

**I AM MY STORY:
CHANGING THINKING AND BEHAVIOR
THROUGH PERSONAL NARRATIVE**

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In the late 90s there was a vogue for describing CEOs as storytellers. Their task was to tell the story of the organization firstly to the organization itself and secondly to the outside world. It was a process of invention, re-invention, and promotion. As a CEO who lived by narrative, this was a welcome development in realizing that beyond management speak the way we understood our lives was still simple and central. We told stories.

In *Beyond Depression*, Christopher Dowrick (2004) offers a number of insights into the management of depression without medication. Personal narrative and attentive or active listening emerge as the key elements in effecting change. The emphasis is on creating a narrative that becomes the source of a solution and then becomes the solution itself.

I am useless becomes
I am useless when this happens: becomes
I become useless when this happens because . . . eventually emerges as I
believed I was useless when this happened because . . . but now I realize . . .
I manage my feelings differently and I am effective.

If this altered narrative contains the essence of a solution to *I am useless* then it is an effective process for addressing many aspects of what is labeled affective disorders as well as addictions.

The problem can now be redefined as how to:

- Elicit a narrative that becomes an explanation and implicitly a “solution” to the feelings.

- Then to facilitate a retelling of the narrative to create a new start and an alternative empowered teller.
- Finally to create an iterative process which systematically develops into a positive and self-correcting mechanism.

One place where this can be observed is in 12 step programs.

In all 12-step groups members are telling and retelling their stories for their own benefit. They are not telling their stories to inform others or as an exemplar other than incidentally (some members do behave like this and become performers—this rarely lasts and is engaging but ultimately futile). The effect of this is to offer listeners the following opportunities:

- Identify with experiences or feelings
- Believe the teller has felt what they are feeling and has managed to change their experience
- Want the change the teller is describing
- Note how over successive weeks individual's stories change, often quite rapidly, as certain strategies are adopted
- Tell their own story in whatever way they want, without fear of being criticized (even if opposing the group ethic, e.g., still self-harming/gambling/bingeing and seeing this as desirable—the accepted group reaction is to accept the individual as someone in pain who is entitled to be heard without contradiction). To be listened to with acceptance and without comment. By definition the group cannot criticize as they are all “guilty”
- Understanding that it is only they who can change themselves because no one else tries to change them

The oldest 12th step group is Alcoholics Anonymous (AA) but this article looks beyond the “self-help” label and sees what has been an essential human function throughout history.

STORYTELLING—CREATING A NARRATIVE

AA meetings typically center around one person's story or “share.” The process is described as “sharing their experience, strength, and hope.” Experience of what it was like—what happened—what it is like now. The strength is drawn from the group, the program, and the process of recovering. Hope of what will happen as recovery continues. This is a narrative with a past, a present, and a future. This is a conscious process of re-describing a life in trouble with explanations of why it was in trouble (with alcohol not always or even often the main factor—its effect on children, relationships, self-esteem, emotions) an epiphany or new beginning (attending AA or stopping drinking or both) and what is now happening to create a new and more positive narrative and to cope with problems.

Professionals frequently misunderstand the nature of AA meetings and confuse them with therapy or religion. In fact it is in a much older tradition—that of the campfire circle in which stories are offered and received without comment. Interaction is limited to a reminder of points of similarity or difference in subsequent stories told by other speakers.

Sources of the stories will be fairly random with visitors being invited to meetings to “share” or a member of the group taking this role.

The wider range of stories increases the range of learning and provides continual challenge to “group think.”

NEGATIVE EMOTIONS

Listen for the similarities not the differences.

Our stories are very different but the feelings are the same.

Angry, lonely, depressed, hopeless, ashamed will figure in almost all stories in the “what it was like” section. They will appear both within a narrative and free standing. As in “I was always angry” or very commonly “I was always different,” “Born standing up and fighting back,” this leads to creating social support and diminishing stressors.

THE PARAMETERS OF CHANGE

Change is central to the process of recovery yet it is balanced by two strong messages: a) you have to accept yourself and everything else as it currently is; and b) the ONLY thing you can change is yourself.

GRATITUDE AND FRIENDSHIP

There is a significant amount of socializing before and after meetings and many relationships that seem to mirror friendship come into being. The similarities with friendship are briefly worth exploring. Friendship, while it can have many causes, is driven by mutuality. This would distinguish it from relationships in 12th step programs that are regarded as sacred. There is an explicit requirement on members “in recovery” to be available, to greet, to welcome, to share in private as they would in a meeting, to agree to “sponsor.” This is a necessary part of recovery requiring unselfishness in order to be self-serving.

There is also a great emphasis on gratitude (AA stands for altered attitudes one of which is an attitude of gratitude).

Most newcomers early in their recovery—often when unable to sleep, without a job or partner, and in serious debt or trouble will be told to make a gratitude list. After the derisive laughter the process becomes a fascinating exercise in reframing and positive thinking. The list will include all those items that grace any such list

but which require the author to re-assess what is in their lives—health, food, shelter, the possibility of recovery, opportunities for friendship, etc.

FRESH STARTS

Identification as an alcoholic is considered a prerequisite of recovery. The term alcoholic is not popular with professionals who wish to see the individual describe their problem in terms of their behavior (I am a problem drinker in the current argot)—whereas AA defines it in terms of identity and whole life experience. The identification as an alcoholic is a step in redefining the life and therefore creating a “fresh start” (Brown, Adler, & Difulco, 1988). The term alcoholic is pejorative and serves to distinguish before and after the self-definition. Being an alcoholic is defined as being someone who suffers from alcoholism. Alcoholism is fitting any of a number of concepts from:

- a. When drink costs you more than money
- b. There are as many types of alcoholism as alcoholics
- c. Alcohol comes in bottles, alcoholism comes in people
- d. ISM—I, self, me—a disease of the ego
- e. It’s not what you drink, it’s what it does
- f. When one drink is too many and a hundred is not enough

What becomes clear is that the definition is designed to maximize the chances of identification and thus to claim the right to a fresh start. What is also clear is that people only come to AA when they perceive they are in crisis or distress and can’t think where else to go. (“No one comes to AA because they’ve eaten too many jam sandwiches.” It is not certain that some of those who are helped would fit a clinical definition of alcoholism.

EUDAIMONIA AND SERVICE

“The most important person in the room is the newcomer”—from the first contact the newcomer is told they are doing others good. Their presence is helpful—as a reminder, as an opportunity because their stories help others to remain sober. Newcomers therefore have their self-worth enhanced. Given small jobs within a meeting or two—clearing ashtrays, putting out chairs—the value to the group is continuously reinforced. “Carrying the message to the alcoholic who still suffers” is the bedrock of action in recovery. This is not a skilled task in the usual sense as the only skill required is the willingness to turn up and share their experience, strength, and hope. The process (known as 12 stepping) is about telling—not listening, not advising, simply offering experience, strength, and hope.

THE MORAL COMMUNITY

Dowrick (1984) describes the role of the moral community as an alternative to modern individualism.

The ideal moral community . . . involved differing people engaging with each other on the basis of equality. It involved friendship and affection within a common allegiance to and common pursuit of Eudaimania, a term often translated as “goodness” but which also includes notions of blessedness, happiness, prosperity, the “state of being well and doing well in being well, of a man’s being well favored himself and in relation to the divine” (p. 167).

Few groups would claim such aspirations or would actively seek to observe them as well as members of 12th step groups—where the process of carrying the message to others still suffering is held as the highest imperative and an essential aspect of personal recovery.

In describing the idea of the narrative self and its role in the treatment of depression, Dowrick (1984) has articulated, not only a truth as old as human society, but also an explanation of the extraordinary success of many 12th step programs.

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