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Separating the Problem and the Person

Insights From Narrative Therapy With People Who Stutter

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Stuttering is a complex disorder of speech that encompasses motor speech and emotional and cognitive factors. The use of narrative therapy is described here, focusing on the stories that clients tell about the problems associated with stuttering that they have encountered in their lives. Narrative therapy uses these stories to understand, analyze, and address aspects of emotional and cognitive aspects of stuttering. In this form of therapy, the therapist helps the client deconstruct unhelpful, but widely held, discourses about people who stutter. Externalization is a core process in narrative therapy, involving the separation of the problem from the person. This process is an initial step in the reauthoring of the person's narrative. It is explained and illustrated with details from therapy with an adult who stutters. **Key words:** *externalization*, *narrative therapy*, *stuttering*

NARRATIVE THERAPY (NT; White, 2007; White & Epston, 1990) is a counselling approach where a person's narrative is the focus for change. Several processes are involved in NT, leading to reauthoring the story so that it fits better with the person's ambitions, hopes, and values, alleviating the impact of the problem on a person's life. Attention is given here to the important process of externalization, where separation of the problem from the person assists in identification of knowledges[1] within stories that subjugate the person. Narrative therapy has potential for application across a range of client groups (DiLollo, DiLollo, Mendel, English, & McCarthy, 2008; Wolter, DiLollo, & Apel, 2006) for whom the impact of communication disorders includes reduction of activities and participation in society. Our article focuses on an adult who stutters as an example of how externalization may be used.

Using narrative as a focus for change reflects the emphasis expressed in the *International Classification of Functioning, Disability and Health* (*ICF*; World Health Organization, 2001), described as "a framework for describing the entirety of human health experience" (Yaruss, Pelczarski, & Quesal, 2010, p. 215). This *ICF* model acknowledges the effects of the impact of the impairment on the person and on his/her daily life. The American Speech-Language-Hearing Association (2007)

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[1] Foucault (1973) uses the term "knowledges" to indicate that it is possible to have many types of knowledge on any topic and held by either different people or even the same person in different roles.

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advocates that speech and language pathologists work in line with this model and focus on the reduction of limitations and restrictions in participation.

The clinical example provided to demonstrate the externalization process is drawn from the authors' experiences of using NT with adults who stutter as part of a therapy service that functions also to provide data for research purposes.

In our practice, an integrative approach is used with NT in combination with stuttering modification therapy (Van Riper, 1973). Externalization refers to a particular way of talking about a problem, encouraging people to see the problem as separate to themselves. This separation leads to the person no longer being the problem but being able to develop a sense of agency (White, 2007) or responsibility and ability to take action and manage the problem.

We use NT to facilitate adults who stutter in reauthoring their stories to reflect their resources and strengths so as to fit better with their lives' ambitions. This is linked to deconstructing the normalizing discourses that society holds around stuttering and people who stutter. An overview of stuttering and of NT provides a basis for understanding how processes within NT are eminently suited to working toward problem solving with this population.

STUTTERING

Stigma and impact

The classic texts by Charles Van Riper, titled *The Nature of Stuttering* (1971) and *The Treatment of Stuttering* (1973), opened the opportunity for scholars and clinicians to debate all aspects of stuttering. Van Riper sowed the seeds for appreciation of and therapeutic attention to the depth of negative thoughts and feelings that can be integral to the person's experience of stuttering. His proposed definition of stuttering has relevance still: "A stuttering behaviour consists of a word improperly patterned in time and the speaker's reaction thereto" (Van Riper, 1971, p. 15). Variability and the feeling of loss of control are reactions that are central to definitions of stuttering (e.g., Manning, 2010; Perkins, 1990; Yaruss, 2010).

Reactions also encompass the speaker's internalization of stigma. Van Riper (1971) described the stigma of stuttering, following Goffman's (1963) sociological interpretation of "spoiled identity," where the inability of an adult who stutters to control speech is seen by society as an impairment that renders the speaker "tainted, discounted" (p. 3). This interpretation is echoed recently in Boyle's (2013) work regarding the public stigma of stuttering as the widely held stereotypical belief in many cultures worldwide (St. Louis, Williams, Ware, Guendouzi, & Reichel, 2014) that adults who stutter possess undesirable personality characteristics (e.g., being anxious, fearful, embarrassed), as well as being less competent or intelligent than fluent speakers. Boyle (2013) further described how many people who stutter internalize such beliefs, leading to *self-stigma* that, in turn, affects feelings, cognition, and behaviors including self-esteem, self-efficacy, and life satisfaction. Over time, the effects of negative feelings and experiences can generate patterns of emotions and subtle layers of negativity, fostering feelings of helplessness, shame, fear, and avoidance (Corcoran & Stewart, 1998; Crichton-Smith, 2002; Plexico, Manning, & Levitt, 2009). Thus, many adults who stutter present with problem-saturated stories of experiences.

On the contrary, adults who stutter describe coping strategies regarding support and cognitive changes as two important components in moving from unsuccessful to successful management of stuttering. DiLollo, Neimeyer, and Manning (2002) and Manning (2010) recommend NT as a possible way of facilitating these cognitive changes.

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NARRATIVE THERAPY

Narrative therapy was developed by White and Epston (1990), with origins in family therapy. It promotes a view of problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments, and abilities that will assist them to reduce the influence of problems in their lives (Morgan, 2000). Narrative therapy has connections with social constructionism in that it recognizes that people construct their lives and identities socially and culturally through language, discourse, and communication (Speedy, 2008). It is also connected with postmodernism in its acknowledgement that people have multiple identities and multiple stories always available to them—a central concept within NT. Although multiple stories may exist, there is a dominant story in a person's life, and conflicts and difficulties emerge when this dominant story is problem saturated. This story is linked to people's understanding of certain truths they hold about their lives relating to identity and their relationships with others. It exerts authority and influence and may lead the person to believe and act as if the problems presented with are internal to themselves.

Influences from many sources are evident throughout NT, including psychology, education, anthropology, and philosophy. In particular, the works of Bruner (1986), Myerhoff (1986), and Foucault (1980) are used to inform the understanding and construction of narratives. The book, *Narrative Means to Therapeutic Ends* (White & Epston, 1990), describes the framework for working within NT, providing a means of helping people deconstruct stories that no longer fit with how they want to live their lives.

In NT, people are viewed as speaking themselves into existence by inhabiting or performing a specific discourse or discourses (Madigan & Law, 1992). These personal discourses reflect the prevailing social and power relationships present in the wider discourse in society, described by Foucault (1980). An example is the normalizing discourse that encourages one to compare oneself and one's thoughts to what is "normal" or acceptable in society. In addition, Foucault (1980) commented on the practice of *objectification*, a practice that shapes and influences identity in that a person is viewed as an object that can be studied. Objectification in this sense refers to the location of disorder in the body, for example, depression being viewed solely as a chemical imbalance in the brain. Narrative therapy exploits this idea, seeking to facilitate a client to objectify the problem and view it as separate or external to oneself. This involves talking about a problem as if it were an object, for example, "the stuttering." This externalization process is a key aspect of NT, helping clients develop agency with regard to their problem through four activities: gaining a rich description of the problem; exploring the effect of the problem on the person's life; taking a position on the problem; and then justifying this position. The process of externalization is detailed here, accompanied by examples from our work with an adult who stutters.

Outcomes from NT

Outcomes from NT for stuttering are not yet reported in the literature. However, evidence from studies reporting on outcomes for NT in general includes a report on predictors of outcomes (Matos, Santos, Goncalves, & Martins, 2009), the processes involved in NT (Kogan & Gale, 1997; Ramey, Tarulli, Frijters, & Fisher, 2009; Ramey, Young, & Tarulli, 2010), and studies that explore in a coresearch model what clients report as useful in therapy in obtaining desired outcomes (O'Connor, Meakes, Pickering, & Schuman, 1997; Young & Cooper, 2008). These reports are qualitative rather than quantitative, reflecting the processes involved in NT.

The research by Matos et al. (2009) and Goncalves, Matos, and Santos (2009) explores the correlation between the innovative moment in therapy that heralds the reauthoring process and the positive or negative outcome from the intervention. Although Matos et al. did not explore externalization in relation to

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outcomes, their research highlighted the correlation between a specific NT process (innovative moments) and positive outcomes.

Ramey et al. (2009, 2010) addressed the process of externalization in NT, in particular the linguistic scaffolding that is at the center of the externalization process. Young and Cooper (2008) revisited NT sessions with clients, in which the participants identified the narrative posture of collaboration and partnership as significant to the therapy process. O'Connor et al. (1997) explored clients' experiences of NT in which externalizing conversations were identified as helpful to the therapeutic process. Kogan and Gale (1997) completed a textual analysis of an NT session, exploring how language and discourse function to create possibilities for meaning and interaction. In summary, evidence supporting the use of NT is emerging, linking specific processes with desired outcomes.

Externalization: Separating the problem and the person

The process of NT with adults who stutter begins with the problem-saturated narrative (Leahy, O'Dwyer, & Ryan, 2012). A significant part of one's lived experience is not expressed within the problem story, so the possibility exists that the stories that fall outside the problem-saturated one are preferable and fit better with the person's hopes, values, dreams, and ambitions.

The prevailing discourse in society is normalizing, as society judges negatively any variation from what is considered "the norm." Adults who stutter are among those whose behavior is vulnerable to be considered "abnormal," and living life as "a stutterer" carries the burden of stereotype, assigning many negative characteristics to the person who stutters (Guitar, 2006; Manning, 2010; White & Collins, 1984). This may become their dominant story so that adults attending therapy for stuttering may believe that their stuttering means that only a negative identity is available to them. They may not see that they have a choice about how to view their stuttering and themselves. When this is the case, adults who stutter identify themselves as "abnormal," as they place the problem within themselves. In this way, the problem and the person become closely associated with each other. The notion of normalizing discourse helps explain the personal goal of fluency that many clients express, which is the goal within fluency shaping therapies.

The externalizing conversation provides opportunities for people to step outside the problem identity by objectifying the problem, clarifying the relationship between the person and the problem, and facilitating viewing the problem in another way. The problem is then no longer enmeshed in the person's identity: The "problem is the problem, not the person" (White & Epston, 1990). This separation between the problem and the person fosters a sense of agency that encourages the person to take responsibility in addressing the problem differently. In NT terms, deconstruction is when conversations are open to an infinite variety of possible meanings and histories: Stories are taken apart to look at the assumptions behind them, with attention paid also to what is unstated in the story. White (2000, p. 36) called this the "absent but implicit," the implied "other" that exists behind every story.

Externalization process

White (2005) described the role of the clinician as one of an investigative reporter exploring the influence of the problem in different areas of the person's life. By this exploration of the influence of the problem across all the domains of a person's life (e.g., occupational, social, relationships), an exposé of the problem is created. This exposé highlights the workings of the problem and its operations and activities (White, 2007). The role of the therapist in developing a thick, detailed description of the problem is aided and abetted by the person at the center of the story. Standing back from the problem in the position of reporter allows the adult client to disengage from any direct struggle with the problem.

The process of externalization begins with exploring and negotiating what White (2007) described as an "experience-near definition of

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the problem" (p. 40). Such a definition is a detailed one that is closely tied to the experiences of the client. A thick description of the problem will specify the values and strategies that the problem employs (White, 2005, 2007). White has described scaffolding conversations that shape the four categories of therapeutic inquiry.

Categories of inquiry

The four categories of inquiry in externalizing conversations are explained as follows:

1. Gaining a rich description of the problem, identifying the impact on thoughts, feelings, and the sense of who the client is as a person; the characterization or naming of the problem is part of this first category.
2. Describing the effects of the problem through various domains of living, for example, family, work, social life.
3. Evaluating the effects of the problem, taking a position on the problem.
4. Justifying the evaluation.

Examples of questions for each category

In the case example explored in the following, our client labeled stuttering as "the pest" during his externalization story. Subsequently, he was asked questions associated with each of the four categories.

Category 1: Can you tell me about the *pest*?
Category 2: Where does *the pest* show up? Is it present with family? Does it influence your work/social life? What has this judgment led you to do?
Category 3: How do you feel about stuttering's influence on your life? Where do you stand on this issue? Is this ok with you?
Category 4: Why is it ok/not ok with you?

CASE EXAMPLE

Ethical approval to analyze data from therapy was granted by Trinity College Dublin and the Irish Health Services Executive South, with permission granted from participating clients. Adam (aged 39 years) is one of those clients. He is an adult who presents with severe overt stuttering symptoms, including blocking, repetitions, and tension. He had attended two other intensive stuttering therapy programs in the past, one of which he did not complete.

In his externalization conversation where the therapist asked questions in line with the four categories of inquiry described earlier, Adam identified the problem as his stutter and told his life story from the point of view of the stutter: "I am Adam's stutter. I have known Adam since he was about 7 or thereabouts. I arrived when he was at school, just as he was starting to be himself."

Adam characterized his stutter as "the pest" within his detailed and thick description of the problem, outlining the impact the stutter had on his family life, occupational choices, and education. He avoided situations and talking to certain people. He described the influence of the problem (his stutter) on his life:

> As he (Adam) got older I was present when he met girls and new people.
>
> He left school as I (the stutter) had taken control he couldn't concentrate . . . . He used to think I (the stutter) will always be in control.

He elaborated on the stutter's impact on his education:

> Put down into the bottom class, because I thought it would be easier.
>
> Sort of got, was bullied.

He described the *impact* on his career: "Stutter stopped me from getting jobs I wanted, ended up working in jobs bad (*sic*) paid, working for people who treat me badly."

He further described the *influence* of the stutter on the family and communication within the family, identifying how it led to silence and feelings of isolation. He identified his own anger with the influence of this problem on his life and his sense of frustration with the situation: "I got angry, kind of anger, frustration."

The externalization conversation allows both the client and the clinician to pick apart the workings and influence of the problem,

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the stutter (Table 1). Developing this exposé of the problem's influence opens the opportunities for exploring the failures of the problem and acts of resistance to the problem on the part of the client. For example, Adam identifies how he has started to do things again that he enjoys despite his fear of his stuttering. He recognizes what he values in life and what he aspires to: "My speech, my well-being, happiness, my future."

DISCUSSION

The inclusion of NT as a component of speech and language therapy for Adam provided a framework for exploration of the meaningfulness of both stuttering and change. This approach involves exploring the impact of stuttering both on the individual and on his wider functioning within his environment. It allows speech and language therapists to adopt a therapeutic approach that is led by that which is meaningful to the client.

The significance of externalization for clients has been reported earlier (O'Connor et al., 1997; Ramey et al., 2009, 2010), and initial findings from the ongoing research into outcomes support the importance of mapping a detailed and rich description of the problem story that is separate from the person. Externalizing conversations not only allow people to consider the influence of an impairment on their activities and participation in life but also to look at how these limitations are the result of actions, feelings, and thoughts that stem from a particular way of making meaning. The externalization conversation allowed Adam to explore and acknowledge the impact stuttering has had on his education and work opportunities. A strong sense of suffering emerged and with it the recognition of the loss of previously held hopes, values, and dreams. Taking a position on the problem allowed him to recognize that the stutter does not always have to be in "control." Giving value to his happiness and future encouraged Adam to take action and fostered a sense of agency. His new awareness of the limitations imposed on his life by the problem "pest" challenged the self-stigmatizing cycle of avoidance, shame, and fear that was part of his problem-based narrative.

In a different case example, a teenage girl who stutters when asked what she was valuing when she opted to not to answer questions in class replied "my confidence." This was a revelation to her, as prior to this, avoidance of speaking was considered a negative, limiting activity. This revelation changed her view of avoidance to something she did so could leave school each day not feeling embarrassed or ashamed because she had

Table 1. Summary of Adam's externalization

Category of Inquiry	Adam's Response
Characterization of the problem/naming	"The pest"
Effects across domains of living	"Left school . . . (Stutter) had taken control . . . couldn't concentrate."
	"Used to think . . . will always be in control."
	"Stutter stopped me from getting jobs I wanted, ended up working in jobs bad [sic] paid, working for people who treat me badly."
	"Wouldn't talk about it."
Position—Where do you stand on this?	"I got angry."
Justifying this position—Why? Linking with hopes, values, ambitions	"Frustration that's kind of doing something."
	"My speech, my well-being, happiness, my future."

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stuttered in front of her teachers and classmates. This made sense; however, it also did not fit with her dreams and hopes for her life regarding going to college, being able to socialize with new people, and to make class presentations. Therefore, she needed to reauthor her story to fit with her hopes, dreams, and ambitions. However, the first step in doing so had involved exploration of her story as valid and identifying what was absent but implicit in her avoidance.

There are challenges in the application of NT. The process requires centering the individual and local knowledges of the adult who stutters. It demands that the speech and language therapist trust the client's process and as such is a departure from more therapist-centered and directive speech and language therapeutic approaches to stuttering.

CONCLUSION

Narrative therapy is a counseling approach that is accessible to clinicians as a way of working with adults who stutter and others with communication disorders so as to reduce the impact of their communication difficulties on their intrapersonal and interpersonal functioning. An initial process in NT is externalizing the problem, facilitating the separation between the person and the problem, thereby opening avenues toward making choices about how the person wants to relate to the problem. Externalization creates possibilities for change, with the client taking on a sense of agency. The separation from the problem allows the elaboration of new speaker roles, for example, that of a competent, confident communicator.

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