space and brings forward into the centre of trauma therapy a range of dialogically and relationally informed therapy practices that are relevant to vicarious traumatisation in this area of therapeutic inquiry. As Shotter explains, 'the urge for certainty cannot be satisfied in dialogue' (1992, p.18) and in trauma therapy, there is often a need for certainty in terms of the support that therapists require and need. Knowing this, I have chosen to focus on the therapists' description of their supportive practices, intending to offer emplotted narratives that have practice relevance alongside the existing body of knowledge and practices underpinning and responding to vicarious traumatisation.

I began this research with an interest in the way vicarious traumatisation (McCann & Pearlman 1990, Pearlman & Saakvitne 1995), as a discourse and practice, has become dominant in areas of practice with people injured through childhood sexual abuse, violence and abuse, and what

is described as complex trauma. In many ways, by its very nature, all trauma is complex. Within a psychological domain it appears that vicarious traumatisation has become a dominant discourse in the area of sexual assault therapy and prevention. The discourse of vicarious traumatisation appears to have gained significant prominence at a time when evidence based practice is elevated (Lees 2008).

One of the intentions for the research study is to explore the ways that trauma therapists experience and interpret their relationship with vicarious traumatisation in their therapy practice and discover do they deliberately include practices that might evoke poetic, sacred, and spiritual moments in therapy. In most of the interviews, I asked therapists ‘how do you experience and interpret your relationship with the discourse and practices of vicarious traumatisation?’ In some, I asked if people did ‘anything in particular in their practice to counter the discourse and practices of vicarious traumatisation’. While vicarious traumatisation has become the dominant discourse, my purpose here is not to question the existence of the vicariously traumatised experience as I do not see as necessary or helpful. I am interested in bringing into discourse and practice the variety of ways in which therapists position themselves in relation to the dominant discourse of vicarious traumatisation; experience and interpret their relationship with vicarious traumatisation; utilise dialogically and relationally informed therapeutic practices in response to their experience; and interpret vicarious traumatisation in violence and abuse contexts.

I am interested in practices that therapists use to move beyond the already circulating knowledge of ‘self-care’ (Morrison 2007, p.7), worker wellbeing practices, and organisational responses to vicarious traumatisation. These self-care oriented practices, such as visualisations and balanced workloads, have protective qualities for therapists enabling them to remain in contact with their client while hearing distressing content related to experiences of abuse. My purpose is to examine the presence of practice trajectories in the narratives and identify if they are related to a poetic sensibility in therapy. From here, I explore how well this orientation supports therapists, and whether or not it makes a difference to the way they feel and experience the work in trauma therapy. In addition to these, other strategies such as a focus on finding a sense of meaning from the work and pursuing one’s own creativity and joy are

considered as helpful strategies when working with trauma and sexual abuse (Etherington 2009).

Here we find threads from many of the therapists' plot lines. These plot lines include accounts from Joe, Billie, Chet, Nina, Joni, Ella and Etta. The emplotted narrative focuses on *three central plot lines* that contribute to the development of therapy practices through a dialogical and relational engagement with vicarious traumatisation. They are: *ethics in practice and therapist's knowing; the ethic of connection and the importance of the therapeutic relationship; and the contribution of poetic, spiritual, and sacred moments in therapy*. I begin with *ethics in practice and therapist's knowing*, which includes plot lines from Billie, Joe, and Chet.

Billie's plot lines: *Name my ethics and describe what it is I do: narratives of crafting ethics in participation* contributes to these plot lines. Chet and Joe's plot lines contribute to this narrative. In an earlier analysis of Billie's plots, I explored her concept of ethical engagement as practice based and not theory bound. Billie describes an *alive* enactment of her ethical positioning where a practice location such as *discovery* is an ethic; and working in the present or *transformative moment* is an ethic. Billie urges therapists to fully act on an ethical engagement in practice.

For people to start to collect their ethics, and to note down what are my ethics. Look at the knowledge that they are using in the therapeutic process then, predominately I'd like them to tape their work and study their work, and ethically review their work according to those knowledge bases and then go back to people [clients] and ask whether these conversations are useful in any way and if they are not, shift them. But that they take it as seriously as they take collecting knowledge. It's like pulling teeth to get people to do that but that's what I'd like, and for people to choose their teachers.

Billie

In the above segment of Billie's narrative, she speaks about ethics as an *act of practice* utilised in therapy in the way Bird (2006) describes ethics. She urges therapists to take action and *collect their ethics and to tape their work and study their work and ethically review their work*. Billie describes actions that engage dialogically and relationally with her practice ethics.

In Chapter Two, I described a way of applying ethics in trauma therapy informed by a Ricoeurian philosophy of language and interpretation. This application outlines a set of ethical and cultural responsibilities for therapy practice, located in narrativity. An example related to ethics, indicates how ethics moves from being *about thought and judgment* and becomes an *act or ethical practice*. For example, a trauma therapist informed by such ethical and cultural responsibilities may hold ethical practices that include the following approaches: a balanced use of scientific, poetic and ordinary language in therapy; a balanced use of scientific, poetic and ordinary language as an indicator of evidence based practice; and a balanced use of scientific, poetic and ordinary language in all forms of reflective practice and evaluation of therapy as empirically evident of good practice. In this way we can see that *ethics and practice ethics* becomes part of the configured plot lines and the emplotted narrative of trauma therapy arising from these therapists.

Polkinghorne uses the terms ‘narrative configuration’ to describe the process of drawing events together and integrating into an arranged whole (1995, p.5). He uses ‘plotted outline’ and ‘plotted whole story’ (p.18) to describe the configuration process applied to segments of data and ‘emplotted narrative’ to describe the outcome or ‘story’ of a narrative analysis (p.15). I have used the terms *configured plot lines* to describe my narrative configuration process and *emplotted narrative* to describe a storied outcome from the narrative analysis process. An emplotted narrative is a storied narrative.

By utilising Bird (2006), and Ricoeur’s (1991) approach to ethics, and employing Polkinghorne’s narrative configuration, to the analysis of the therapists’ narratives in this chapter I consider ethics as an active part of the configured plot lines. As such, the plot line requires an act of doing, in the form of *not only intention or commitment but also enactment*.

A practice ethic then, informed by insights from Bird and Ricoeur, is one part of a narrative configuration. The first part of the configuration is identifying in the data evidence that show a therapist having, or believing in, or holding an ethical position, value or belief i.e. when a therapist has a position about a particular ethic. The second or middle part of the narrative

configuration is identifying the ways therapists enact the practice ethic. From a Ricoeurian perspective, a practice ethic without enactment remains an intention or thought and does not become part of the narrative configuration until it is acted upon. An act of doing needs to be demonstrated, or there needs to be evidence of movement towards the desired goal of the practice ethic. The third and final part of the narrative configuration of a practice ethic is evidence of an ongoing process of review, renewal and reconstruction when therapists enact an ethical review with their clients about their ethics in trauma therapy.

The way Billie outlines her life lesson, her threshold experiences in therapy and the therapeutic negotiation of what she can and cannot do provides evidence to support this contribution. In this plot line, where she gives an account of her narrative of defeat and disinvestment, she speaks about the ethics and politics of negotiating the therapeutic engagement at an individual and institutional level. At an institutional level she refers to partnerships, with agencies and institutions. In the next piece of dialogical exchange she describes how this negotiation operates in practice and how it affects her at a deep level.

Well I think it's a part of that ongoing process of participation, but also noticing when I'm wanting to dig the trees up and move them and say 'hold on, you haven't been invited to do that, number one but two, you can't do it on your own and three, is that the best thing to do?' I have to keep hopefully learning that lesson and not sacrifice my health for it. So it's learning it faster and just shifting focus. I have already determined I won't do projects unless I am in partnership with others. And if the partnership is limited, I have to reconsider my involvement.

The other thing that I didn't mention is this way of working, this way of being and working I can't hear, I can't be around stories, I can't hear the way people talk about people without being profoundly affected by it. If I hear people talking about a young person who has self-harmed, and I hear that no one is doing anything particularly good about that, well I have a very strong reaction emotionally. I don't want to hear it, if I can't do anything [in partnership to help], I don't want to hear it because it's too hard. So I think that's also about that. When you move from an objective classification process with people to a subjective relational subjectivity with people, then you learn to be affected by the good and the wonderful things that you discover, but you're also going to be hit imaginatively with the awful things.

Billie

Another example of Billie enacting her practice ethics can be seen when she describes the politic and ethic of partnership as an important thread in determining her therapy practices. She describes and asserts partnership *as an ethic to inform and guide her action* in her work. She extends the ethic of partnership to mean that if she is not invited in, to work in full collaborative participation and partnership, then she will not be able to listen to accounts of injurious acts or neglectful practice occurring at an institutional level towards people (clients). At a wider level Billie's practice ethics of partnership and participation relate to Bird's concept of negotiating ethical matters within the 'professional ethical bounds' of the therapeutic relationship (2006, p. 115).

Chet and Joe offer contributions related to the emplotted narrative *ethics and practice and therapist's knowing*. It is fair to say that all of the therapists demonstrated this ethic of self-knowing. I have chosen Chet and Joe as illustrative of the narrative. Chet's plot lines *Being present despite the odds*: a counter narrative to the *I can't change that* despair narrative of mental health. At the end of the day, Chet seeks out a place in his therapeutic relationships to feel grounded in an experience of being understood and respected despite his *I can't change that* despair narrative in mental health.

Throughout Chet's account he takes a strong position of advocacy and protest on behalf of young people in response to two particular areas that he sees as problematic. He is concerned about the issues that take a strangle hold on the lives of the young people including substance use, domestic violence, self-harming and family trauma, and how the dynamics of these problems rob young people of alternative and safer self-identities. His other protest relates to the dominant structures and practices of the mental health system in the lives of the young people. Chet sees many of these processes as counter-productive to the young person's wellbeing, safety and happiness. He advocates and protests openly and strongly about the way mental health professionals embody and practice with a level of self-justified despair with their clients, and that they often speak about not being able to change anything in the lives of young people.

I've noticed in formal mental health settings where a lot of the professionals seem to say similar things, they know they can't change people. Psychiatrists specifically are like this, they don't even try. They settle for making a very detailed note of where the person is at the moment and logging it down and they seem to think people are where they are and I can't change that, and there is almost like a despair - like they have given up on the possibility of personal change. I'm not willing to do that.

Chet

I am reminded of Chet's comments when he said he decided to be part of the research study because he thought he might learn something useful for his practice. In the segment of dialogue, here he is asserting his belief that people can change and that he believes this for himself and his clients. Chet's belief in change is illustrative of a practice belief that he brings into his therapy. This belief is formative of a practice ethic in the way Bird and Ricoeur mean that practice ethics are shaped and enacted. It could be described as Chet's presence *despite the odds* with his act of *holding the line* for the young person. His belief is in change and the possibility of change even when a number of senior people he works with appear resigned to thinking nothing will change. Chet's configured plot line is thickened by his determination and practice ethics. The way he uses ordinary and poetic language in the segments above and below is evidence of his engagement with a Ricoeurian sense of ethical and cultural responsibilities for trauma therapy practice.

I continue to believe in it for myself and other people. I suppose I have realised along the way that it is a very subtle and slow and incremental thing. It certainly is for me. When I meet with a young person and they are in dire straits I think 'well this is probably not going to change for them in any great hurry. Let's see where they are at, and let's see where can we start and what can we do.'

Young people really want integrity of relationship. It's about respect; it's about experiencing what it is to be perceived to be understood and to be respected. That (having integrity and respect in the therapeutic relationship) can have a process of just settling things down for a person. It can ground things because that's the place that we all want to be grounded, in a feeling of being understood and honoured at the same time.

I think at the end of the day that's probably the thing I put most hope in. It's a feeling of engaging with the person and thinking 'oh nothing very dramatic happened out of that so what did happen, well I connected with them where they were at and (they/we) took some tiny incremental step and I suggested something else or some homework, but at least I didn't make any gross errors, which other people don't even notice they are making.'

Chet

Chet's dialogue with advocacy and *holding the line for young people* is more evidence of ethics in action. It appears evident that Chet's narrative acts, his ethic of *being present despite the odds* in a mental health context, his enormous compassion and reflexivity may provide a countering effort to experiences of vicarious traumatising, and offer examples of his therapy practices. In his narrative Chet is not speaking specifically about vicarious trauma, however he does describe his relationship to areas of practice that he finds challenging; namely the experience of witnessing practices of professional disconnection and objectification within mental health. I wonder if the witnessing of these dynamics over time has a similar affect to the experience of vicarious traumatising by producing a sense of hopelessness, anxiety or other strong emotions as described by Chet. His protest narrative is an ethical 'speech act' (Ricoeur 1992, p. 41, Taylor 1991). It addresses the institutional politics of professional disconnection and objectification within mental health (Harvey, Mishler, Koenen & Harney 2000). At the same time he is also crafting therapy practices in his unique creative expression. These therapy practices may provide a counterpart narrative to the effects of vicarious trauma in mental health. Here Chet crafts his practice in the act of *poiésis*, as another rendered layer in the emplotted narrative.

Joe's plot line is: Therapists narratives of self-knowing in trauma therapy, I hang in there with people and have hope about change; I'm nosy and I like to hear people's stories warts and all. Joe's plot line serves to bring together Joe's sense of himself as a therapist and his good humoured approach even in the difficult terrain of responding to trauma, and his self-narrative of being someone who likes people and enjoys the process of simply hearing their stories in their entirety. Joe's therapy practices may offer some protective qualities to the therapeutic relationship, possibly having a beneficial effect for Joe as he encounters young people's accounts of trauma. Joe's plot line possibly acts as a contributing protective narrative in the configuration of the emplotted narrative: *therapists and their practices* in trauma therapy.

Interestingly, although I ask Joe about vicarious traumatisation and how he positions himself in relationship to it, he doesn't directly respond to that. While we could apply the concept of the missing narrative (Fine & McClennard 2006), I am inclined to speculate that this is more because Joe does not orientate himself or his practice around the discourse and practices of vicarious traumatisation.

There's a mantra I have in my head. Hang on in there. That seems to be something that I privilege and something that I think is important, There is this business plan part of me that says 'six sessions', and that doesn't always fit with humans and human experience, especially when people come to you with trauma and need time and need to build a relationship and you don't know how long that might take. Because of those experiences [moments of connectedness] and because of hope that I have that things can be different and things can change and having seen that, it's encouraged me to keep going and to go back in - I'm a nosey person too and I like people and hearing their stories warts and all. If you take someone and you want to listen to them, it's hard to hear stories and it's upsetting and you get upset by some of the things people have had to experience, but it feels like a fuller experience. I don't view it as something [negative]' I obviously feel it still, and I feel anxious when I hear about young people at risk or [it's] incredibly sad if I hear about abuse that people have experienced, but that feels like it's the range of human experience. So for me it makes me feel more human to feel connected to that, to feel more connected to other humans [be]cause that's what we experience all of us, yeah.

Joe

The next central plot lines in support of a *dialogical and relational engagement with vicarious traumatisation: therapists and their practices*, is a discussion of the ethic of connection, and the ethical importance of an active engagement with the therapeutic relationship. I continue with Joe's evidence in support of the plot line *the ethic of connection*. Joe has several plot lines here. He speaks of *moments of connectedness* and of *human to human connectedness*. The following accounts demonstrate Joe's practice in relationship to an ethic of connection in therapy.

It can be emotional; I can connect on an intellectual level, on a cognitive level. You connect emotionally because you sort of feel someone's distress and sometimes examples that you can't describe that I might, I don't know what I'd call those - you feel connected with someone but you try and rationalise. I've tried rationalising in the past, [asking] 'do they remind me of someone I was close to - do they remind me of my mum?'

Joe

From here Joe gives a touching account of a time when he experienced connectedness in a session with a woman he worked with in England. He describes how this woman, who had experienced trauma and abuse in her life, had been dealing with a mental health problem. After a number of years of therapeutic engagement they were at the point of closing off their therapeutic work together.

I worked with someone for a long time in England, when it came to our closing and she'd gotten quite well, and I think I went to shake her hand or something but I just instinctually and she instinctually gave me a hug because of how some of the things she talked to me about and how upset she had been at times. She talked about incredibly traumatic events. She had been abused and as a child and as a young women. With supervision [Joe's supervision] I'd helped her to talk about some of those things and make sense of some of those things, so it had been a very intimate conversation and relationship, therapeutic relationship.

But when that happened it was funny because I said to my wife 'she really reminded me of my mum.' Something about her and the way that she talked, or the way that she moved or something like that. So there had been a connection and until that point really, I hadn't really acknowledged it. But a connection on another level that you don't always, or might be scared to acknowledge, I think it's more dangerous not to acknowledge really than to acknowledge. Sometimes with policies and procedures and ways that organisations work, it doesn't encourage people to say that when you're working in our field that you inevitably feel connected to people. It's important to acknowledge that and what that connection's about and how you work with it and having these kind of discussions helps that.

Joe

The above account brings forward two key subplots. The first being, *She really reminded me of my mum: the ethics of connection* and Joe's account above describes in such a touching and poetic way, how he positioned himself and his ethics in relation to this connection. The second is, *There was a connection: the need to speak about it as part of trauma work*. The first subplot is perhaps quite clear from Joe's explanation. The second subplot speaks to the importance of therapists being able to give voice to experiences of connection, when working with people's experiences of trauma and while working with people towards contexts of healing, reparation and wellness.

Joe makes decisions to prioritise the therapeutic relationship and the therapeutic process. These decisions could be interpreted as minor, however my contention is that within the ‘professional ethical bounds’ (Bird 2006, p.115) of the therapeutic relationship, his decision is a significant one ethically and therapeutically. Additionally, narrative analysis deems this decision as significant due to the ‘notions of human purpose and choice’ equating to Joe’s decision and actions, and the ‘environmental presses’ equating to the time constraints and demands of meeting outcomes within the public mental health system (Polkinghorne 1995, p, 16). Thereby I consider Joe’s plot lines are important narrative elements in constituting the configured narrative: *A dialogical and relational engagement with vicarious traumatisation: therapists and their practices*. Joe’s therapy practices may offer support and guidance for mental health practitioners experiencing vicarious traumatisation.

Joe’s engagement with the therapeutic relationship as a primary relational resource, his ethic of connection in practice, and his ethic of *closeness to support understanding of the other’s (clients) world*, is the site of Joe’s poetic crafting and *poiésis* as he claims his unique territory of authentic therapeutic expression. Joe’s poetic crafting and his authentic expression are possible examples of his a dialogical and relational engagement with trauma therapy and vicarious traumatisation.

Joe’s experience of finding the research interview beneficial, in terms of it being like consultation or supervision, came through in the research interview at a number of junctures, and highlights the need for therapists to have opportunities to talk about their therapeutic relationships in a regular and ongoing way. From a research perspective, interviews as dialogical and relational conversations appear to offer a benefit for the interviewed therapist. Joe, Joni and Billie describe the experience of feeling attended to in the conversation. It may be the reflective, witnessing process that helps and the opportunity for therapists as participant contributors to further construct and commit to values, beliefs and ethics during the conversational research process.

Joni has a clear sense of being resourced and protected in her work with people who have been injured through trauma. She speaks about being fully present and available as a resource to

work with trauma and how, in this fully present and resourced state, she feels protected and can have some relaxation. She says here she is not relaxed, but it's not an overly tense place. Joni speaks about the experience of seeing people change.

I don't want to use the helping people [description], but it's rewarding to feel people make connections and make changes and to know I've made a difference. It gives me a sense of purpose, but a contributing sense of purpose in a meaningful life and I guess those things are quite important to me. Although sometimes I want to go and be a bee keeper but it wouldn't give me the same access to purpose and meaning.

Joni

Joni speaks about preparing herself to be available for another.

I think it is a preparation to be available to somebody else totally and that's when my body is available, my heart's available, and my knowledge of other people's experiences is available. But it's available on behalf of another and I think it's not like I am empty and nothing - it's more that there is a willingness and a commitment and a reasonably automatic preparation now, although I have some rituals to sit and be available to another in that way. I don't think in the moment when I'm hearing it [accounts of trauma], and if I can be in that place I don't feel traumatised by what I'm hearing. [Clients] could be telling you graphic details or they could be telling you something completely light hearted and otherwise and your reception of that would be the same. I think of it as the same - this place that I'm trying to describe isn't something that I can always hold on to, so I have to be aware of a sense of when I'm losing that place or have strong reactions that don't belong to that place.

Joni

In describing her plot lines: When I bring myself fully into that resourced moment, the active agentive yes to contribute but never plug in: a place of protection and relaxation but not relaxed, she states:

I haven't really talked about this much so it's great for me. I do feel protected in that place. I'm not protected if I sit back in a detached fix it mode, I am not protected. It's like it just all crashes in whereas there [in a resourced place].... I feel... I keep on thinking. Colleagues recently visited and I was thinking 'I have almost never had flashbacks of people's stories.' It's like somehow it belongs to there and I've entered that and then I've come out of it. I get tired, and some may say, 'well there is your vicarious trauma', but I don't think that's true. I think that the other [detached mode] is more traumatising for therapists and it's not like I'm not active in that, it's not like I'm just listening to a story. I might make suggestions and all sorts of things and provide structure it's just that somehow may be there is a third place that gets created and there is less trauma in that third place you know [for me] and for them

as well. I've almost kind of worried that I haven't had vicarious trauma, maybe I don't do the work properly, it's an interesting difference and it's so - I don't feel done to. I can't watch trauma movies because then I will have visual flashbacks because then I will feel done to, I'm powerless, I have no agency and here I feel really different. I have agency I have said 'yes' to the participation. I feel resourced. A lot more resourced than I did as a beginning therapist as well, and so that active 'yes', the place of resource, the belief that this person has their own life force and I can only contribute but never plug in. I can't plug someone in to their life force. It's mostly a place I can have some relaxation, not relaxed but, it's not an overly tense place.

Joni

Joni's narrative gives a good example of what I am referring to as strategies that go beyond self-care and organisational strategies to respond to vicarious traumatisation. I am referring to the various therapy practices that trauma therapists engage with as dialogical and relational interpretations in trauma therapy. She doesn't interpret her experiences of tiredness as vicarious traumatisation and therefore she is not positioning herself as vicariously traumatised. Instead she has a dialogue with herself about: her *active yes* of participation; her belief that she can contribute *but never plug in*; her ritual to *sit and be available to another*; and to have her body and heart *available on behalf of another*. Her dialogue perhaps acts as a form of *on the go reflective practice*.

It's new territory for me to think about things for my own life. I think it's a particular kind of travelling, a particular kind of exploration that is often reserved for very intimate relationships. I mean I get to have those moments of connection, even though they are on behalf of another, that I think are very rare and I think in those moments I'm also much more present to myself, even though it's myself on behalf of another. It grounds me and I can remember talking with a friend who is a psychologist about altered states of consciousness and saying 'but I think I work really hard to keep people present and that in itself is an altered state of consciousness.' It's not about the wha, wha, wha, wha and the stoned experiences or equivalent psychic experiences. It's so rare for us to be present to ourselves and to our histories, so there is something in that process of emptying myself and being available for another person's experience that requires me to be present and so that's quite a grounding, rare thing and good thing for me.

Joni

In closing the discussion of Joni's plot lines supporting this configured narrative, she speaks about the idea that there is no protection in detachment.

I can get quite teary about it. It's just rare, it's rare for people. It's rare for us to have real companionship in our lives. Or people who say 'how can people work with offenders and what they have done, and I just think how did they get disconnected [those who have offended]?' and not negating what they did, but [I think], 'how as a human being we're you so injured or un-nurtured or neglected or detached from your spirit self? What happened to you for you to do that?' I think to feel that you can be part of interrupting that, let alone reversing it or healing it in some way, it's a rare opportunity to be in people's lives in that way.

Joni

These rare opportunities that you talk about, I am referring to as sacred or poetic do you have words that you would use to describe this experience of being in rare moments with people?

Lesley

I think they're transforming moments, moments of transformation and I know I am different for having done this work [but] it's harder to put my feelers on how [I am different because of the work].

Joni

Joni describes her moments of transformation and reflects on knowing that these moments have changed her too as a person and as therapist. She says that it is not so easy to know *how* she is different because of these moments in her therapy.

I have a lot of laughs in my therapy as well as tears and it allows me to say things that have an edge to them that can be both laughed at but also considered. And well, in trauma work and also in couple work, where you want to work within an edge but you don't want to be seen as the female therapist having a go at someone so I can language things that are quite close to the bone but I'm not having a go at you, your personhood.

Joni

I want to say something and use consumerist language.... [and say] what is the product that you get and what do you love about what happens in your work and in your therapeutic relationships with the people you meet with?

Lesley

Reflecting on this part of my dialogue I am slightly uncomfortable with my description of *products* and questions about *what do you get*. At the time I was grappling with articulating

what it was I needed to ask, to explore the area I wanted to explore. If I were to ask the questions now, I would probably ask something about her interpretation of what she experiences and what she discovers from her therapeutic relationships; or as in this situation, from the transformative moments in her therapy. Even so, Joni's response indicates she understood my awkward questions.

I said to someone the other day as she was leaving, 'I just love a good mystery.' Isn't it fascinating, [people's stories], [I think] how did you get to that place? Other people would be unkind and say I'm into gossip or, not gossip, it's that kind of curiosity. I am curious about energy and so I really do love a mystery. And you touched on it, there is, can you have a constructive voyeurism? I can only have one life and I am fascinated by how other people live and how they make meaning and what kind of life would that feel like and it's probably why I like movies.

Joni

In reflecting on Joni's account, I am drawn to the difference her account of the resourced place in therapy makes. Often in therapy we hear that people are struggling with hearing the stories, and struggling with the effect of those stories, or the deadening effect of trauma work, or how they might feel burnt out or stressed by them. How supportive it is to hear what happens when Joni brings herself fully into that resourced moment. It protects her and provides her sanctum for the healing and connecting conversational processes to occur.

Turning to the contribution of poetic and sacred moments in therapy, being the last of the four central plot lines for this configured plot, I now consider Nina's, Etta's and Ella's contribution to this overall plot. I start with Etta's and Ella's plot lines: *I can do this for years: narratives of containing trauma to the therapeutic relationship.*

Ella's and Etta's plot lines have a somewhat simple message; being an ongoing engagement with an ethic, to go beyond the trauma, and situate the person within a larger context than the discourse and practices of trauma. Ella speaks about the description vicarious traumatisation.

There is a parallel process that assumes that the person is going to be a victim forever or damaged forever, there is a foreverness about it. That description means that the person

isn't going to leave it behind either, there is an inevitability and relentlessness about that description, we're both trapped. I'm trapped in my vicarious [trauma] and you're trapped in your original [trauma].

Ella

Earlier Etta described the way she moves in and out of sacred space when she works with trauma. She talked about how this metaphoric travelling added to a relational and dialogical engagement with vicarious traumatisation. Etta explains by reflecting on some of her early experiences around trauma in therapy:

Anyone who had been abused or experienced past trauma, the view from the professionals was like a shattered vessel. Instead of like a person or human being, there was a view that they had been so imbued by what happened to them that there was nothing [of them left]. There was no talk of the person, there just seemed to be talk about impact and effects and that's what I noticed when I first got into this work. It's an absolute way of thinking about this person. I was always looking for the other parts of the person, beyond the trauma, and what has allowed a person to be here now and alive and in this session. [This way of thinking], it means I can do this for years. It's enabled me to continue doing this work for 20 years. It is contained and I do something to go in and to come out of it. Yes this has sustained me and contained the work to the therapeutic relationship, to that time. It doesn't mean I don't ever think about people outside of the work but, in general, it contains it rather than envelops me [the trauma], which I've had people describe it as it spills out and envelops them.

Etta

Etta's narrative reminds me of Nina's plot lines, where trauma is part of a bigger story. Etta speaks about going beyond the trauma, by positioning herself in the session and in the room with her client. There is a thread between Etta's description of her client *here now and alive and in this session* and Joni's description of herself as a therapist available on behalf of another person.

The threads and connections are constitutive of the configurative analysis, as the emplotted narrative builds momentum in and between the therapist's plot lines.

When the session is over it's pretty much over. I tidy up the room I put the notes away and take the water glass away, turn the heater off. Just as the prep for the room I mentioned earlier ducks me in, here I am leaving at that point. I might make a final note and tuck it away and I think that's part of it. That pretty well does it. I don't have a ritual or anything. I get into my domestic stuff quite easily as I work from home, and I think that's lovely. I can take the garbage out or pat the dog. As soon as I tidy and go, that's it.

Ella

I mention the great comfort in mundane rituals, such as boiling the kettle, and we then speak about the ordinary world. I then say this takes us back to where we started with the Maori description *there is sacredness and mindfulness of those rituals of the everyday and closing off and re-entering rituals*. To this Ella adds that her beliefs are more Buddhist, *that everything is sacred. To me they are all equally transformative*. I focus on Ella's comment and ask, *by carrying this belief and practice with you, does it offer you something or offer your therapeutic relationships something?*

The moment to moment attention has helped a lot. Some of the Zen stories they come to mind from time to time so, yes it has informed it. I will focus on mindfulness, in a Buddhist way, in terms of where we might go and what we might do in the room. Everybody is doing that now, the whole mob is turning out western ways of using Buddhist things to make sense to westerners.

Ella

Etta then describes a technique she learnt some time ago.

Early on when I was less sure of how to deal with people telling me about trauma, I went to a workshop and the facilitator said 'you feel you are drowning in their life, think about their life as a whole movie and you are going to intersect with the equivalent of half a dozen frames of their movie, just make them good.' That was such a powerful metaphor so early on, it was a way of not having things spill out and that leads to wanting to rescue them.

Etta

Nina has two plot lines contributing here: *Narratives of strength and protection in trauma work* and *Storylines beyond vicarious traumatisation: it's part of a bigger story*. In Nina's earlier contributions she spoke about her action research findings, discovering that therapists did not report vicarious traumatisation as an experience relating to the effects of trauma work on therapists. Nina's account includes a description of how she situates vicarious traumatisation within a bigger context, how she notices her body and spirit in the work, how she keeps strong and the importance of speaking about the effects of the work.

I always try to make it into a bigger story and while not denying that I tend to talk about positive and negative effects of the work but still naming it. For example with some foster parents recently, really important to name the traumatisation that happens in foster care and so it can be useful to start with that term. So I will always go for a fuller description and I also think it is important to talk about degrees of it. It's always - it's usually this totalising description like PLONK on you.

Nina

Nina's description of connecting with a bigger story has a connecting thread with Etta's comments. Nina gives a good example of how she experiences and interprets vicarious traumatisation in her therapy. She speaks of situating the experience within a broader frame, giving language to it by describing the term to the foster parents she meets with, then creates an image of degrees of trauma so that the experience is possibly less overwhelming for the clients and for her.

I feel it, you know somebody will be ringing up and I can hear it's a complex trauma situation and I think, I will be aware of if I've got enough. I feel it in my body and I am sure I feel it on a spiritual level as well as emotionally. I think it's spiritual more than anything. My spirit can only take too much of that because it buffers it. I might more generally do things, make sure that I don't do too much hard trauma work so that's more of the protective thing I might do as in consciously. It's thinking about vulnerable areas in your body and strengthening them and strength, just being into having that sense of strength and I think that strengthening my body to support my spirit is important. And knowing that it will be also affected in really enhancing ways. I think the mediation that I do protects me and the keeping a lid on how much work I do, for sure, and having support outside work and the physical fitness that I'm into and yoga, just a big commitment to that and I really believe in that. The other is that I just notice that it is satisfying and it's sustaining [the work].

Nina

In this segment of narrative, Nina continues to demonstrate her dialogical and relational engagement with vicarious traumatising. She experiences and interprets vicarious traumatising as an emotional, spiritual, physical and intellectual engagement. Meditation, yoga and strengthening her body, are some of the ways she mediates and negotiates her relationship with vicarious traumatising. These dialogical and relational engagements with vicarious traumatising, and Nina's culminating therapy practices, contribute to her practice trajectory and are evidence of the way she negotiates the 'professional ethical bounds' of her therapeutic relationships (Bird 2006, p.115). Nina's plot lines demonstrates her *human purpose and choice* to actively participate in: self-care strategies; spiritual practices; practices of embodiment to ensure strength physically and spirituality; and intellectual practices to ensure she notices the positive and rewarding benefits of her therapeutic relationships and her work with clients' distress related to trauma (Polkinghorne 1996, p.16).

People do respond to dialogue about the effects of the work there's no doubt about it. A group I consult with around child protection are very keen to try and interestingly to know they highlight the positives and what clients teach them and that sort of thing and that's what they go for there, they have had a commitment in this group to talk about the effects of the work as an ongoing commitment. I can see that in its evolution, it's been important to name it and the article by McCann from 1990 when they name it, and that was really important but it's the fact that we need to move on.

Nina

I wonder if Nina would agree that a dialogical and relational engagement with vicarious traumatising and the opportunity for therapists to express their understanding and interpretations of their experiences of vicarious traumatising constitutes moving on. Talking about the positive and negative effects of the work, and connecting these effects with an emotional, spiritual, physical and intellectual engagement in the way Nina describes is one important way of negotiating a dialogical and relational process with vicarious traumatising.

Summary of chapter eight

In concluding the discussion of the third and final configured plot, I have outlined the culminating configured plot, a dialogical and relational engagement with vicarious

traumatisation: therapists and their practices. It presents a discussion of how narratives of self and creativity, and ethics in practice, produce a dialogical and relational engagement with vicarious traumatisation. Through this process I described a range of unique therapy practices developed by the participant contributors in their trauma therapy. In these practices therapists engage dialogically and relationally with the discourse and practices of vicarious traumatisation. The discussion considered the emplotted narrative focusing on three central plot lines which contribute to a dialogical and relational engagement with vicarious traumatisation. They are: *ethics in practice and therapist's knowing*; *the ethic of connection, the importance of the therapeutic relationship*; and *the contribution of poetic, sacred, spiritual and unnamed moments in trauma therapy*.

In closing the discussion of this third configured plot I finish with a few final comments. In my thinking, the research as a configured whole leads to the emplotted narrative summarised above. Yet the thesis is also more than this plot. It raises the need to reposition vicarious traumatisation within professional discourse, thereby allowing for different ways we speak and think about it. Furthermore, the analysis of these therapist's narratives shows that there is a need for therapists to engage actively in a dialogical and relational way with vicarious traumatisation so that they are resourced in the broadest of all possible ways to provide trauma therapy which is ethically viable and sustainable over time. The first two configured plots speak to this and speak to the ethic of the research. In work with people injured by trauma, sexual abuse and assault, there is great risk involved when, in therapy, we disconnect and become detached from the ethics of relationship, connection, poetic and transformative understandings, participation, our self-knowing as therapists, and our authentic creative expression in therapy. As Joni said, *there is no protection in detachment*.

Conclusion to the analysis chapters

This thesis and the data analysis chapters indicate that the major concerns of this study relate to therapeutic practice and a creatively tuned form of engagement with practice. Chapter's six to eight give accounts of how therapists working with the complexities and difficulties related to trauma keep their practices fresh, intensely engaged, ethically based and thoughtful. The therapists' accounts are reflective of a richness derived from connecting with clients who have

experienced great losses and hurt in relationship. The therapists indicated an understanding of what it means to themselves and to their clients, when a client decides to connect within the bounds of a therapeutic relationship. In that clients may have ongoing concerns and experiences of vulnerability related to being involved in therapy and in their lives more broadly.

The three practice related components of the research

The narratives explored in Chapters Six to Eight highlight three significant practice components, they are:

1. In the making and doing of authentic therapy practices transformation occurs for both therapist and client and this leads to the emergence of unnamed moments in therapeutic relationships
2. Unnamed moments offer therapists experiences of self-discovery related to their sense of self, identity and their therapy practices.
3. Unnamed moments in therapeutic relationships provide a relational and dialogical space for therapists to make sense of and interpret their experience of vicarious traumatisation. Therapists' engagement with their ethical commitments and therapy practices are an integral part of the way they account for and live out their relationship to vicarious traumatisation.

The practice implications related to these three components are outlined in detail in Chapter Nine. In the next chapter, I conclude the thesis by presenting propositions for future consideration and action. The chapter considers a summary of the research knowledge base and methodological considerations; limitations; implications for therapeutic practice; implications for supervision and training contexts; methodological reflections and implications; and lastly, recommendations for further research. I close Chapter Nine with concluding reflections on the research venture.

Chapter 9

Future considerations and conclusion

Places at the end

Introduction

In this final chapter, I discuss the research project and implications for future consideration. The discussion includes consideration of: the research question and aims and the development of the research project; the research methodology and methods of analysis; the contribution to knowledge in relation to the literature; the three configured plots; key findings; and limitations of the research. Following the discussion I present a range of possibilities, including an outline of implications for practitioners, supervisors, trainers and research. Finally, recommendations for future research are explored. I conclude the chapter with two poems.

The research focus

The research focus considered trauma therapists' engagement with poetic, sacred, spiritual and unnamed moments in therapy and asked the following three questions.

- What is the relationship between therapeutic practice in violence and abuse contexts and these unnamed moments in therapy?
- Do therapeutic relationships act as sites for an engagement with therapists' experience of self-discovery, creativity and the practice of crafting therapy?
- How do therapists engage with and interpret their experience of vicarious traumatisation in violence and abuse therapy contexts?

Development of the research project

This research started with an examination of poetic, sacred, spiritual, and unnamed moments in trauma therapy, with a particular interest in the ways therapeutic relationships and therapy practices are dialogically and relationally negotiated through an open engagement with these

moments. The terms I have used throughout the thesis are *poetic, sacred, spiritual and unnamed moments in trauma therapy*. Various descriptions of these moments appear in the literature, for example Lomax, Kripal & Pargament (2011) and McCorkle et al (2005) used the term sacred moments; Moules (2000) used sacred exchanges in therapeutic relationships; and Katz & Shotter (1996a) described social poetics and ‘poetic moments’ in therapeutic dialogues (p.919). Others such as, Waldergrave (2000), Wright (1997) and Brady et al (1999); consider the importance of spirituality in therapy. They outline specific spirituality issues for trauma therapists without explicit mention of spiritual moments as potentially creative sites for the generation of therapy practices in therapeutic relationships.

The literature on poetry in therapy, often referred to as poetry therapy, is small yet significant (Mazza et al 1987, 2009; Leedy 1985). In this approach, poetry is a central focus in therapy where poems are used as a tool, for example Jaskoski (1980), Furman (2003) and Kempler (2003). There are arts based approaches to poetry therapy focusing on dance and movement Sterling (2005) and Mazza (2006, 2009). This field, of research and therapy practice, is not the focus of this study. Poetry therapy provides creative options in therapy, yet it does not pursue the type of creative acts related to making and doing practice and Ricoeur’s (2004) ideas of *poiésis*. This study focuses on acts of *poiésis* occurring within unnamed moments in therapeutic relationships and suggests that these moments of creativity offer therapists and their clients the potential ‘to see things in terms of potentialities and not in terms of actualities’ (Ricoeur 1991, p. 462). Therefore, poetry therapy is of interest but does not extend to the experience of *poiésis* and the exploration of therapists *making their therapy* through an engagement with poetic, sacred, spiritual or unnamed moments in therapy.

On the other hand, Speedy (2005) comes closer, as she explores the use of co-constructed ‘poetic documents’ drawn from therapeutic conversations (p.286). This literature details approaches for engaging with poetry and poetic textual forms, such as poems and poetic documents in therapy, yet it does not specifically explore poetic moments in trauma therapy. As a form of narrative inspired therapy practice the use of poetic texts and the shared construction of poetic documents is a creative pursuit of interest to this study. While Speedy does not explicitly indicate a negotiation with poetic, sacred, spiritual or unnamed moments in therapy, her collaborative exchanges with clients in the development of shared poetic writing

might feasibly culminate in an experience of *poiésis* as she crafts her therapy in the making and doing of her therapy. Her creative expressions and her process of *making and doing her therapy* through the use of the crafted written word are evocative of the subplot from this study, *the crafted spoken word in therapy, words change people's lives*. This subplot is described in detail in chapter six.

The literature presented here, and in more detail in chapters two and three, describes understandings of poetic, sacred and spiritual moments in therapy, yet it is limited in describing these moments in trauma therapy and does not address the questions asked in this research project.

In the development of the research, this study focused on an ontology informed by Ricoeur's (1991) poetics, and an engagement with language and interpretation that prioritised a poetic worldview over one informed by religion. This orientation led to a contained exploration of spirituality, and chapter two gives a rationale for this decision. As a result the study has focused on the notion of 'poetic construction' (Freeman 1999, p.109), poetic crafting and 'poiésis' (Ricoeur 2004) to describe therapists' creative acts of *crafting practice through making their therapy*, and a poetic sensibility when therapy and therapists engage with a poetic interpretative stance.

Research methodology

The study's narrative inquiry, following Polkinghorne (1995), was enhanced by a poetic narrative configuration (Freeman 2002; Ricoeur 1991; Taylor 1991). To illustrate this approach one of the therapist participants, Billie, described unnamed moments in therapy as *transformative moments* in her therapy. In her account she stated that transformative moments only occur when therapists have a certain degree of knowledge and experience of extensively practicing their *technical ability* in therapy. She believes that through practice a therapy conversation is able to move from *an ordinary conversation to the potential for a transformative one*. In her account Billie speaks about talk and describes how therapists' talking is like a musician playing an instrument. She uses a jazz metaphor to indicate the

significance of a dedicated practice in trauma therapy, and says *if we considered talk was an instrument, most of us are talking off key*.

Chet experienced his therapy, with young people who were experiencing mental health concerns and family violence, as *bordering on sacred*. Chet thought that the experience of offering young people respect and rapport within the bounds of the therapeutic relationship might be the opportunity for him and for his clients to have a glimpse of an alternative world. Using a poetic configurative analysis meant that Chet's therapy practices, where he experiences himself as providing his clients with *something sacred that is quiet and still*, is 'conceived in poetic terms' within the narrative analysis (Freeman 1999, p. 107).

The methodology was particularly relevant in that it was based on dialogical and relational conversations between the researcher and experienced therapists working in violence, abuse and trauma. This methodology is suited to the study's inquiry in the difficult area of trauma therapy, with people who have been subjected to severe harm and distress due to acts of violence and abuse, and the pathologising processes of disconnection and objectification that often occur within professional contexts (Harvey, Mishler, Koenen & Harney 2000). The dialogical and relational conversations drew on insights from Shotter's (2007) dialogical interests and Mishler's (1999) 'situated retellings', where stories are 'situated within a particular context' within a narrative inquiry interview (p.51). Shotter's interest in 'conversational activities' is descriptive of the interviews undertaken in this study, where I engaged with colleagues in a conversational process (Shotter 1997, p.10). The study's conversational activity was important to each of the interviewed participants and, as the conversation unfolded, each participant contributed detail about what mattered to them, in terms of; the meaning or value of the conversational activity; the meaning or value of the context of the dialogue situated around unnamed moments in therapy; and the meaning and value of their own narrated accounts in response to the dialogical and relational conversation.

The participants and I share personal and professional histories as therapists. Therapists were recruited from my professional networks, which meant I interviewed my colleagues. This shared history thickened the dialogical and relational nature of the interviews. In this collegial

dynamic, the conversations produced a reflexivity that enabled a shared power dynamic. As a researcher my voice is part of a conversational activity in the form of a dialogical, relational and embodied engagement between the interviewee (participant) and researcher (Shotter 1997, 2011). Within this dialogical activity the interview enters ‘a distinct third sphere’ (p.9) of interaction where the voice of the researcher is not bound to ‘monologically represented’ constructions of how a researcher might or might not speak in an interview (p.10).

Interviews as a conversational engagement with colleagues enabled participants to not only retell their storied accounts but to also generate new accounts. Viewing the therapeutic relationship as a site for dialogical and relational activities, where poetic, sacred and spiritual matters might be witnessed and given audience, meant a similar dynamic became possible within the site of a dialogical conversational engagement in narrative inquiry research interviews.

Discussion of the analysis method

The analysis was influenced by the writings of Bird (2000, 2004 & 2006), Freeman (1999, 2002), Mishler (1999), Ricoeur (1991, 2004) and Taylor (1991). It is unusual for a research study in counselling to draw on Ricoeur’s insights on poetics, poiésis and narrativity. This literature was selected for the following purposes. Ricoeur (1991) provided an overall poetic conceptualisation for the study and aligned the research with the poststructural concerns of language and interpretative acts, and therapeutic engagement with narrativity. These concerns are carried through into the analysis of the dialogical conversational interviews. Bird’s poststructural interests with language and her therapy practices in the narrative tradition place language and talk as central tenets of therapy. I applied Bird’s insights to the interpretation of the therapists’ accounts where language, meaning and difference are discovered in the act of ‘narrating through dialogue’ (2004, p.139). Applying these concepts to the analysis of the therapists’ configured plots within their narratives is a novel approach and yet results in a consistent theoretical frame from the study’s ontological and epistemological positions throughout the thesis.

Freeman's research on *poiésis*, narrativity and the 'poetic construction of selfhood' (1999, p.104), was used to inform the therapists' narrated accounts in the second configured plot of the research, *focuses on trauma therapy as a threshold experience*. Dee Dee speaks of the possibility for shaping *a different understanding of me as a therapist*. Here she wonders about a client's perception of her as a therapist, yet she is also considering her own 'poetic construction of selfhood' as she engages with what Freeman (p.99) refers to as a new sense of self in response to her therapy.

Mishler (1999) focuses on the nature of crafting and making as essential narratives in the construction of identity. This study applied the crafting concept to the analysis and the way therapists' craft therapy practices in the making and doing of their therapy. The configured plot is described in Chapter Six. Taylor's (1991) insights develop these ideas further, as he considers the acts of doing and making (*poiésis*) as critical aspects of understanding and discovery about authenticity and self-hood¹¹. In the analysis, Taylor's notion of the place where 'I become what I have it in me to be' is evident in Joni's narrated account when she says: *I'm a talk therapist. I'm not an art therapist. Language is my medium and sometimes I have borrowed from Isabel Allende's character who says 'I sell words for a living'*. The study's analysis is enriched by Taylor's thesis on authenticity and selfhood, suggesting that through self-discovery, we can be what it is we have in us to be (p.62).

Contribution to therapeutic practice knowledge

As this study shows, Ricoeur (1991) provides a broad lens for the consideration of poetics and *poiésis* in the practice of therapy. The location of poetics in therapy, the act of *poiésis* in the therapeutic relationship and the development of therapists' practices in trauma therapy provide unique possibilities for therapy work in trauma related areas.

The overall emplotted narrative is entitled: Therapists crafting practices in trauma therapy: a dialogical and relational engagement with *poiésis*, self-discovery and transformation in the poetic, sacred, spiritual and unnamed moments of therapeutic relationships. It concludes the

¹¹ I remind the reader that my interpretation of Taylor's (1991) quote above relates to the notion of a socially constitutive self and not the notion of excavating an essential self. Further detail is in Chapter Four.

three configured plots discussed in Chapters Six to Eight. This narrative describes the significance of therapists crafting their practice, through the making and doing of therapy in a dialogical and relational engagement with *poiésis*, self-discovery and transformation in the poetic, sacred, spiritual, and unnamed moments in trauma therapy. The concept of therapists crafting and constructing therapy practices within a dialogical and relational narrative inquiry delivers an integrated and authentic narrative of therapists' accounts.

The creative process of *crafting their therapy practices* involves acts of making (*poiésis*) that leads to new therapy practices in the moment delivered through the therapeutic relationship. It offers the client and the therapist a shared experience of 'poetic construction' (Freeman 1999, p.99). Crafting practice in this way contributes to the field of narrative therapy (Epston 1999; Percy 2008; Speedy 2005; White & Epston 1990; White 2004) and therapies in the narrative tradition (Bird 2004, Porter 2011). Chapter Two highlighted how Bird's (2004) engagement with 'the making of language' in her therapy practices, which she describes as 'relational language making' (p. 349), are examples of making (*poiésis*) as she makes meaning through dialogue in conversation with clients and practitioners in a way that is similar to the findings of this research.

Bird describes the type of mimetic opportunities present in unnamed moments in therapy, where new language and new meaning is potentially generated and then negotiated through the relational resource that is the therapeutic relationship. This study's exploration of poetic, sacred, spiritual and unnamed moments in therapy supports Bird's interests and explicitly indicates the act and practice of making (*poiésis*) in descriptions of transformative moments of self-discovery in therapy. *Poiésis* is the moment or moments of creativity when therapists are making and doing therapy. When noticed and attended to in therapy, these moments may involve experiences of self-discovery and transformation in both the therapist and the client and as a result opens the way for a range of possibilities in the therapeutic relationship.

The focus on *poiésis* marks a departure from the narrative therapy ideas of White (1997, 2004) due to the ways *poiésis* is a new experience of self that creates the potential for resonance between the therapist and clients traumatised by violence, abuse and sexual assault. However,

poiésis is not only a new sense of self relating to resonance occurring in these moments in the therapeutic relationship. It is a new sense of self occurring in relation to potentiality in all of its possibilities. As Ricoeur (1991, p. 462) says: ‘language in the making celebrates reality in the making’ and this is what occurs with therapy in the making. In these moments of potentiality in therapeutic relationships, language is formed to describe the new sense of self, as therapists and their clients bring to life a newly languaged account of what is being said in the dialogical conversation between therapists and client.

Specifically through this study I assert that unnamed moments in therapy are centrally significant to all that is occurring and all that is potentially transformative in therapy and in therapeutic relationships. Therapists’ practices and their way of being in therapy moments with clients brings unnamed, poetic, sacred and spiritual moments to the fore in therapy. How therapists enact the making and doing of their therapy in therapeutic moments appears to draw unnamed moments to the front borders of therapy. As unnamed moments are drawn into being they enter therapeutic territory that could then be described as therapy on the margins of practice

These moments are marginal because they are about forming and creating meaning, language and expression. Therapists in this study show that they enact practice ethics by noticing, attending to, speaking about and inquiring into unnamed moments in therapy, as they come into being in therapy. These possibilities are described in the discussion of the three configured plots.

Discussion of configured plots

There are three configured plots that form the findings of this thesis. This section begins with a discussion of the first configured plot *the poetics of transformation and resonance in the therapeutic relationship* and then turns to include the discussion of the second and third configured plots.

The poetics of transformation and resonance in the therapeutic relationship

The first configured plot highlights the production and experience of resonance and transformation within therapeutic relationships, and describes the therapeutic endeavour of crafting therapy practices as a poetic act involving *poiésis* (Ricoeur 2004). This plot has three subplots and they are: *making and doing in therapy*, *words change people's lives and surprise and wonder of poetic, sacred, spiritual and unnamed moments in therapy*.

This plot describes how therapists engage with a poetic sensibility in trauma therapy. The plots focuses on the role of: crafting practice as a relational engagement with poetic sensibilities and resonance in the therapeutic relationship; rendering well-honed skills in the making and doing of trauma therapy; the crafted spoken word and language as a relational engagement with transformation; and an active engagement with poetic, sacred, spiritual and unnamed moments. This plot gives examples of *poiésis* in therapy where therapists are making and doing their therapy.

Billie's speaks about talk in therapy: *if we considered talk was an instrument, most of us are talking off key*. She links therapists talking *off key* to concerns that this type of talk in therapy is *not enough* in responding to trauma and leads to an *increasingly pathologising* experience for people who have been harmed and abused through violence and abuse. Billie crafts her therapy in *transformative moments* where she devotes her attention to *creativity and discovery*. As Billie pursues her therapeutic talk, she aims for a pitch perfect key. Her therapy is crafted through invention; as she engages her creative acts of *poiésis* she is making and doing her therapy through the 'capacity of language to create and re-create' (Ricoeur 1991, p.462).

Billie's concept of therapeutic talk that is off key is useful in considering what therapy practices produce therapeutic talk that is in key. My interpretation of Billie's comment is not about finding the right key in therapeutic talk. It is about each therapist having an interest in discovering their own key which is in pitch, has the best tone and range possible when they talk in therapy, and produces a sound that is resonating and enchanting for the client and the therapist. This metaphor of therapist discovering their own unique key connects to the study's configured plot of discovery through the making and doing of therapy and to Taylor's (1991)

concept of locating an authentic sense of self through the doing of one's authentic practice, or art, or life's work. There are many keys in therapy and each therapist, in finding their own key, has a process of discovery awaiting them.

For Billie it relates to an engagement with her clients over her practice ethics, her commitment to honing skills in therapy, 'presence listening', and practices of discovery in the present moment, and a resource centred approach (Bird 2004, p. 123). It might involve therapists utilising: the resources of reflexivity (Etherington 2004) in reflective practice; sharing 'poetic reverie' with clients (Speedy 2005, p.296); and a commitment to listen to and attend to client's experience of their own 'essence, soul, spirit or inner self' (Hayes & Tiggeman 1999, p.184). These types of practices might involve therapists discovering their own key in their therapy. McLeod (2004) states that in therapeutic relationships therapists take on roles, including 'audience', 'witness', 'interpreter', 'director' and 'co-author'. His focus on therapists' roles is not explicitly descriptive of creativity related to the making and doing of therapy (p.104). These approaches might involve a therapist listening closely to and attending to the client's story, and result in a discovery of an authentic tone and pitch in therapy. Yet this study suggests a specific search, relating to a therapist discovering, through therapy, their own key, and therefore differs from McLeod's concept of roles. Crossley (2000) indicates therapeutic talk is designed to construct a fuller account of the client's experience and therefore promotes greater understanding for the client and the therapist. This process is helpful but does not extend to this study's attention on therapists finding, like Billie, their own resonating key through the making and doing of their therapy.

Joni speaks about embracing the importance of words in therapy. She speaks about the power of words in therapy and says: *I really do fight for words, in that place that I'm talking about, more words are available to me but I really fight for a word that is resonant or likely to resonate, because I think it's in that resonance that there is the energetic charging.* Joni's example illustrates how she is involved with making and doing her therapy and she tells us that resonance relating to the words and language she uses is the site of her poetic construction. When she experiences an energetic charging she appears to be in the process of creating practice and that is when her poiesis occurs. Joni's account indicates an embodied experience of knowing that she is crafting and creating practice. Her experience is embodied, yet it is also

dialogical and relational because she feels the energetic charging between herself and her client.

Joni says that she connects with an understanding of her client's metaphorical language and an engagement with metaphor through her therapy practices in 'relational languaging' (Bird 2004). This process involves 'an ability to listen for, extract and negotiate those everyday expressions which are central and meaningful to people. This requires practice, as hundreds of metaphoric possibilities are made available to us (therapists and clients) in any hour-long interview' (p. 123). Joni's dialogical and relational engagement with metaphorical language (Freeman 1993) is different to other dialogical models of engagement, such as Mutter & Neves (2010), who employ collaborative approaches and intersubjectivity to develop a way of thinking about spirituality in therapeutic relationships. Reed (2010) describes a dialogical approach to family therapy that requires therapists to remain open to what occurs in each moment of therapy. Hallam & Connor (2002) use a dialogical approach that employs conversational metaphors and client's narratives from within therapy.

Joni's approach is focused on her practices of 'improvisation or composition' and therefore interrupts clients' concepts of self-identity (Bird 2004, p. 134). Bird contends that this relational process makes the idea of a dominant story informed by narrative therapy redundant, as she engages in a dynamic form of 'narrating through dialogue' (p.139). This description draws together the key differences between a focus on poetics and poiésis in Joni's dialogical and relational approach to engaging with metaphors, and an approach where metaphors are drawn from narratives as described by Hallam & Connor, or constructed in the way of Mutter & Neves. Joni's approach is not only focused on locating narratives of metaphorical language with her clients (Johnson 1981). She is primarily interested in narrating new language with her clients and by so doing narrates new realities and experiences of self-authenticity for her clients and for herself as a therapist. In this way, Joni enacts her belief that words change people's lives through her unique therapy practices.

Therapists' understandings and experiences of themselves as *active agents of transformation and resonance* within a dialogical and relational sphere are highlighted in this study. Each of

the three configured plots values the poetic, emotional and ethical worlds experienced by therapists and their clients and show an exploration of areas rarely discussed in literature on the therapeutic relationship in trauma therapy.

Therapy as threshold experience: narratives of self-discovery, practice, and identity

The second configured plot outlines the unique contributions made by the therapists when the therapeutic relationship and therapy act as sites for the production of threshold encounters or experiences in relation to therapists' engagement with therapeutic inquiry and the process of shaping and making identity. This plot explored the public and private sense of self and personhood, considering both the making of practice identity as therapist, and the shaping of self-identity as a person in the world outside of and beyond work and therapy. This configured plot considers the process of therapist's self-discovery, utilising Taylor's (1991) concept of self-discovery through *poiésis* and acts of making and doing. Therapists explore their own creative expression through a process of developing authentic therapy practices. In the process of developing their authentic therapy practices, therapists reconfigure their practice identities and discover their authentic form of creative endeavour through the act of therapy.

This configured plot describes how trauma therapy acts as a site for the production of threshold experiences in relation to therapists' engagement with therapeutic inquiry, discovery, and the process of shaping and making identity. Here therapists explore their experience of discovering a sense of selfhood in regards to their sense of identity as a therapist and the shaping of self-identity as a person in the world outside of and beyond work and therapy. The narrative configuration of this plot is influenced by Taylor's (1991, p. 62) concept of self-discovery where people develop into '*what I have it in me to be*', Mishler's (1999) interests in crafting practice and Freeman's (2002) ideas on the construction of selfhood. I extended these concepts to apply the process of self-discovery to the endeavour of therapy. In this plot the exploration of self-discovery is possible for therapists, through a process of shaping and making therapy, and an engagement with crafting one's therapy.

I used the concept of a threshold experience due to the way some of the therapists described their encounters with self-discovery in this study. Dee Dee described her threshold of meaning making when she spoke about new visions of therapy at the conclusion of the interview. Dee Dee said *for the first time I have an image of when I'm going into a session*. In this segment of her account we know that she is speaking metaphorically and she has begun to see and experience a new image of her practice and new meaning of a therapy session. She continues to speak about *entering a wide open space that is very inviting and welcoming that has no bounds* and she reflects on my use of the word *portal*. Dee Dee speaks of: *moving, spaces, crossroads, degrees of measure in space, exploration and directions*. She describes how she companions her clients and is transported as she discovers new meaning in her therapy practices. Dee Dee says: *I become aware of having moved to a new place. Instead of a session being prescriptive or familiar I am in a place where I think 'this is new knowing for me', I am having some revelation or I am getting to think about some things that I haven't thought about before and that makes it inviting and thrilling*. In this part of Dee Dee's account her use of 'revelation' indicates a heightened sense of discovery that I have described as a threshold experience.

Chet's account describes his engagement with self-discovery in the making and doing of his therapy. He indicates that it might be a developmental process related to his experience. In this account he is making new meaning about himself as a therapist and as a person when he describes his therapy practices as *bordering on sacred*. Chet's account speaks directly to the concept of self-discovery through the process of making and doing his therapy. He says: *I guess I am embracing it in some ways because I persist with it and I feel like I have honed something*. Chet's account also raises an important aspect about unnamed moments in therapy and threshold experiences. He sees his therapy as *nuts and bolts* and indicates that while he has heard of other therapists experiencing sacred and poetic moments or transformative moments, that his therapy doesn't usually hold significant moments. What he is revealing is that these unnamed moments in therapy may not always appear as startling encounters. They may be startling and many of the therapists in this study indicated that they were. Yet sometimes these moments occur in tentative quiet spaces on the margins or when the therapy is covering hard won terrain, when therapy is about *being present despite the odds*, as Chet describes. It is in these moments in therapy that therapists are working at honing their skills and their therapy

practices. In these moments of making therapy practice *poiésis* may occur and yet it is possible that these junctures of discovery are not noticed and therefore not claimed as new meaning until after the therapy session, when the therapist has time for reflection.

Billie's accounts detailing her comments *I want to move the trees but not kill myself* and her expression of feeling *institutionally defeated* are other examples of threshold experiences. Here Billie constitutes new realisations and commitments about her experience of self-hood and her therapy commitments. Her expressions are illustrative of a 'speech act', where she is giving voice to a dialogue of defeat (Ricoeur 1992, p.40). Later she indicates that this may be a positive move for her, and in this she is hinting at an emerging new or returning engagement to stay present in the unnamed moments of her therapeutic work. Billie says: *So this is my life challenge, which is to be satisfied with what it is I can do, and I can do it, rather than be pained by what's bigger than this. It keeps me in the work in the moment. It keeps me going- this moment is enough because this moment is all I have, and in a sense that's what the people I'm working with have-now-this.*

Threshold experiences as described by the therapists of this study may be startling and thrilling with a momentous quality to them. Yet the therapists also described threshold experiences that were more like daily realisations, significant and no less hard won. Some of the described threshold experiences involved a tug-of-war almost as though the therapist is teetering on the threshold before moving through it, such as Chet's account where he describes his experience saying: *I think I am starting to as my own practices deepen. I tried teaching mindfulness to my clients and you can't teach this if you have to do it. I can't affect this for my clients, I could lead them towards it but I can't teach them to go there if I haven't been there myself.* For others the threshold was deeply personal and at times intense as with Nina's *spiritual crisis* which led her towards a place of self-discovery and understanding regarding her therapy practices and her engagement with spirituality. As Nina says: *That experience with her [Nina's client] in that intense way has increased my overall awareness of spirituality in the work, of the spiritual dimension of the work.*

A dialogical and relational engagement with vicarious traumatisation: therapists and their practices.

The third configured plot explores how therapists experience and interpret vicarious traumatisation in their work and the therapeutic practices they find supportive, in their work with trauma. It focuses on three central accounts: to consider therapist's knowing and the intersection with ethics; the ethics of connection and the heightened relevance of attention to therapeutic relationships in trauma therapy; and the contribution of spiritual and poetic moments in trauma therapy. The recommendation arising from this plot is that therapists explore a dialogical and relational inquiry with the experience of vicarious traumatisation as they develop their supportive therapy practices. While the risk of vicarious traumatisation is always present in trauma therapy, and is well documented in the literature, the findings of this thesis suggest that a focus on therapists making their practices (*poiésis*) might open dialogical and relational space (Shotter 1997). This may in turn present a range of other possibilities for therapists that, at present, appear to be missing in the literature and practice, or at best limited in their application.

Within a limited, yet important, way the study considers practice ethics as described by Bird (2000, 2006) and more broadly in relation to Ricoeur's (1991) language and interpretation. This discussion is approached with caution as the literature on ethics is extensive and beyond the scope of the research. Yet, as one of the participants raised it in a way that demanded my attention, and as Ricoeur urges us to consider issues of cultural responsibility in his engagement with *poiésis*, the following comments are required. Bird (2000, 2006) and Ricoeur situate ethics as historically and culturally significant; Bird in regards to therapy, Ricoeur in regards to his concerns about the 'instrumentalisation and reduction of language' (1991, p.448). Chapter Two detailed an approach to *practice ethics* designed to ensure that therapists' ongoing review of their practices with their clients generate renewal of authentic trauma therapy practices. The process of *review and renewal*, related to practice ethics, requires a dialogical and relational investment in the therapeutic relationship and an engagement with therapeutic practices as authentic creative expressions.

Billie urges therapists to engage with and make explicit their practice ethics in the therapeutic relationship. She makes a plea for therapists to fully act on an ethical engagement in their practice. She stressed the importance:

for people to collect their ethics, and to note down 'what are my ethics?' Look at the knowledge they are using in the therapeutic process then, predominately I'd like them to tape their work and study their work, and ethically review their work according to those knowledge bases and then go back to [clients] and ask whether these conversations are useful in any way.

Billie

Billie's account of ethics as an act of practice in therapy is descriptive of Bird's (2000) practice ethics. This study supports therapists' use of research informed practice and practices informed by a dialogical 'conversational activity' with clients on specific practice ethics (Shotter 1997, p.10). In this way, 'checking in' with clients becomes one part of a dialogical and relational process, including the dedicated and reflexive learning processes described by Billie which link back to her concerns for therapists to *ethically review their work*. These commitments, for therapists to review their ethics and respond appropriately with changes to their practices, are described in Chapter Eight, in Billie's account *name my ethics and describe what I do and narratives of crafting ethics in participation*.

Engagements with vicarious traumatisation and dialogical and relational space might include: the therapy practices and commitments described by Chet as *being present despite the odds*, where he is resisting the institutional politic of professional disconnection and objectification that occurs in mental health (Harvey, Mishler, Koenen & Harney 2000); Joe's narrative of *I hang in there with people and have hope about change*, where he speaks about a *fuller experience* that connects him with his client's experience, even when it is upsetting to hear; and Nina's narrative of *vicarious traumatisation as part of a bigger story*, where she connects the *experience of vicarious traumatisation with a bigger story and a fuller description*.

Engagements with vicarious traumatisation and dialogical and relational space might also include the following therapy practices: Billie's practice of an *ongoing process of participation in therapy*; Etta's practice of *moving in and out of sacred space*; Ella's practice of *moment to*

moment attention; Chet's practice of *ethical speech acts on behalf of young people* (Taylor 1991); and Nina's practices of working with the embodied experience of trauma and spirituality.

Descriptions of therapy practices from the participant contributors of the experience of poetic, sacred, spiritual and unnamed moments in trauma therapy included: Joni's metaphorical experiences; Etta's literal rituals, incantations and invocations; Joe's moments of connection; Billie's moments of transformation; Chet's experiences bordering on sacred; Dee Dee's spiritual moments; Corra's poetic and spiritual moments; Nina's noticing 'my body and my spirit'; and Ella's daily practices as rituals. These are all descriptive of supportive therapeutic practices.

The experience of moving in and out of poetic, sacred, spiritual, connected and transformative space (as a ritualised component in trauma-related work for the purposes of reverence, protection and sanctum) held relevance for some of the therapists by creating resonance and transformative possibilities in therapeutic relationships.

Key findings

The study's use of dialogical and relational conversations as interviews produced rich accounts of therapists' experiences of poetic, sacred, spiritual and unnamed moments in trauma therapy. For example some participants named moments of significance in their interviews. Joe described moments of connection, Billie spoke of transformative moments, and others gave language to experiences, including Corra's description of *experiencing an expansion beyond ordinary dimensions* of therapy dialogues. The participants engaged in what mattered most to them in the dialogues, and through these dialogues the following conclusion are drawn.

The five key findings relate to the practice components of the research and include: therapists benefit from opportunities to speak about their therapy practices and unnamed moments, particularly when the purpose of the discussion is not focused on supervision; when therapists engage in crafting their practice through the making and doing of their therapy practice *poiésis* occurs and unnamed moments emerge in therapy; the therapeutic relationship has the potential

to generate a dialogical and relational engagement with unnamed moments; through these engagements therapists might have threshold experiences of self-discovery; and therapist's engagement with their ethical commitments and therapy practices are an integral part of the way they account for and live out their relationship to vicarious traumatisation.

It is unusual for therapists working in these contexts to have opportunities to speak about or explore their experience and interpretation of poetic, sacred, spiritual or unnamed moments in their therapy practices. Specifically it is unusual for therapists to have time to reflect on their therapy practice from within a dialogical and relational interview, of the type structured by this study. This study's dialogical and relational interviews, while serving a purpose related to the research offered a form of reflective space (Shotter 1997). The therapists' accounts indicated that as this reflective space was not about the usual risk management expectations of supervision they were able to focus on themselves and their therapy practices in a way that was beneficial. The opportunity for the participants to consider these moments resulted in experiences of self-authenticity, and unique accounts of therapy practices and descriptions of themselves as therapists engaged in the doing and making of their therapy practices. The dialogues produced reflections, descriptions, personal and professional accounts that are 'conceived in poetic terms' by the study (Freeman 1999, p. 99).

From the three configured plots it is evident that the therapeutic relationship is a site for the generation of poetic, sacred, spiritual and unnamed moments, and that therapists engaged with these moments and other related experiences negotiated in their therapeutic relationship's dialogical and relational space. Therapists experience *poiésis* and a poetic self-discovery which contributes to the practice of noticing and coming to know their authentic form of creative therapeutic expression in the process of making and doing of their therapy. In the making of their therapy, therapists craft and construct unique approaches that are connected to their sense of self-hood in personal and professional contexts. As this process occurs, therapists experience resonance and speak of their therapy practices with a knowing that is meaningful for them. This process of self-discovery includes significant realisations of self-hood, when therapists claim and constitute a sense of self through the making and crafting of their therapy. I have described these experiences as threshold encounters in therapy.

Billie spoke of the concept of defeat; Joni spoke of fighting for words; Corra spoke of seeking a poetic intensity in therapy; Dee Dee spoke of going into a different dimension of a wide open space; Chet spoke of respect and rapport as bordering on sacred; Joe spoke of noticing feelings of connection and disconnection in therapy; Nina spoke of witnessing the witnessing in trauma therapy; Ella spoke of noticing when something passes across her client's face and moment to moment attention; and Etta spoke of seeing all moments as transformative and believing that everything is sacred.

Unnamed moments and therapy practices play an important role in the way therapists experience and interpret the presence of vicarious traumatisation in their therapeutic relationships. The study indicates that as therapists are making their therapy they engage with their ethical commitments related to trauma therapy practice and therapeutic relationships. Therapists' ethical commitments are enacted through their therapy practice and in unnamed moments. Therefore therapists' ethical concerns come into focus in unnamed moments and in the doing and making of therapy. They are an integral part of the way therapists account for and live out their relationship to vicarious traumatisation. Therapists are able to interpret and make sense of their experience with vicarious traumatisation and a dialogical and relational engagement supports their expression of what this means to them. When this happens therapists are able to articulate their meaning making, ethical considerations and therapy practices related to vicarious traumatisation and the making and doing of therapy.

The study found it is important to ensure that therapists have a role in protecting language in trauma therapy and in the therapeutic relationship from a scientific form of reduction and instrumentality. Therefore, with insights gained from (Ricoeur 1991) I believe there is an imperative and an ethical responsibility for therapists to ensure that the language they employ in trauma therapy is a balanced use of ordinary language, poetic language, and scientific (or medicalised/psychologised). This imperative could be linked to the way therapists act on their practice ethics.

Transformative moments (such as those referred to by Billie or the type of moments focused on in this study) are unlikely to occur unless therapists have engaged in extensive practice and

reflexivity in the development of their therapy. This finding extends the work of Lomax, Kripal & Pargament (2011) who suggest that sacred moments in therapy are a sign of an effective therapeutic relationship, by claiming that unnamed transformative moments are also indicative of effective therapeutic relationships.

Limitations

The study experienced limitations associated with bringing a new way of talking about moments in therapy described as *poetic, sacred, spiritual and unnamed moments* into discourse. There was hesitancy as I grappled with how to give language to the intentions related to these moments in therapy. I was hesitant in attempting to describe the moments, and the therapists at times too were hesitant. This hesitancy was not related to an inability on my part as the researcher to name and articulate ‘poetic, sacred, spiritual and unnamed moments’ in therapy. It was rather to do with the poststructural concern when language is producing meaning and constructing realities at the same time (Richardson & St Pierre 2008; Ricoeur 1991). Similarly, the hesitancy described added a particular texture and depth to the process and the interviews that may not have been present otherwise.

At other times I was concerned that my interest in these dialogical and relational moments of potentiality in therapy might influence the participant contributor’s ability to narrate their own account in a way that was authentic to them (Chase 2005).

Attention to the choice of language as a poststructural concern (Richardson & St Pierre 2008) bothered me throughout the thesis. For example I have used the commonly referred to term ‘trauma therapy’ to ensure that practitioners who identify as trauma therapists might experience this research as speaking to their concerns. However, the cost is that I have reduced language from fuller descriptions that may be less pathologising as descriptions of people’s lived experiences. By this, I mean the descriptor ‘trauma therapy’ has a focus on symptoms and diagnosis rather than a description that focuses on meaning making of lived experience from the client’s perspective (Hayes & Tiggeman 1999). Taking a reflexive and open stance about this concern might possibly lessen the impact of these word choices.

The shifting focus of the study's interest toward poetics and the exploration of poïésis may be described as a limitation and yet this change of direction was an important one. It took time in the research process to realise that methodologically it might be preferable to narrow the focus to investigate therapists' experiences of unnamed and poetic moments in therapy. If this shift in focus were planned earlier, then an investigation of sacred and spiritual moments in therapy would not have been included in the study. In presenting this limitation I show how the practice of research is often a messy process where hindsight provides valuable insights that arrive in an untimely way. This limitation is outlined in Chapter Four.

These descriptions are part of my narrated account as a qualitative researcher engaged in a study where language and poetics is central to the overall project. Poststructural orientations have invited an ongoing engagement with reflexivity and dialogues with my supervisors on the study's methodology and have enabled me to relationally explore my experience of knowing and not knowing as a researcher, therapist, and person (Richardson and St Pierre 2008).

Implications for practitioners, supervisors and trainers

The study has a number of implications for practitioners, supervisors and trainers and a discussion is outlined. As a point of recall the term unnamed moments relates to significant moments transformational in therapy that are yet to be named and may be described as poetic, sacred, or spiritual moments in therapy. This study demonstrates that when therapists make their therapy practices unnamed moments become a form of creative expression that relates directly to all that is occurring in therapeutic moments. These moments are an integral part of the way therapists enact their ethical commitments and inform therapists' sense making and interpretations of vicarious traumatisation. Therefore there is a sound link between the making of practice, unnamed moments in trauma therapy and ethical responsibilities related to therapeutic work and therapeutic relationships in trauma therapy.

The three practice related components of the research

Three essential components related to unnamed moments in therapeutic relationships in trauma therapy were identified through the configured plots. They are:

1. Making and doing authentic therapy practices is transformative for both therapist and client and this leads to the emergence of unnamed moments in therapeutic relationships.
2. In the making of therapy unnamed moments offer therapist's threshold experiences of self-discovery related to their sense of self, identity and their therapy practices.
3. Unnamed moments in therapeutic relationships provide a relational and dialogical space for therapists to make sense of and interpret their experience of vicarious traumatisation. Therapists' engagement with their ethical commitments and therapy practices are an integral part of the way they account for and live out their relationship to vicarious traumatisation.

These three component parts were described in chapters Six, Seven, and Eight which outline accounts of unnamed moments and the way trauma therapists craft their practice through the making and doing of their authentic therapy practices. What matters here is how the therapists relate dialogically and relationally to themselves, to their clients and to others. The way therapists speak, what they choose to say or not say, what they attend to and listen for, their approach to therapeutic inquiry and their use of language, the way they respond to nuances of feeling, emotion and intellect, and their bodily being in the room, (and out of the room) are all part of what makes unnamed moments appear in therapy. The unnamed moments emerge as a direct result of how the therapist relates in the moments of therapy in the therapeutic relationship with their client. It is the therapists *being in relationship and being in dialogue* in therapy that makes a difference and then these insights inform therapist's practices and the making of their therapy practices.

How therapists engage in their therapy relationships, what they say and do, the way they enact their practice ethics and their responses to people in therapy is what makes the emergence of unnamed moments possible and available for therapeutic inquiry. Once unnamed moments emerge the therapist's practices become a resource that *makes* (poiésis) an available and possible expression of these moments in therapy. The creative process invites the therapist to engage with their own experience of making (poiésis) and enables an inquiry of discovery

related to these moments; their possible meanings and interconnections in therapy. The therapist's practices enable words to flow, descriptions, metaphors or images to arise so that the therapeutic inquiry creates languaged accounts, holds moments of stillness and quiet and makes expression of these unnamed moments. Joni describes her therapy practices as using metaphoric descriptions and images as they occurred in therapeutic moments.

Each of the three practice components outlined here illustrates the ways therapists engage to be in dialogue and relationship with unnamed moments and the making and doing of their therapy. The following section describes some of the ways therapists might connect relationally and dialogically with unnamed moments through illustrations provided by the findings of this research.

Making and doing of authentic therapy is transformative and leads to unnamed moments in therapy

The first practice component focuses on how therapists engage with transformative creative processes that culminate in *poiésis* (making) in their authentic therapy practices and explores the significance of crafting practice in therapy through the making and doing of therapy. A starting point for therapist's engagement with this practice component is to realise that unnamed moments are essential elements of therapy that hold the capacity to produce change and transformation. These moments are indicative of generative therapy when people (both client and therapist) are changed in their relation to themselves, in their relation to others and in relation to their life. When effective therapy is happening unnamed moments, poetic, sacred, and spiritual moments will usually be occurring. This contention supports the work of Lomax, Kripal & Pargament (2011) who found, in reference to sacred moments, that these moments signal a strong and effective therapeutic relationship. Clients are able to connect with and speak about what matters most to them, when therapists notice these moments and inquire about them in therapy (Katz & Shoter 1996). In trauma therapy this is a critical matter for the therapist's practice ethics because clients often feel disconnected or unsure about their thoughts and feelings following trauma. Therapists might commit to noticing these unnamed moments in therapy and engage with dialogues of therapeutic inquiry about these moments as they occur. Further, they could be raised in clinical supervision where therapists could review the

quality and effectiveness of their therapeutic relationships with a supervisor who has dedicated time to noticing these transformative relational moments in therapy and who has experience in the making and doing of their own therapy practices.

In these unnamed moments people change. As the literature shows clients change, and as this study shows so do therapists. It is within *unnamed moments* that client and therapist experience vibrancy and charge in relation to change and transformation. Sometimes it is an intense charge of sorrow, shame or self-loathing that is noticed. It may be intensity related to silence, where there are few words. Degrees of resonance are felt or sensed by the therapist and the client. The emotional connection may hint at fear, anxiety, distress, pain, disconnection or a range of variances. It is the noticing of these *unnamed moments* that matters. In this research these moments are experienced by therapists as transporting in the way Dee Dee experienced being *moved to a new place and new knowing*, and Corra described *the breath flowing...flowing between the therapist and the client*. Yet for others these moments extend to feelings and senses that were more so cognisant with the complexities of trauma or the institutionalised circumstances and difficulties related to the internalised experiences of trauma and the interplay in therapy in *unnamed moments*.

This study has been intimately concerned with the making and doing of therapy practice. In doing so the following reflective therapy practice questions arise from the findings of the study and are presented to assist therapists to engage reflexively with unnamed moments in their practice.

1. How might practicing the doing and making of your own therapy practices invite the possibility of creativity, and contribute to good practice?
2. How might you prepare yourself to notice unnamed moments in therapy and how might you invite clients to also notice unnamed moments occurring in the therapy?
3. What therapy practices do you already engage in or would like to try that may demonstrate an evidence base of good practice, informed by the knowledge that unnamed moments in trauma therapy are indicative of effective therapeutic relationships?

4. How might you include a dialogue about the doing and making of your therapy practices in reflective practice, client/therapy review, supervisory or teaching engagements that you are involved in?

In the making of therapy unnamed moments offer therapists threshold experiences of self-discovery

The second practice component title is: In the making of therapy unnamed moments offer therapists threshold experiences related to their sense of self, identity and their therapy practices. This practice component focuses on how therapy holds what I have termed *threshold experiences*, when the therapist is actively involved in explorations of self-discovery in relation to their practice making and sense of identity or sense of self. Similar to the first practice component these threshold experiences become possible due to the making and doing of therapy and the centrality of transformative unnamed moments in therapy. These realisations of authentic descriptions of self or experience of self-states are creatively produced as the therapist is making therapy. This may lead to an engagement with *poiésis* (making) in their therapy practices and in their therapeutic relationships. In these moments therapists are engaged in self-discovery where their sense of self is changed, claimed or socially constituted through being in relationship with themselves and with their clients in the therapeutic relationship. This changing sense of self is constituted through the creative process of making one's therapy practice and through this the therapist discovers authentic experiences of self and practice. Importantly the significance of language is conveyed in each of the three practice components of the research. Here therapists make meaning as they discover and reconfigure their practice identities during their therapeutic experiences and dialogues. As Seidman (1998) conveys, meaning is located in language.

Therapists might engage with these ideas by considering: their use of language in their therapy practices and therapy relationships; reflecting on and inquiring about Taylor's (1991) notion of self-discovery through the creative process of crafting therapy practices; and negotiating a balanced use of language in therapy to include scientific (or medicalised/psychologised) language, poetic language and ordinary language as described in chapter two using Ricoeur's (1991) thoughts on responsibility and speech acts.

What therapists say and do, the way they respond to people in therapy is what makes the emergence of unnamed moments possible and available for therapeutic inquiry. Once unnamed moments emerge the therapist's practices are the instrument that *makes* (poiésis) a tangible expression of these moments and enables an inquiry of discovery related to these moments; their possible meanings and interconnections in therapy. Therapy practices enable words to flow, descriptions, metaphors or images to arise so that the therapeutic inquiry creates language, holds moments of stillness and quiet and makes authentic expression of these unnamed moments. These inquiries of discovery are at times tantamount to a threshold experience in therapy where new meanings are tentatively formed and expressed in language, and realisations and experiences of selfhood come into being.

The reflective therapy practice questions related to this component include:

1. When have you noticed threshold moments in your therapy and therapeutic relationships?
2. How would you describe the threshold moments that have been shaping of your practice identity or shaping of your therapy practices/therapeutic relationships?
3. When you think of your therapy practices what do you consider to be your authentic creative practices in the doing and making of therapy? How have these authentic expressions contributed to or shaped a sense of private and public self?
4. How might you negotiate a balanced use of scientific (or medicalised/psychologised) language, poetic language and ordinary language in your therapy talk and in your trauma therapy practices?
5. How might you include a balanced use of language (as described above) as being an indicator of good practice in trauma therapy and good practice in critical ethical review processes?

Unnamed moments in therapeutic relationships provide a relational and dialogical space for therapists to consider ethical commitments and make sense of their experience of vicarious traumatisations

The third practice component of the research is titled: Unnamed moments in therapeutic relationships provide a relational and dialogical space for therapists to consider ethical

commitments and make sense of their experience of vicarious traumatising. Therapists' engagement with their ethical commitments and therapy practices are an integral part of the way they account for and live out their relationship to vicarious traumatising. This practice component involves therapists acting on ethical commitments in their therapy practices. This component considers how therapists who engage in therapy with people who have been hurt by trauma, violence and abuse, experience and interpret their relationship with vicarious traumatising through the making and doing of their therapy practices. This inquiry opened a space for the participant contributors to explore vicarious traumatising from the position of 'a distinct third sphere' (Shotter 1992, p.9). By considering the ways they experience and interpret vicarious traumatising in their trauma therapy, the therapists were invited into a relational and dialogical space where reflective and interpretative dialogues were possible. Therapists and those new to practice may find entering this dialogical third space creates a therapeutic boundary or benefit to consider their experiences of vicarious traumatising.

Making sense of the experience of vicarious traumatising appears to draw on the therapist's subjectivity, where the therapist is taking on certain attitudes, beliefs, and intentions about their experience of vicarious traumatising. In their responses the therapist contributors of this research raised matters related to ethical considerations and practice ethics, as they contemplated how they interpreted and experienced vicarious traumatising. These considerations required the therapists to engage with their ethical commitments. Joni spoke of her *active yes* of participation in therapy, her routine to *sit and be available to another* and her decision to contribute *but never plug in*. She underscored this with her commitment to *not detach* from the therapeutic moment but to be *in a resourced place* where her feelings, thoughts and therapeutic experiences as a therapist are available to support and resource her. Joe's ethical commitments were expressed as his experience of *connection* and *moments of connectedness* in therapy, when he tells himself to *hang on in there* and in turn he experiences the connectedness as *something that I privilege and something that I think is important*.

In all of the therapists accounts relating to their experience of vicarious traumatising there was a demonstration of Bird's (2000, 2009) concept of enacting practice ethics. The way the therapists described their sense making of vicarious traumatising recalled Ricoeur's (1991) appeal for a balanced usage of scientific language and poetic language To remind the reader he

sees ‘ordinary language’ as being the mediator between the two (1991, p. 448). His claim is that this balanced approach results in a preservation of language that acts as an antidote to the instrumentalisation of language that occurs in modern times, and in therapy. An example of the way language is reduced in trauma therapy includes the following commonly abbreviated descriptions of people’s experience of trauma and reductive descriptions connected with pathology and objectification such as: ‘the trauma victim’, ‘the vicariously traumatised therapist’, ‘she is damaged goods’ and ‘the traumatised individual’. Each of the therapist contributors offered balanced descriptions of language when they spoke of their experience of vicarious traumatising. An example of how the breadth of language is preserved (as in a balance of medicalised, poetic and ordinary speech) from the therapist contributors of this research includes these descriptions:

Ella ...but suddenly it came from sideways, from nowhere, and it just came through and I thought ‘oh she is so alone’. It was a major connecting point.

EttaWhen the session is over it’s pretty much over. I tidy up the room. I put the notes away and take the water glass away, turn the heater off. Just as the prep for the room I mentioned earlier ducks me in, here I am leaving at that point.

Chet ...that having integrity and respect in the therapeutic relationship can have a process of just settling things down for a person. It can ground things because that’s the place that we all want to be- grounded, in a feeling of being understood and honoured at the same time.

Each of the above segments of therapist narrative demonstrates a preservation and breadth of language in response to how they experience and make sense of vicarious traumatising. Ella shows a use of ordinary and poetic language, Etta’s passage also contains ordinary and poetic speech (as described by Ricoeur) and Chet mixes up scientific or medicalised/psychologised language, (with the use of ‘therapeutic relationship’), mediated by ordinary and poetic speech. In terms of therapy practice what this means is that therapists words and language and clients words and language matter. As therapists give accounts of how they interpret and make sense of vicarious traumatising they use a balance of ordinary, poetic and scientific (medicalised/psychologised) language. While the research was not able to investigate this area further it may be that the way therapists speak about their experience of vicarious

traumatisation and the language they use to mediate and make meaning of their experience is worthy of further investigation.

In terms of the experience and sense making related to vicarious traumatisation, therapists could review the quality and effectiveness of their therapeutic relationships. This review might include a consideration of their practice ethics with a supervisor who has dedicated time to noticing transformative relational and dialogical moments in therapy and who has experience in the making and doing of their own therapy practices. With regard to the description of a third space in question three below, Shotter (1992, p.9) refers to a 'third sphere' to give definition to the concept and practice of a dialogical and relational location for interaction. Such locations are negotiated or mediated through social interaction that prioritises a relational and dialogical way of being and experience in relation to another person or numbers of people. It is an intentional space that might be supportive of reflective practice.

The reflective therapy practice questions related to this component include:

1. How do you engage dialogically and relationally with vicarious traumatisation? How would you give words to the dialogue you have in your mind about trauma therapy? If you were to engage in an inquiry about this what feelings, thoughts and bodily responses could you explore?
2. How do you interpret (or make meaning of) your dialogical and relational experience with vicarious traumatisation? Does the concept of entering a therapeutic third space to interpret an experience of vicarious traumatisation hold appeal or not?
3. Who might support you in this dialogue and inquiry? Are there other therapists, peers or supervisors who might be interested in sharing these thoughts and participating in this inquiry with you?
4. What difference does it make to the way you experience and interpret vicarious traumatisation when you: (1) engage with practice ethics of connection and self-knowing as a therapist; (2) invest in the relational resource of therapeutic relationships and (3) bring unnamed moments to the fore in your trauma therapy?

5. What therapy, supervision and training practices do you experience as supportive in trauma therapy and how might you pursue these options further?

The three sets of reflective therapy practice questions presented here are starting points for therapists to consider a dialogical and relational engagement and inquiry with unnamed moments, as a resource for their therapy practice.

Trauma therapists may find a focussed engagement with unnamed moments in therapy provides an opportunity to explore relational and dialogical territories that have not previously gained attention in their practice. They may find an orientation towards unnamed moments an additional component of their critical cultural practice, with new reflections on practice ethics, the role of a balanced use of language and the centrality of unnamed moments in therapy. Similarly experienced therapists may welcome a renewed lens informed by the knowledge that unnamed moments are at the centre of all that is happening in therapy, as they explore (1) their experience of transformation and resonance in therapeutic relationships (2) their knowledge of therapy as a threshold experience and narratives of discovery and self-identity (3) the development of their own therapy practices and the ways they make sense of and interpret their experience of vicarious traumatisation.

An investigation into the role of unnamed moments in *the doing and making of their therapy practices* may uncover areas that require attention, review or consolidation for the more established or experienced therapists. These processes could occur as part of peer review, in supervision and training, through writing projects or reflective practice. Some of the experienced therapist contributors of this study spoke openly about not having previously considered unnamed moments in their therapy. There are many options for professional development related to the pursuit of unnamed moments in therapy and dialogical and relational interactions with *poiésis* and thresholds of creativity. Additionally therapists may benefit from reflective practice and consideration of their relationship to unnamed moments in therapy and the intersection with experiences of vicarious traumatisation. These are a few suggestions that could be relevant for experienced therapists as they navigate their own

experiences of unnamed moments and the data revealed in the configured plots of this research.

Other practice considerations drawn from this study

Unnamed moments become part of the narrated world of therapy

The emotional experience or charge noticed in unnamed moments may relate to feelings of exasperation, frustration or a numbing sense that nothing is changing and nothing is moving in the therapeutic relationship. In the participant contributor's narratives we heard accounts of Billy's distress and sense of defeat. Moments when she found herself *wanting to move the trees* and Chet's account of *I can't change that* and a sense of despair in mental health. The presence of unnamed moments in trauma therapy is an indication that the therapeutic relationship is bringing these moments to the forefront of the therapy. This does not happen by chance but occurs as a direct result of the therapist's responses to both the client as a person and the client's experience of trauma. When unnamed moments occur in therapy, the feeling, thinking responses, and bodily responses to these moments are available for therapeutic inquiry, whether the responses include delight, distress, pain, sadness, anger or frustration. Unnamed moments and the responses to these moments in therapy is material for therapeutic inquiry. Once spoken of in therapy, in the therapeutic inquiry, unnamed moments become a part of the narrated world of therapy.

The narrated world of therapy provides a therapeutic perception of distance, perhaps a therapeutic boundary of safety where the client can look in on and speak of their trauma experience, while having the protection provided by the narrated world of unnamed moments. I described this process earlier in the thesis, when I drew on Ricoeur's (1985) concept of the narrated world and applied it to unnamed moments, poetic, sacred and spiritual moments in therapy. In this therapeutic application past traumatic events can be considered with some detachment and held within a particular therapeutic experience, rather than becoming unwanted or intrusive in the therapeutic dialogue. Relational languaging and prismatic dialogue techniques of Johnella Bird (2006) are useful here to inquire about unnamed and poetic moments in therapy, as is the use of: metaphor and ritual; poetry and art therapy

practices; reflective and writing practices and witnessing practices. In the narrated world of therapy unnamed moments and reactions to these moments are front and centre for therapeutic engagement and inquiry.

Therapy as play

An authentic practice arising from poetic crafting in trauma therapy is linked to the concept of creating and making (poiésis), and again is one of Ricoeur's contemplations. The thesis discusses Ricoeur's reference to the difference between religion and poetry (1991). He reminds us of 'the pure play in imagination and through imagination that takes place in poetry' (Ricoeur 1991, p.455). Play and an imaginative stance, a willingness to surrender to playfulness in all its forms, can seem like such an antithetical position in response to trauma. Yet, without play, there is no imagination, and without imagination there is no play, and without play or imagination there is no hope for poiésis or creative acts in trauma therapy. Again Ricoeur delivers a challenge. Alternatively, perhaps I deliver a challenge extended to me by my musings with Ricoeur, and that is, just as *poetry is play*, therapists could consider the value of *therapy as play and play as therapy in trauma work*. Play seems to be an essential requirement in keeping hope alive and in the development of therapy practices which promote creative and transformative possibilities. Levine's (2009) insights on play in trauma therapy, the use of arts in play therapy, and a focus on an improvised artistic involvement, are helpful in considering the concept of therapy as play.

The idea of therapy as play was presented by a number of the therapist contributions. Chet and Joe both speak about having hopes that their clients will be able to change. Joni described metaphors as an energetic connection, the way images come to her in therapy, her engagement with laughter and tears in therapy, and her descriptions of herself as someone who *loves a good mystery*, contribute to a sense of play in Joni's therapy. She says she is: *Interested in how therapy changes us*. Joni places herself in a dialogical relationship with participation in therapy where it seems she is ready to play, to change, to laugh and cry, and to attend to therapy as she might attend to a good mystery.

Chet takes a protest stance against the institutionalised discourse of disconnection that occurs in mental health which leads to practitioners giving up any hope in people's capacity to change. He strongly asserts that he is not prepared to give up hope for change, either for himself or his clients. Chet describes this as the: *'I can't change that'* despair in mental health. His protest stance is reflected in his narrative of being present despite the odds.

Joe says he believes in people changing, and that he always has hope. This is a playful comment by Joe and the type of play that is useful when working in difficult contexts in therapy. He speaks openly about liking people and is playful and hopeful. Joe says *I'm nosey [curious] I like hearing people's stories warts and all*. In this way Joe indicates that he is playful with himself, and this appears to be part of his authentic creative expression in therapy.

Therapy at the margins and serial therapists

Two other authentic practice contributions arising from this study are the concepts of *therapy at the margins* and *serial therapists*. Chapter Two introduced the concept of *therapy at the margins*, influenced by Bachelard's (1994) descriptions of poetry and imagination at the margin. The study suggests that in marginal positions in trauma therapy, or for that matter in any form of therapy, there may be found a sense making account, or type of definition, of unnamed and poetic moments. The study's interpretation is that unnamed and poetic moments occur in the marginal spaces of therapy where the potential to be perturbed, moved and charmed are likely possibilities. In this marginal zone, new interpretations become available. When therapists are able to harness the dynamics potent within the marginal zone they have begun a process of engagement with a creative force that is formed by the reciprocal nature of the therapeutic relationship. Negotiating the intimate space of the marginal zone requires the therapist to use all of their skill and knowledge, while also surrendering to a place of not knowing and discovery, so that the creative charge or current of the therapy has a chance to transform, perturb and charm in that moment. This description of a creative charge or current is similar to Joni's description of *metaphor as an energetic joining of some sort*.

The concept of *therapists as serial therapists* was described in Chapter Two. It is a term that pays homage to Morandi and his reputation as a serial painter of bottles; someone who painted the same subjects over and over again (Skira Editore 2010). The notion of therapy as still life and the concept of the *serial painter* present a philosophical parallel frame for the understanding and interpretation of unnamed, spiritual, sacred and or poetic moments in therapy. This notion opens up poetic possibilities to think about therapy and the poetic, sacred, spiritual or unnamed moments contained within the bounds of the therapeutic relationship.

Morandi's work focused on painting still life images of bottles, boxes and jars for many years in an attempt to capture the stillness and silence of life held within the imagery of the bottles over time. For Morandi, the held moment of stillness and silence caught within the still life was worthy of considerable attention. So much so that he dedicated his life's work to the production of these images. Morandi produced the paintings as if to say, here in this painting, in this still life is an image of something worthy of close attention, observation and interpretation. Therapists might consider the moments, described in the thesis, as moments that require close attention; moments that need to be examined as Morandi's paintings are examined. This type of examination requires a poetic sensibility and a poetic stance. It is an examination that engages reflexively with the therapeutic moments, the poetic, sacred, spiritual moments and the moments of potentiality that are yet to be named by the therapist and by the client.

Exploration of unnamed moments in group programs and training

The findings of this study indicates that there is scope for group programs and training sessions with a focus on the exploration of poetic, sacred, spiritual moments and moments of potentiality yet to be named for clients, therapists, and other practitioners. Such programs are possible without any particular focus on religion and could explore meditations of daily life related to sacred, spiritual or poetic moments and experiences. There is evidence that programs with a focus on sacred moments result in a reduction of symptoms in social anxiety (McCorkle, Bohn, Hughes & Kim 2005). Other applications may include programs focusing on unnamed and sacred moments with people experiencing anxiety and depression or the management of chronic conditions, for people living with the experience of cancer and other life threatening

illness. In these situations a group or training program with a focus on unnamed or sacred moments may prove beneficial

Further implications for therapy, supervision and training, informed by the study's focus on unnamed moments, poetics and experiences of self-discovery through the making and doing of therapy, include the following activities and involvements: the use of reflective practice, a focus on how threshold experiences in trauma therapy support the development of authentic creative expressions in therapy practices in trauma therapy; supervision to explore the development and ongoing review of therapist's practice ethics relating to trauma therapy and therapist's experience of poetic self-discovery and *poiésis*; explorations of therapists crafting their therapy practices in trauma therapy; supervision and peer supervision exploring therapists' practices and their *authentic creative expressions* related to the development of therapy practices and to trauma therapy; and supervision and peer supervision involved in exploring therapists' practices in a dialogical and relational engagement with the experience of vicarious traumatisation in trauma therapy.

Additionally, there is significant scope for practitioners in other therapy locations to engage with unnamed moments as central to what is occurring in all therapeutic moments. Bringing unnamed, sacred, poetic and spiritual moments to the fore of all therapeutic interactions is equally important for therapists working with issues of grief and loss, people's experience of physical illness and mental health concerns and with relationship and family matters.

Further research

This study presents a beginning dialogue on the ways therapists experience and interpret their own creative potential in moments such as those described in this thesis. Most therapists in this study said that it was rare for them to have a conversation like the dialogical and relational research interview from this study, where they explore their therapy practices with a focus on unnamed moments in trauma therapy. In reflecting on the processes, findings and limitations of this study there appears to be three particular areas that may benefit from further research:

1. How do client's experience unnamed moments in trauma therapy and what relevance do these moments have to their experience of being in therapy? Do these moments make a difference to their experience of therapeutic relationships? For example, what does it mean to clients to know that their therapist is prepared to explore with them moments of connection and resonance, or moments of disconnection, in therapy? What does it mean to a client to know that a therapist is prepared to enter their metaphorical worlds with them, and as Joni said *fight for words* for them, while creating therapy specific to their needs in that moment? Finally, from the client's perspective, what is the importance of knowing that a therapist is prepared to have a dialogical exchange with them about their practice ethics and is also engaged in a process of discovery and review related to their authentic practice expressions as a person and therapist?
2. What difference does an active engagement with practice ethics/ethical commitments and language have to the way trauma therapists interpret and make sense of their experience with vicarious traumatisation? As this study points to problems associated with the literature on vicarious traumatisation, further research which more fully explores therapists' experience and interpretation of vicarious traumatisation is suggested. Focusing on therapists' dialogical and relational engagements with vicarious traumatisation, and their therapy practices in therapeutic relationships, may extend the initial findings of this study and deliver detailed understandings of therapists' knowledge, experiences and practices in this area. A consideration of therapists' relationships with poetic self-discovery and making therapy (*poiésis*), within their therapeutic relationships, may act to perturb the dominant discourse on vicarious traumatisation and highlight the generative significance of therapeutic relationships.
3. What are the lived experiences of therapist's engagements with threshold moments of self-discovery in trauma therapy? Exploring further how therapists speak with each other about poetic, sacred, spiritual and unnamed moments in therapy, together with how they negotiate a therapeutic approach that supports the discussion of these moments in supervision, would be helpful. Related to such a study is the exploration of untapped potential in the way therapists engage with creative processes through language and words, *poiésis* and poetic thresholds, and transformative experiences (whether they are metaphoric or relational engagements) in therapy relationships.

Understanding this experience through research could offer considerable insights to individual therapists and those who offer clinical supervision.

Closing reflections

In closing this chapter, I am reminded of Seamus Heaney's comments on poetry and 'frontiers in writing' (1995, p. 186). There is a sense of a frontier as the research process comes to a close with newly languaged and written accounts about; the importance of making and doing therapy, the emergence of unnamed moments in therapy, descriptions of how trauma therapists craft their therapy and the practices and interpretations that inform their therapies, their therapeutic relationships, and their lives.

The research contends that therapists engage in practice by making and doing their therapy. The way they respond to and speak to their clients is what makes the emergence of unnamed moments possible. Therapist's practices bring unnamed moments into being. Once unnamed moments occur, it is therapist's ensuing practices that work to *make (poiésis) and articulate* something expressible of these *unnamed moments* in therapy. These moments give an integral definition to therapeutic relationships and signal an effective therapeutic connection where change is possible. In these moments people change in their relationship to each other (therapist and client), in relationship to themselves and in relationship to the lived experience of what is happening therapeutically in these moments.

Some therapist's experience these moments as thresholds into a process of self-discovery where they claim their creative practices and by so doing constitute an authentic sense of self and identity related to their therapy work. Unnamed moments also inform the way therapists interpret and make sense of their experience of vicarious traumatisation. Therapist's engagement with their ethical commitments and therapy practices are an integral part of the way they account for and live out their relationship to vicarious traumatisation.

Chapter Nine provided a discussion of the research study and explored implications for future consideration. As a summary and conclusion for the thesis Chapter Nine provided segments

from the participant contributors' shared dialogues and explored how therapists might engage with the three configured plots. The thesis and the accounts of the therapists Dee Dee, Corra, Chet, Joe, Nina, Joni, Billie, Etta and Ella have contributed to the knowledge base on therapists' experiences of poetic, sacred, spiritual and unnamed moments and highlights that these moments are central to everything that is occurring in therapy and in therapeutic relationships. It is in these unnamed moments that therapists craft their therapy practices and as a consequence client and therapist change in relationship to each other. The research also indicates the need for therapists to engage in processes of review and renewal in regard to their therapeutic relationships, how they make their therapy practices and how they enact their practice ethics

Given that this research focuses on practice, poetics and making I conclude Chapter Nine with two poems which follow the poem from Chapter Three, written by me as poetic expressions inspired by the vignettes from Chapter Two and reflecting on the research process, the still life paintings of Giorgio Morandi (2010), and Gaston Bachelard's (1994) poetic musings on space.

Therapy as Still Life

Morandi's bottles, boxes and jars, one after the other
Everyday items of mundane life, painterly presented
Capturing the stillness and silence of each breath
The rendered poetic moment
Performing his meditation,
the artist's eye guiding the placement of bottles in intimate space
bottles subtly placed for his eye
Washed in an Italian hue, the early morning, the heat of the day
the late afternoon, the dark of night.
A dried patina of quiet
The still life of the unnamed moment

Lesley Porter (unpub)

The Moment in Transformation: Musing with Gaston and Morandi

Morandi follows me from Venice as the water taxi's fury along
He is here by my side ready now to leave the cosseted and cloistered arms
of Fortuny and take his Italian luck on an adventure
A new paramour, he takes turns with Gaston duelling for my attention
They banter on and on
'the beauty of space, arrh it's quintessential aesthetic...it's poetic...'
'it is in the bottle and the jar...here, only here, it is all here'
'in the bottle, the box, the jar'
'but hush, hush there is more in the silenzi, in the moment of natura morta'
I listen as I do, attending, always attending and as I do I plead, musing
'enamoured as I am tell me more'

Tell me about your theory of nests and shells, going in and going out,
the silent moment in space,
the intimate moment in time, the light layered brush stroke,
the pale chalky paint, the luminous hue
The moment in transformation,
the moment when you knew,
when the whisper became a sensory clue
when from in the depths of Silenzi there was the new.

Lesley Porter (unpub)

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Appendix 1

Information Sheet For Participants in Research on Sacred, Spiritual and Poetic Storylines in the Therapeutic Relationship

My name is Lesley Porter and I am currently enrolled in a PhD of Counselling, research entitled *Sacred, Spiritual and Poetic Storylines in the Therapeutic Relationship*. I am interested in the ways therapists working with violence and sexual abuse understand what could be termed sacred, spiritual and poetic moments in therapy and how these moments impact on their counselling practice.

My research plan will include obtaining data during digitally recorded semi-structured interviews and journal entries (optional). If you agree to participate you will be invited to an interview of no more than 1.5 hours duration.

You will be invited to keep a journal to record your reflections generated by participating in this research. This is optional.

Confidentiality

For purposes of analysis these interviews will be digitally recorded and transcribed. Every effort will be made to maintain confidentiality, including:

- Storing digital voice files and transcripts securely when not being worked on in my home office.
- Assigning pseudonyms or codes to transcripts and digital voice files and storing names and identifying information separately from digital files and manuscripts.
- Removing all identifying information from written transcripts before supervisors see them.
- Restricting those who have access to digital voice files to myself, and my supervisors. Access to the transcripts will be restricted to my supervisors, and myself although examiners also have potential access to voice files and transcripts.
- Destroying digital voice files and transcripts after 5 years.

If you do consent to participate in this study, you have the right to stop the interview and withdraw participation at any time. Since my approach is collaborative, I shall be returning to you with my summary and checking with you how you perceived what has happened. You

will also have access to my overall findings through journal publications and my thesis, which will be located in the Dixson Library, University of New England, Armidale, NSW. A summary of findings will be made available to individual participants on request. Although it is assumed that participation in this research will be an enriching experience, telling our stories can bring forward unresolved issues. Since it is part of our personal and professional development as therapists to deal with our own issues, you probably already have access to counselling and supervision. If this is not the case, referral to a local agency in your area can be organised.

I welcome your interest and possible participation in this project.

Yours sincerely,

Lesley Porter

If you would like further information please contact:

Researcher:

Lesley Porter

PhD of Counselling Candidate

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Armidale NSW 2351

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This project has been approved by the Human Research Ethics Committee of the University of New England (Approval No.HE07/103, Valid to 1/12/09)

Should you have any complaints concerning the manner in which this research is conducted, please contact the Research Ethics Officer at the following address:

Research Services

University of New England

Armidale, NSW 2351.

Telephone: (02) 6773 3449 Facsimile (02) 6773 3543

Email: Ethics@pobox.une.edu.au

Please return the consent form and retain the information sheet above.



THE UNIVERSITY
OF NEW ENGLAND

School of Health
Armidale, NSW 2351 Australia

Head of School: Dr Jeanne Madison

Consent Form

I () have read the information above and any questions I have asked about the study have been answered to my satisfaction. I agree to participate in this activity, realising that I may withdraw at any time. I agree that research data gathered for the study may be published, provided my name is not used.

Participant's signature:

Date

Investigator signature:

Date

School of Health

The University of New England

Armidale 2351 NSW

Phone 02 6773 4444

Fax 02 6773 4400

Appendix 2

Katz & Shotter Social Poetics Notes

Katz and Shotter's (1996a) practice of social poetics takes a 'relational, dialogical stance' to identify and investigate 'poetic moments occurring in medical diagnostic interviews'. Katz and Shotter outline one of the fundamental tasks of social poetics in diagnostic interviews is to assist practitioners and others to notice evocative moments 'in the emerging movement' that have not been previously noticed. Once noticed these moments are not measured against a universal standard, rather a social poetics aims to direct practitioners towards a new way of considering the unfolding events within the diagnostic interview conversation. The author's claim that these moments are often ignored by health professional and theorists, stating that these poetic moments offer a site for the patient's negotiation of new relational constructs rich in meaning and import. Within a relational paradigm the authors invite patients to act as 'human agents engaged in embodied dialogical practices', while exploring an emphasis on the way people connect with others and with their external worlds (p.919).

In addition to these aims the authors state that once a moment is captured within the conversation it must then offer new 'understanding of their possible relations and connections to the particular circumstances of their occurrence.' This is to ensure that the health practitioners and the patient's involved in the dialog are able to 'reveal both themselves and their worlds to each other'. Therefore patients can express to their doctors their worlds of suffering, pain, resilience, and recovery, while also noticing the intersection of their worlds of experience with personally held experiences of ethics, and values and their personal stance in relation to wellness and health (p.920).

Katz, A., & Shotter, J. (1996a). Hearing the patient's 'Voice': Towards a Social Poetics In Diagnostic Interviews'. *Journal of Social Sciences and Medicine*, vol (43), no 6, pp. 919-931.