

How the Study and Practice of Narrative Therapy
Affects the Development of Therapists
and Their Practices of Therapy

by

David William Mole
Dip. Ed., McGill, 1989
B.Sc., McGill, 1988
B.Sc., McGill, 1985
B.A., Queen's University, 1982

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University of Victoria

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Supervisor: Dr. Norah Trace

ABSTRACT

The purpose of this research was to investigate how, or in what ways, the study and practice of narrative therapy affects the development of therapists and their practices of therapy. The following question was investigated: How, or in what ways, does the study and practice of narrative therapy affect the development of therapists and their practices of therapy? A modified, qualitative, narrative methodology was used that incorporated individual interviews. The stories of four narratively orientated therapists were considered as the data of this research. Seven themes emerged from the participants' verified stories. The most robust emergent theme, changes as a therapist and as a person, was composed of; changes in depth of awareness, changes in practices of therapy, and changes in living as persons. The remaining emergent themes included; what it is about narrative therapy that works, the values and ethics of the participants, what it is about other therapeutic practices that does not work, the importance of community, personal attributes of the participants, and their challenges of integrating into practice the ideas that make up narrative therapy.

TABLE OF CONTENTS

ABSTRACT.....	II
TABLE OF CONTENTS.....	III
ACKNOWLEDGEMENTS.....	VI
CHAPTER ONE - INTRODUCTION.....	1
An Imaginary Narrative Therapeutic Family Session.....	1
The Intended Audience of this Thesis.....	4
My Journey Toward Becoming a Narratively Orientated Therapist.....	5
The Author's Background and Experience of Narrative Therapy.....	6
An Overview of this Thesis.....	6
The Context and Rationale for this Thesis.....	7
The Research Question and the Purpose of this Research.....	10
Delimitations.....	11
CHAPTER 2 - REVIEW OF THE LITERATURE.....	12
Introduction and Overview of Narrative Therapy.....	12
Narrative Approaches Compared and Contrasted to Other Therapeutic Approaches.....	16
The Theoretical and Philosophical Perspectives and the Practice of Narrative Therapy.....	23
Externalising the Problem and the Relationship of this Practice to Narrative Therapy.....	24
The Experience of Problems as Seen Through the Lens of the Narrative Metaphor.....	26
How Externalising Problems Facilitates the Re-Authoring of Lives and Relationships.....	27
The Practice of Narrative Therapy.....	28
Some of the Ideas of Michel Foucault and How They Are Related to the Conceptual Framework of Narrative Therapy.....	37
Integrating Foucault's Ideas Into the Practice of Narrative Therapy.....	45
Therapists' Interpretations and Experiences of White and Epston's Narrative Therapeutic Approach.....	49
The Experiences of Therapists Who Are Integrating or Who Have Integrated the Ideas and Practices of Narrative Therapy.....	57
Summary of Chapter Two.....	59
CHAPTER 3 - METHODOLOGY.....	60
Introduction.....	60

Introduction to Research Methodology.....	61
Qualitative Research Methodology.....	61
Research Design.....	63
Researcher Attitude within Narrative Research.....	63
Narrative Analysis as Embodied in Specific Life Stories.....	63
In-Depth Interviews and Life Stories.....	65
Credibility.....	66
Transferability.....	66
Dependability.....	67
Sampling.....	67
Researcher as Instrument.....	68
Data Collection.....	70
Researcher Responsibility.....	70
Interview Transcription and Story Writing.....	71
Interview Transcript and Story Verification.....	71
Procedure for Meaning Extraction.....	72
Procedure for Meaning Categorisation of Emergent Themes.....	72
Summary of Chapter Three.....	72
CHAPTER 4 - RESEARCH FINDINGS.....	74
Introduction.....	74
The Four Participants' Interview Transcripts in Story Forms.....	74
Transcript One as a Story: Joe's Story.....	74
Transcript Two as a Story: Ian's Story.....	93
Transcript Three as a Story: Rod's Story.....	104
Transcript Four as a Story: Sue's Story.....	112
Summary of Chapter Four.....	120
CHAPTER 5 - DISCUSSIONS AND IMPLICATIONS.....	121
Introduction.....	121
The Emergent Themes.....	122
The Significance and Implications to Theory of the Seven Emergent Themes.....	123
Changes as a Therapist and as a Person.....	123

Changes in Depth of Awareness.....	123
Changes in Practices of Therapy.....	132
Changes in Living as Persons.....	135
What it is About Narrative Therapy that Works.....	138
Narrative Therapy Corresponds with Values and Ethics.....	138
Narrative Practice Made Sense and Fit.....	139
Narrative Practice Worked for Clients.....	141
Values and Ethics of the Participants.....	142
What it is About Other Therapeutic Practices That Do Not Work.....	143
The Importance of Community.....	144
Personal Attributes of the Participants.....	148
Challenges of Integrating Into Practice the Ideas that Make Up Narrative Therapy.....	149
Implications for Research and the Training of Therapists.....	150
Implications for Research of the Narrative Metaphor.....	151
Implications for Research of Externalising Conversations.....	152
Implications for Research of Some of the Ideas of Foucault.....	153
Clients' Experiences of Narrative Therapy.....	155
Implications for the Training of Therapists.....	156
Conclusion.....	157
REFERENCES.....	159
APPENDIX A.....	163
APPENDIX B.....	164

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CHAPTER ONE

INTRODUCTION

An Imaginary Narrative Therapeutic Family Session

Imagine a family therapy session. Sarah, who is nineteen, and her parents have come for help because of a problem that has emerged into their lives. The story that this family first presented to their therapist was brief and to the point. Sarah was depressed and they were very worried about this. This diagnosis came from the psychiatrist, referred by their general practitioner. What the family was told was that depression was a medical condition that needed to be treated medically, with medication. After their initial shock the family went back to their GP and requested a second opinion, “someone who won’t tell us the situation’s so hopeless” as Sarah’s mother Susan put it. This second referral led the family to a session with a therapist.

What their therapist, Jill, who practices from within the narrative therapeutic perspective that was developed by Michael White and David Epston, noticed was how discouraged this family was and how brief and undetailed their story was. With the intention of discovering this family’s “insider” experience of the problem, rather than hearing their experience of “outsider,” “scientific” expert knowledge about “depression,” Jill started to ask the family members questions about how “the depression” had entered into their lives and about how it “pushed them and their relationships around.” Through the linguistic shift of considering and speaking about the problem as if it was external to Sarah and not a part of who she was, Jill opened up the possibility for Sarah and her parents to see the problem from a different perspective, one that situated the problem away from Sarah and within a larger cultural context. Their story quickly started to thicken with details.

As she told her story, Sarah noticed how “Depression” was really more like “Worry” and “Fear.”¹ Instead of the professional diagnosis of “Depression,” which had been offered by the psychiatrist, Sarah felt that “Worries” and “Fears” that were related to her university studies were more fitting descriptions of her experiences. Whereas the diagnosis of “Depression” had no contextual meaning to her, her experiences of “Worry”

¹ In addition to the narrative therapeutic practice of externalising conversations in which problems are spoken of as separate from people, when writing about problems, therapists can give each problem a name that begins with an upper case letter and place it within quotations to assist in further externalisation.

and “Fear” were descriptions that made sense to her and that she could talk about.

Susan continued, “we noticed that Sarah wasn’t her self.” “They say depression runs in families, and my sister has been depressed since she was laid off. That was over three years ago, and she and Sarah are so much alike. My worst fear is that Sarah will end up like her. That’s why we went to the doctor for help.”

When asked who “Worry” and “Fear” relied on for support -- who their allies were -- Sarah quickly offered that it was worry over not getting high enough grades in her course work to get into a teachers’ college. As Sarah added more details to her story she spoke of how she had, until recently, been spending up to twelve hours a day on her course work, in addition to her in class time and part time job. “I’d been working so hard, it almost seems like “Worry” and “Fear” became my constant companions. They came in and took over my life. I got to the point where I couldn’t concentrate and I was nervous and on edge all the time. I started to wake up in the middle of the night and couldn’t get back to sleep. Now “Worry” and “Fear” are everywhere all the time.”

As her story continued to develop it turned out that “Worry” and “Fear,” which had first shown up at university, had followed Sarah home from her studies and had brought with them “Trouble Sleeping” and “Insomnia,” “Nightmares,” “Feeling Tired all the Time,” “Difficulty Concentrating,” “Loss of Appetite,” “Sadness,” “Bouts of Crying” and “Temper Tantruming at her Parents.” Tom, Sarah’s father, had noticed how “Less Time with Friends,” and “Isolation” had also accompanied these other problems into Sarah’s life.

At this point of the story Susan, Sarah’s mother, remarked that she hadn’t seen “Temper Tantrums” and “Nightmares” since the first week of dropping Sarah off at preschool. That was over fifteen years ago, when she was four. When Jill asked Sarah how she had managed to overcome “Temper Tantrums” and “Nightmares” when she was four, Sarah pondered. “I don’t know,” was her first response. Then, after further reflection she recalled that “Fear” and “Worry” were there then too. When asked what the supports, or allies, of “Fear” and “Worry” were back then, Sarah remembered only that she felt overwhelmed with all the new kids, noise and strange surroundings. Tom added, “yeah, that’s when one of the other parents tried to tell us that Sarah had some kind of anxiety disorder. She said that some kids were just born worry-warts.”

With more persistence Jill continued, “from what you’ve told me, Sarah did

manage to overcome “Worry,” “Fear,” “Temper Tantrums” and “Nightmares” when she was four. What I’m curious about is, how did she do it?” The question was directed to all concerned. “Well,” Tom continued, “We just kept her home from preschool. Then we only sent her in the mornings and stayed with her the first couple of weeks, and after a while she was fine being there all day by herself”.

By asking questions about a time when Sarah had fought back and reclaimed her life from “Fear,” “Worry,” “Temper Tantrums” and “Nightmares,” Jill opened space in which Sarah might start to re-tell preferred meanings around these “unique outcomes” and in so doing, start the construction of a counter story -- a preferred story -- to the problem-saturated description that had accompanied her and her parents to therapy. As it turned out, in addition to the support of her parents in overcoming these problems when she was four, Sarah had also learned how to calm herself by telling herself that instead of going to preschool that she was going to play with her friends and have fun. She remembered that when she thought of preschool as play, she looked forward to going.

From here Sarah’s story continued to thicken with meaning as she recalled other times in her life when she had overcome “Fear” and “Worry.” Instead of seeing herself as “Weak” and “Unable to Cope,” she started to see herself as someone who had overcome problems in the past and that she would overcome the problems of her present life situation as well. As their conversation continued Sarah started to build meaning around how she would once again reclaim her problem-solving self in the face of “Worry,” “Fear” and all their allies.

Drawing from her own undergraduate days, Jill speculated out loud that from her experience, in addition to all that she had learned, she remembered that school, and university in particular, was a training ground for “Worry” and she wondered if Sarah saw it in the same way. To this Sarah responded with an immediate “yes.” “I know that if I wasn’t going to university I wouldn’t be feeling like this, but I really want to be a teacher.”

Jill asked Sarah to speculate on her future. “As a person who has met with and overcome “Fear” and “Worry” many times, do you think that as a teacher you will be able to support your students to do the same, and in doing so be more of the teacher you want to be?” By asking questions that drew together the past, present, and future, Jill was engaged as a curious and supportive co-author of Sarah’s life, who, in co-discovering forgotten and

neglected skills and competencies and supporting the ascription of meaning to these, was supporting Sarah in the construction of a preferred story to identify with and live by.

Over the course of subsequent sessions Sarah continued to identify themes that had been shaping of her life, but which she had not been aware of. “The Need to be Perfect” and “One Wrong Answer Means I’m Not Good Enough” emerged as some of “Fear’s” and “Worry’s” strongest allies. Once these beliefs were exposed, Sarah was able to consider if she wanted them to be in charge of her, or if she wanted to be in charge of them -- to put them in their place -- and replace them or transform them into beliefs that would support a more preferred style of living.

As Sarah had started to unpack these and other beliefs that had been influencing her life in unpreferred ways, she and her parents developed an uncanny ability to notice previously unnoticed cultural beliefs and practices that influenced their lives and relationships and the lives and relationships of others. They discovered, for example, that not only was university “A Training Ground for Worry” and “Self Evaluation” about “Success” or “Failure” for university students, but that by extending these practices of evaluating, comparing and defining according to standards and norms (averages) into the school system through the training of teachers, children were being subjected to the same processes. From this, Sarah continued to wonder about the kind of teacher she would be.

This imaginary vignette of a family in sessions with a therapist whose orientation is informed by the ideas and practices of narrative therapy is intended as a glimpse into the practice of narrative therapy. As you, the reader, continue it is hoped that what is offered in this thesis will add to your understanding of the ideas and practices which make up narrative therapy. Beyond this, it is hoped that what is presented here will add to your understanding of the possibilities that become possible, both professionally as therapists and personally, through the study and practice of narrative therapy.

The Intended Audience of this Thesis

The intended audience of this thesis are therapists who are curious about the ideas that make up and the practices of narrative therapy. This thesis is also intended for those therapists who, while they may not be particularly curious about the ideas and practices of narrative therapy, see the exploration of approaches to therapy with which they may not be

familiar as a part of their professional and/or personal development. As such, both experienced therapists as well as those who are less experienced and/or just entering into the practice of therapy may find this thesis to be informative. Of course, those who are not professional therapists may also find this thesis to be an informative expose into the practices and ideas of a therapeutic approach which is contrary to more traditional forms of helping.

My Journey Toward Becoming a Narratively Orientated Therapist

My development as a therapist I see as a journey within my life, a journey that has been disjointed, yet which has a distinct route that I can trace from its origins within the family in which I was raised. This journey re-emerged some years ago when I realised that I would return to university to attend graduate school, attain an MA in counselling psychology and in doing so become a therapist.

Since this realisation I have learned of and experienced a number of therapeutic perspectives and practices. Some of these practices of therapy sparked my interest, while others did not. Just prior to entering graduate school I became interested in reality therapy, the work of William Glasser. However, not long after my introduction to reality therapy my interest in it waned as this cognitive-behavioural approach to therapy became flat and unappealing.

While in graduate school I developed an interest in attachment theory. This interest has grown and matured and has come to make up an important part of my understanding of how lives are shaped. Yet, the perspectives within attachment theory do not offer specific therapeutic techniques with which a therapist can work with clients. Because of this, my search for a way to practice as a therapist continued.

It was not until I encountered the ideas and practices of narrative therapy at my third and last practicum that I experienced a resonance with a therapeutic perspective and practice that deepened and expanded. Prior to this, I had not experienced a resonance with any of the therapeutic practices that were offered in the course work of my Masters programme. As I read into and had conversations with my practicum supervisor about the ideas that make up narrative therapy I experienced a deep sense of clarity into how, as a therapist, I could work with people to support them toward preferred lives. This experience lead to the

work I have completed in this thesis and to the therapist I have become.

The Author's Background and Experience of Narrative Therapy

My first interest in the practices and the ideas that make up narrative therapy occurred while in my third and last practicum placement as part of my professional development as a therapist. My experience of these ideas and practices while in this practicum was a very clear and distinct sense, which I still find a challenge to express fully in words. It was a sense of, "here's a way of working therapeutically with people that really works in helping them resolve problems, in a way that is more deeply meaningful and more deeply changing for them than other therapeutic approaches that I have encountered, and in a way that is connected to the social, political, philosophical and ethical worlds in which we all live." My experience of the ideas and practices of narrative therapy also contained the potential for deeply personal changes for myself, and by extension, for others -- changes that were not directly related to problem resolution. Thus, in addition to my experience of the potential for clients to more effectively resolve or dissolve problems, I also realised that within the ideas, philosophy, politics, ethics and practices of narrative therapy resided the potential for personal changes that were not directly related to problems for clients and therapists alike.

An Overview of this Thesis

In the remainder of Chapter One I present the context and the rationale which lead to the research question which informed and directed this thesis.

In Chapter Two I review the literature related to narrative therapy. This description includes the theoretical, philosophical and political perspectives of which narrative therapy is composed as well as the practice of narrative therapy itself. Because many of the ideas which make up narrative therapy are contrary to more traditional forms of helping (Monk, Winslade, Crocket, & Epston, 1997) and because some readers may not be familiar with these ideas, the review of the literature is intended to support those readers in grasping fuller meanings of the context and rationale of the research question and of the participants storied experiences of studying and practicing narrative therapy.

Chapter Three describes the research methodology employed in this research. This

description includes the rationale for the use of the modified narrative research design -- narrative interview -- selected for this inquiry. Details on the procedures of sampling, researcher as instrument, data collection, researcher responsibility, interview transcription and story writing, interview transcript and story verification, procedures for meaning extraction, and procedures for meaning categorisation of emergent themes are also described.

Chapter Four presents the research findings through the stories of how each of the four participants came to study and practice narrative therapy.

In Chapter Five the research findings are discussed.

The Context and Rationale for this Research

A Brief Overview of the Conceptual Framework of Narrative Therapy and the Relationship of this to the Research Question

Narrative therapy is an approach to counselling that invites clients to begin a journey of co-exploration with their therapist in search of talents and abilities that have become hidden or veiled by life problems and to re-story their lives around these preferred experiences. The conceptual framework of this therapeutic approach is the result of the collaborative work of Michael White and David Epston and it developed through their integration of the narrative metaphor, the externalisation of problems and some of Michel Foucault's ideas that are related to his analysis of power and knowledge. These components and the practice of narrative therapy will be described in Chapter Two.

McKenzie and Monk (1997) report that narrative therapy is based on some very simple and accessible ideas. However these authors also report that it takes two to three years to integrate it into one's own style of therapeutic work. Further, as teachers of narrative therapy, they have found that some of their students expressed difficulties in bringing narrative practices into their day-to-day work with clients.

The elucidation of this apparent contradiction, that narrative therapy is based on some very simple and accessible ideas yet it takes two to three years and some difficulties to integrate these ideas into practice, might reside within these same authors' statement that many of the ideas that make up the conceptual framework of the practice of narrative therapy are contrary to more traditional forms of helping. For example, in some of the

more traditional approaches to therapy, problems are often considered to be integral to persons. Statements such as, “he’s ADHD,” “I’m schizophrenic,” and “they’re a dysfunctional family” attest to this. This way of considering people corresponds in a general way with many of the habits and ways of thinking within Western cultures. Within these habits and ways of thinking individuals consider themselves and others to be the experienced feelings, the labels bestowed, and the actions they engage in. Statements such as, “I am sad,” “He is a diabetic” and “She is obsessive compulsive” illustrate this.

Narrative therapeutic practice considers problems differently. Instead, through the practice of externalising conversations, persons are encouraged to objectify and at times to personify problems that they experience as oppressive. In doing so, problems are considered and spoken of as if they are separate entities to persons. For example, instead of considering a person to be schizophrenic, a narratively orientated therapist would consider the person to be separate from but in relationship with the problem “Schizophrenia.” As externalising conversations develop “Schizophrenia” may come to have unique characteristics, personalities and motives of its own which may have affected a person’s life, but it is not defining of who the person is. Speaking of problems in this way opens up the possibility for people to experience problems as external to themselves and their relationships. In narrative practice, even those problems that are considered to be inherent as well as those that are considered to be relatively fixed qualities of persons and relationships can be experienced as less fixed and less restricting when spoken of in an externalised fashion (White & Epston, 1990).

This different conception of the relationship between people and problems requires a corresponding conceptual shift on the part of therapists as they integrate this narrative idea into practice. This, and other conceptual shifts on the part of therapists as they integrate the ideas within the narrative metaphor, the externalisation of problems, and some of Foucault’s ideas about power and knowledge, will be presented in Chapter Two.

Some Therapists’ Experiences of Studying and Practicing (Integrating) Narrative Therapy

In reflecting on their own therapeutic practices, Freedman and Combs (1996) report that in their lost, impatient, and dissatisfied moments as Ericksonian/second order cybernetic therapists, they were on the edge of a bigger shift in worldview than they had

previously experienced. For them, narrative therapeutic ways of thinking were not simply a part of a further evolution of systems theory but a discontinuous paradigm and a different language. They liken their transition to these narrative therapeutic ways of thinking as discontinuous, bumpy and exciting, and the landscape of these ways of thinking as an exciting new culture.

After they had taken on the metaphors of “narrative” and “social construction” and the ideas and practices of Michael White these therapists’ experience of the process of therapy shifted. They no longer organised their experiential worlds in terms of information, patterns, and systems but instead in terms of stories, culture, and society.

Instead of seeing themselves as mechanics who were working to fix a broken machine or as ecologists who were trying to understand and influence complex ecosystems, they experienced themselves as interested people, perhaps with an anthropological or biographical bent, who were skilled at asking questions to bring forth the knowledges and experiences that were carried in the stories of the people with whom they worked. They thought of themselves as members of a subculture in collaborative social interaction with other people in the construction of new realities. They thus strove to find ways to spread the news of individual triumphs -- to circulate individual success stories so that they could keep their culture growing and flowing in satisfying ways.

In describing her experience of conceiving herself as a socially constructed person, Jill Freedman (Freedman & Combs, 1996, p. 17) wrote the following.

As we pondered the implications of this new “constitutionalist” (White, 1991, 1993) metaphor of self, my (JF) taken-for-granted reality was so shaken up that I became motion-sick. I literally became nauseated. I had always believed that “deep down” I was a good person no matter what I did. If we were really to adopt these new ways of thinking and perceiving -- which we wanted to do because of the kinds of therapy they support -- we would become responsible for continually constituting ourselves as the people we wanted to be. We would have to examine taken-for-granted stories in our local culture, the contexts we moved in, the relationships we cultivated, and the like, so as to constantly re-author and update our own stories. Morality and ethics would not be fixed things, but ongoing activities, requiring continuing maintenance and attention.

In his forward to *Narrative Means to Therapeutic Ends*, Karl Tomm (1990) writes that White and Epston’s text charts a series of bold strides in their reconnaissance into the domain of human problems and stakes out some original therapeutic contributions. Tomm continues with,

Since encountering their work three years ago, my own therapeutic methods have changed enormously. Because of the “new trail” they have broken, I have been able to enter into some entirely new domains of practice. Needless to say, this has been extremely gratifying both professionally and personally. Many of my friends and colleagues are having similar experiences. In other words, Epston and White are not only extending their own clinical understanding and skill into new areas but enabling other therapists to do so as well (Tomm, 1990, p. vii).

Finally, in response to a question about what the limitations of the narrative approach are, Michael White (White, 1995; p. 37) responded in the following way.

Well, as I wouldn't define it as an approach, it's hard for me to talk about limitations in the usual way. Is this work better defined as a world-view? Perhaps, but even that is not enough. Perhaps its an epistemology, a philosophy, a personal commitment, a politics, an ethics, a practice, a life, and so on. And, because whatever it is happens to be on intimate terms with recent developments in social theory that are generally referred to as “non-foundationalist” or perhaps “postmodern,” then whatever it is also happens to be a theory.

The Research Question and the Purpose of this Research

Within the field of therapies there is an ongoing process in which older therapeutic approaches are evolving and new therapeutic approaches are emerging onto the scene. Because this is so, an inquiry into the affects and potential benefits of any newly evolving or emerging therapy, for clients and therapists alike, is warranted.

Because these cited therapists report that they experienced these changes through their integration of the ideas and practices that make up narrative therapy suggests that an inquiry into how, or in what ways, the study and practice of narrative therapy can affect the development of therapists and their practices of therapy is warranted. Further to this, because many of the ideas and practices that make up the conceptual framework of narrative therapy are contrary to more traditional forms of helping suggests that the study and practice of narrative therapy constitutes a potential paradigm shift on the part of therapists who take up the study and practice of narrative therapy. Apart from the self reports of these cited authors and after a review of the literature, no research was found on how, or in what ways, the study and practice of narrative therapy affects the development of therapists or their practices of therapy.

As a means to address this lack of research and as a means to substantiate and expand upon the reports of these authors this thesis is framed around the following question, “How, or in what ways, does the study and practice of narrative therapy affect the development of therapists and their practices of therapy?” By asking four therapists to

tell their stories of how, or in what ways, their studies and practices of narrative therapy have affected their practices of therapy and their developments as therapists I hope that this research will provide further insights into the lived experiences of therapists who have studied and practice narrative therapy. By inquiring about and conveying the lived experiences of four therapists who have and are integrating the ideas and practices that make up narrative therapy I hope to substantiate and expand upon the cited authors' claims and further to present the multiplicity of unique and diverse experiences of these four therapists. In this way this research guided by this question is important as a unique contribution to the affects of the study and practice of narrative therapy on therapists.

Since no previous research has been directed toward this kind of inquiry, this is an exploratory study. As such, no certain conclusions can be drawn about the causality of the experiences reported. Based upon my personal experiences and the reports of the therapists who have been cited, the study and practice of narrative therapy is associated with some changes that are beyond a way of helping people resolve problems. It is to these changes beyond a way of helping people resolve problems that this research is focused.

Delimitations

This is an exploratory qualitative study. It is beyond the scope of this thesis to consider the relative effectiveness of various therapeutic paradigms, including narrative therapy. This research is not intended to explain the lived experiences of the participants, generate theory or generalise. Instead, this thesis is intended to provide a glimpse into the experiences of therapists who have studied and practice narrative therapy by elucidating how, or in what ways, their studies and practices of narrative therapy have affected their developments as therapists and their practices of therapy.

In Chapter Two the theoretical, philosophical and political perspectives which inform narrative therapy and the practices of narrative therapy are presented. It is hoped that this presentation will support you, the reader, in grasping more fully the context of therapists' experiences of studying and practicing narrative therapy.

CHAPTER 2

REVIEW OF THE LITERATURE

Introduction and Overview of Narrative Therapy

The therapeutic practice of narrative therapy is the result of the collaborative work of Michael White and David Epston (White & Epston, 1990). In their 1990 text, *Narrative Means to Therapeutic Ends*, White and Epston introduced what has come to be known among professional therapists as narrative therapy. In this text they describe their therapeutic working methods along with the theoretical, philosophical and political contexts in which these were derived.

In *Narrative Means to Therapeutic Ends*, White presents an overview of what he refers to as “some of the more recent developments in social theory” (p. 1), that he and Epston found to be of compelling interest and some of what they believe to be the implications of these ideas for therapy. In this presentation White traces how he and Epston translated these developments in social theory into the practices that make up narrative therapy.

The Importance of the Interpretive Method

One of the developments in social theory that was of compelling interest to White was the “interpretive method” (p. 2). Through his readings of Gregory Bateson’s works, White became acquainted with Bateson’s idea that we make sense out of the world through acts of interpretation; that is, because we cannot know objective reality, all knowing requires acts of interpretation.

In challenging the appropriateness of linear notions of causality, which were derived principally from Newtonian physics, as an explanation of events in living systems, White and Epston interpreted Bateson as having argued that it is not possible for people to have an appreciation of objective reality. Instead, Bateson proposed that the understanding we have of or the meaning we ascribe to any event is determined and restrained by the receiving context in which the meaning making occurs, that is, by the network of premises and presuppositions that constitute our maps of the world (Bateson, 1972). Considering maps as patterns, Bateson argued that the interpretation or the meaning making of any event is determined and restrained by how it fits with pre-existing or known patterns of events.

Not only is the interpretation of events determined and restrained by each person's pre-existing receiving context but those events that do not fit with pre-existing patterns of events are not ascribed meaning and as such do not come to exist as facts in the person's mind.

In relation to family therapy, White found in Bateson's interpretive method an alternative to the proposition that some underlying structure or dysfunction in a family system determined the behaviours and interactions of its family members (White & Epston, 1990). Instead, by applying the notion that it is the receiving context or a person's pre-existing patterns of meanings that determines and restrains the meanings that they ascribe to life events, White proposed that it is the meanings that persons attributed to events that determines their behaviours. This led to his interest in how we organise our lives around specific meanings and how this inadvertently contributes to the survival as well as to what he called the career of problems.

As White points out, some family therapist theorists proposed that problems served a function in family systems; that is, that problems were considered as being required in some way by persons or by the family system (White & Epston, 1990). For example, therapists informed by Jay Haley's strategic approach to therapy kept a functionalist eye on family patterns, looking for the purpose problems might serve for the person identified as having the problem or for the family itself (Haley, 1980). Likewise, in their therapeutic work with families, the Milan systems school usually concluded that the identified patient developed symptoms in order to preserve the family's homeostasis or rigid rules (Nichols & Schwartz, 2001).

White's proposal is that each person's pre-existing patterns of meaning determine and restrain the meanings they ascribe to life events and the subsequent thoughts, feelings and behaviours that follow from these ascribed meanings. This allowed him to consider that problems were dependent on persons' meaning constructions. Instead of considering people and family systems as requiring problems, White became interested in the requirements of problems for their survival and in the effects of those requirements on the lives and relationships of persons. From this he proposed that the family members' cooperative but inadvertent responses to the problems' requirements constituted the problems' life support system.

For example, in Chapter One, Sarah's meaning construction of "One Wrong Answer Means I'm Not Good Enough" supported the problems "Worry" and "Fear" over not getting into teacher's college. In turn "Worry" and "Fear" supported the ushering in of all the other problems into her life. From this perspective the problems "Worry," "Fear," "Trouble Sleeping" and all the other problems that entered into her life are dependent on Sarah's meaning constructions for their survival.

In his elaboration on this proposition, White referred to the way that problems can become situated within the context of trends thus appearing to have a life of their own in which they become more influential over time. He noticed that when this was happening family members seemed to be oblivious to the progressive and directional nature of their co-evolution around problem descriptions and problem definitions of their lives and relationships. As a therapeutic approach, White proposed the externalisation of problems as a mechanism for assisting family members to separate from "problem-saturated" descriptions of their lives and relationships (White & Epston, 1990).

The Importance of the Text Analogy

From his reading of Bateson's works, White's attention was also drawn to what he considered to be an important and much neglected dimension in therapy, that of the temporal dimension (White & Epston, 1990). From Bateson (1979), White realised that the mapping of events through time was essential for the perception of difference and thus for the detection of changes in the environment. In considering the text analogy White realised the resemblance between the notion of a map, that is, the network of premises and presuppositions that constitutes our maps of the world and the notion of narrative. However, because the text or narrative analogy emphasises order and sequence in a formal sense it was more appropriate for the study of change, the life cycle or any developmental process (White & Epston, 1990). For White, the text analogy, which is also referred as the narrative metaphor (Freedman & Combs, 1997; Nichols & Schwartz, 2001; White, 1995), and the story metaphor (Monk et al., 1997; Nichols & Schwartz, 2001) has the remarkable dual aspects of being both linear and instantaneous. That is, the concept of narrative includes the location of events in cross-time patterns. Whereas maps are fixed in time, a person's narratives are living events that are interconnected with past, future as well as

present perspectives.

The text analogy provided for White a second way of considering how people organise their lives around particular problems. Unlike the notion of map, a notion that does not include the temporal dimension, the lens of the text analogy organised lives as the interactions of “readers” and “writers” around stories or narratives. Thus, the career or “lifestyle” of a problem became the story of that problem. As White (White & Epston, 1990, p. 4) proposed; “This description opened up new areas of inquiry, including an exploration of those mechanisms that render particular texts meritorious in a literary sense, and encouraged me to propose a “therapy of literary merit” (White, 1988)”.

The Importance of Foucault’s Thoughts on Power and Knowledge

Among the developments in social theory that White found to be compelling were some of philosopher Michel Foucault’s thoughts on the reciprocal relationship of power and knowledge. According to White, he and Epston believed that Foucault’s conception of power and knowledge provided a way out of the impasse that had surfaced in the debate about power within family therapy literature. In White’s view this debate had become stuck between two conflicting positions. Some argued that power was something that does not really exist but that it is something constructed in language and that those who experienced its effects participated in bringing it forth. Others argued that power was something that really exists and that it is wielded by some in order to oppress others. For White, this impasse within the field of family therapy prevented the advancement of thinking about power and its operation. Because Foucault’s analysis of power and knowledge provided a way out of and an alternative to this impasse, White and Epston believed it was of “great importance” (White & Epston, 1990, p. 1).

In his forward to *Narrative Means to Therapeutic Ends*, Karl Tomm (White & Epston, 1990) expressed his belief that White’s analysis of Foucault’s perspective and its relevance to therapy was one of the most important original contributions within White and Epston’s text. In Tomm’s assessment, White’s discussion of “knowledge as power” represented a movement into a territory that was only just beginning to be explored by family therapists. According to Tomm, when White considered how “knowledge techniques” can inadvertently disempower persons and in the process may empower

problems, he was essentially extending his pioneering work on externalising problems. For Tomm, once the pathologising covert techniques of collapsing problems onto persons are identified, the externalisation of problems becomes much easier and the coordination of a person's escape from pathologising knowledge techniques becomes more possible (White & Epston, 1990).

Narrative Approaches Compared and Contrasted to Other Therapeutic Approaches

McKenzie and Monk (Monk et al., 1997) report that narrative therapy is based on some very simple and accessible ideas, yet, in their experiences as teachers of narrative therapy they have found that it takes their students two to three years to integrate it into their own style of therapeutic work. Further, their students report that during this period of integration they experienced difficulties bringing narrative approaches into their day-to-day therapeutic practices.

In their response to their students' expressed difficulties in integrating the ideas that make up narrative therapy into their therapeutic practices McKenzie and Monk introduced into their narrative therapy training what they referred to as the background of some of the common therapeutic metaphors. In their training these metaphors are compared and contrasted with the metaphor used in narrative counselling. As these authors suggest, the comparison and contrast of metaphors serves to illustrate the philosophical and theoretical differences between narrative and other approaches to therapy.

In considering the analogies or metaphors that social scientists have used to derive and elaborate theories White (White & Epston, 1990, p. 5) suggests that;

the analogies that we employ determine our examination of the world: the questions we ask about events, the realities we construct, and the "real" effects experienced by those parties to the inquiry. The analogies that we use determine the very distinctions that we "pull out" from the world.

In White's description a metaphor is the context in which meaning making occurs. Looking back at his description of the interpretive method, that the understanding we have of or the meaning we ascribe to any event is determined and restrained by the network of premises and presuppositions that constitute our maps or narratives of the world, it is apparent that for White metaphors and narratives serve that same meaning making function.

Kenneth Gergen has written extensively on the process of understanding and how we come to know the world. In his concurrence with White's suggestion he writes;

As has become increasingly clear - both within the social and natural sciences - our observations do not drive our descriptions, explanations, and theories. Reality makes no necessary demands on what our vocabularies of understanding will be. Rather, in seeking understanding we approach the world with interpretive resources already in place, and these forestructures of understanding exert a powerful influence on what we derive from our observations (Gergen, 1994, p. iii- iv).

According to Gergen, it is the standards of representation or metaphors within professional guilds such as biology, psychiatry or linguistics that largely guide the outcome of observations. Thus, according to Gergen, one guild's derived reality is not more accurate than another's; they are simply different forms of representation that are valuable for the functions served within the different professions. He continues with his observation that it is this shift in emphasis from the "object in itself" to the process of understanding that is essential to the arguments among movements known variously as constructionist, constructivist, postempiricist, postfoundationalist and postmodern.

Each guiding metaphor not only serves as a vehicle through which we conceptualise and construct the world in certain ways but the same metaphor also obscures and blinds us to other conceptualisations and constructions (Freedman & Combs, 1996; Monk et al., 1997; Rosenblatt, 1994; White & Epston, 1990; White, 1995). This distinction is present in White's description of the interpretive method, which he described as the receiving context which determines and "restrains" meaning making. And, as Gergen (in Rosenblatt, 1994, p. iv) considers; "Adopting a metaphor is also like entering a tunnel: We have direction, but we miss much along the way."

Since the metaphors that we employ are integrally related to how we construct and experience our worlds, a consideration of some of the commonly used therapeutic metaphors and the narrative metaphor will assist in elucidating how the philosophy, theory and practices that make up narrative therapy differ from other therapeutic approaches.

Mechanistic Therapy: Repairing the Damaged Machine

Some therapies utilise the damaged or faulty machine metaphor (Freedman & Combs, 1996; Monk et al., 1997). The machine of choice for this metaphor was the steam engine whereas more recently the computer has become a reference point for descriptions

of human psychology. Therapies informed by the faulty machine metaphor encourage therapists to investigate what's broken in order that it can be repaired (Monk et al., 1997). This mechanistic metaphor promotes ways of speaking that require therapists to locate, identify and label problems in people's lives. Many therapists have been trained in a set or sets of techniques intended to correct the deficits, inadequacies and malfunctions within clients. The problem descriptions of social skills deficits, disinhibition of anger, mental breakdown, anxiety disorder and post-traumatic stress disorder are among those problem descriptions that correspond with the metaphor of persons with problems as faulty machines. With this metaphor, once the nature of the problem is established, a set of strategies that are intended to help the client develop competencies and/or skills is implemented as the corrective action. From this description, it is not difficult to imagine why people are often spoken of as if they are machines when the faulty machine metaphor is employed as a therapeutic frame of intelligibility. In the process of being conceived of and spoken of as if they are machines, some persons may lose their personhood as they identify with this mechanistic description of who they are and in doing so objectify themselves (Freedman & Combs, 1996; Monk et al., 1997; White & Epston, 1990).

Therapeutic practices that are informed by the damaged machine metaphor presume that there is some kind of objective truth that can be known about a person or a problem. Once the objective truth is discovered, the therapist can be confident in proceeding with their intervention. These interventions might include giving the client new knowledges, techniques and skills to correct irrational thinking, cognitive distortions, faulty processing or maladaptive functioning (Freedman & Combs, 1996; Monk et al., 1997).

With this metaphor clients are invited into an unknowing position at the beginning of the therapeutic process whereas the therapist is located as the knowing expert. The therapist's job is to transmit or exercise their expertise to or on the impaired client. Successful therapy is measured by the degree to which the client complies with the therapist's expertise. Success will manifest as the implementation of specific plans and objectives, the acquisition and implementation of new skills, the development of correct and rational thinking and the application of problem-solving practices.

Freedman and Combs (1996) report that when their therapeutic practice was informed by the systems metaphor of the cybernetic paradigm and the notion of control

toward a goal, they felt invited to become controlling toward the clients with whom they worked, especially when they perceived that goals were not being reached. Further, they report that when they practiced therapy that was informed by the metaphor of mechanics and guidance toward a goal their clients were invited to behave in even more mechanistically controlling ways toward themselves. This way of practicing therapy resulted in therapists taking credit for their clever interventions while clients became located as either the passive recipients of external wisdom or as recruits into taking an active part in their own subjugation (Freedman & Combs, 1996; White & Epston, 1990). Upon further reflection, Freedman and Combs conclude that although clients usually achieved the prescribed goals, the therapeutic experience often did not enhance their sense of personal agency.

Hoffman (1988) has reported that when her therapeutic practice was informed by “family system as machine” and “therapist as repair person” she saw persons and relationships in terms of dysfunction. In retrospect she realises that this stance resulted in the general tendency to objectify and pathologise in American family therapy, citing the DSM-III and “dysfunctional family system” as examples of objectifying and pathologising practices. These reported experiences of Freedman & Combs (1996), White & Epston (1990) and Hoffman (1988) of practicing therapy informed by a mechanistic metaphor have also been expressed by other therapists, including Anderson, 1997; Madigan & Law, 1998 and Monk et al., 1997.

Romantic Therapy: Peeling the Onion

Monk et al. (1997, p. 84) refer to the “peeling of the onion” metaphor as the metaphor that informs another group of therapies. These therapies subscribe to the idea that there is an inner core of each person that becomes covered by a series of protective layers, much like the layers of an onion cover its core (White & Epston, 1990). These protective layers or defences were put in place in order to protect the person’s core or “true inner self” during the painful and harmful episodes of their lives while growing-up.

This frame of intelligibility leads to the belief that a form of psychological surgery needs to occur during which the layers that cover the inner self will be peeled away. This implies an in-depth process in which significant reconstructive surgery is performed on the

psyche, a process that may involve exposure, vulnerability and pain. This metaphor incites therapists to interpret the issues presented in therapy as superficial concerns that are manifestations of the protective layers as they perform their defensive functions. Therapy is directed toward cutting through and stripping away the outer layers and the exposure of the inner processes of the person; that is, their essential attributes. In this way, each person's inner core is seen as the essential self, the inner guide, the source of truth or divine knowledge (Abrahamsson & Berglund, 2000; Freedman & Combs, 1996; Monk et al., 1997; White & Epston, 1990).

As with the mechanistic metaphor, clients are invited into an unknowing position and the therapist is located as the knowing expert. This way of thinking invites therapists to work toward their client's release of their authentic feelings, who, through their painful life experiences have become dissociated or disconnected from their essential self. During the therapeutic process the expression of feelings is interpreted as a reliable guide that progress is being made and therefore encouraged. Thinking can be seen as a distraction from the "real" therapeutic work. As such, thinking may be interpreted as a defensive function of the protective layers and regarded with suspicion by the therapist. When clients' thoughts are interpreted by therapists as functions of defence the opportunity to explore into and develop the meanings of the life experiences of clients is lost.

Successful therapy is measured by the client's expression of authenticity and spontaneity - by the degree to which they can express their essential self in a way that is unencumbered by intellectual barriers and defences.

Postmodern Therapy: The Narrative

Narrative therapy belongs to a relatively new group of approaches to counselling that are aligned with the movement known as postmodernism (Freedman & Combs, 1996; Hoyt, 1998; Monk et al., 1997). These approaches to therapy use the narrative or story metaphor to build a fuller picture of the plot development of problems (Freedman & Combs, 1996; Hoyt, 1998; Monk et al., 1997; White, 1993, 1995; White & Epston, 1990).

Narrative therapists are interested in understanding the meanings people have constructed from their lived experiences about themselves and the worlds in which they

live. Thus, the metaphor of narrative serves a meaning-making function. From a narrative therapeutic perspective, people both create stories about themselves and become positioned in stories that others have created about them. People are seen as making sense of their lives by assembling significant life events into a series of dominant plots which collectively form their personal narrative. And, of great importance, personal narratives are not seen as static and unchanging but as having the potential to be fluid and constantly evolving.

Narrative therapy is not considered or practiced as a process of discovering the truth about the essence of people but as a co-exploration of how people construct realities about themselves and their relationships. In their feelings, behaviours and thoughts people are seen as performing the meanings they have developed in their storying process.

From the perspective of this approach, persons who are experiencing problems are thought of as being located in problemated story lines. Positive outcomes are identified when a therapist takes up a co-authoring role with a client as they together develop a story line that the client experiences as more preferable. In this re-authoring process it is the client who is the lead author, deciding what is and is not preferred while the therapist plays a supportive role in the client's meaning-making processes. The client's preferred story line is composed of their lived moments that can be co-authored and performed as a counterplot to the problem-saturated story.

For example, in Chapter One, the symptoms Sarah described to her psychiatrist led to a problemated story line when the psychiatrist diagnosed her as being depressed. In the re-authoring process, however, she and her therapist developed a more preferred story line around her problem solving abilities and the support of her parents.

Some Final Thoughts on Therapeutic Metaphors

In their experiences as trainers of narrative therapy McKenzie and Monk (Monk et al., 1997) report that the participants in their workshops tend to be familiar with the mechanistic and romantic metaphors. For some of these participants these two metaphors were seen as serving what they believed therapy was designed to do. These authors suggest that the mechanistic and the romantic metaphors have come to be incorporated into our culture's history and mythology so much so that many of us, both therapists and non-therapists alike, unquestioningly and implicitly accept these constructions as what the

helping process is.

Freedman and Combs (1996) report that while they were making their transition from practicing therapy that was informed by Ericksonian/second-order cybernetics, a practice located within the mechanistic “systems” metaphor, to narrative therapy and the ideas and practices of Michael White they experienced not a further evolution of systems theory but a discontinuous paradigm -- a different language. This discontinuous paradigm was composed of the ideas within the narrative metaphor and social constructionism, two sets of ideas they locate within the ideas that make up postmodernism. Yet, these authors report that perhaps the most important event that occurred on their way to adopting a postmodern worldview was not so much the ideas and metaphors of postmodernism but meeting Michael White.

When they first began implementing White’s version of the narrative metaphor Freedman and Combs saw it simply as a useful extension of Bateson’s thinking. However, as they continued to use it and began to explore its theoretical ramifications they realised that a large shift in their worldview had occurred. As therapists they expressed that,

... we no longer tried to solve problems. Instead, we became interested in working with people to bring forth and “thicken” (Geertz, 1978) stories that did not support or sustain problems. We discovered that, as people began to inhabit and live out these alternative stories, the results went beyond solving problems. Within the new stories, people could live out new self-images, new possibilities for relationship, and new futures (Freedman & Combs, 1996, pp. 15 - 16).

This realisation, at which Freedman and Combs arrived, is found in White’s writing on the narrative metaphor. White writes;

The narrative metaphor is often referred to in conjunction with other metaphors that are commonly used in family therapy literature and practice: specifically, metaphors of system and pattern. It is very often assumed that the narrative metaphor can be tacked on to these other metaphors, and the narrative metaphor is often conflated with them. Because the metaphors of systems and pattern on the one hand, and the metaphor of narrative on the other, are located in distinct and different traditions of thought, this tacking on and conflation of disparate metaphors simply does not work, and, in my view, suggests a lack of awareness of the basic premises and the very different political consequences that are associated with these different metaphors (1995, p. 214).

McKenzie and Monk (Monk et al., 1996) ask those who study narrative therapy with them not to abandon the mechanistic and romantic metaphors. And they do not claim that the story metaphor is the true and correct approach by which to practice therapy.

However, they do consider the story metaphor to be powerful and worthy to be offered alongside the more traditional modes of training and practicing therapy that are employed in the West.

In considering how we select the analogies that we embrace, White believes our preferences for some analogies over others are multidetermined. These preferences included ideological factors and prevailing cultural practices. Yet, in privileging one analogy over another, it is not possible to resort to criteria such as correctness or accuracy since such attributes cannot be established for any analogy. According to White (1990, p. 5), “we can, at least to an extent, investigate the analogies through which we live by situating our own practices within the history of social thought and by examining and critiquing the effects of these practices.”

With this consideration of how the narrative metaphor stands in relation to some of the commonly used therapeutic metaphors, a consideration of the theoretical and philosophical perspectives and the practices of narrative therapy will now be undertaken.

The Theoretical and Philosophical Perspectives and the Practices of Narrative Therapy

As is the case with all therapeutic practices, narrative therapy reflects a theoretical perspective. Thus, before presenting a description of the practice of narrative therapy, a description of some of the components of the narrative conceptual framework will be presented. These components of the narrative conceptual framework include the practice of externalising problems and the influences of practicing therapy through the lens of the narrative metaphor. The intention behind presenting these components of the conceptual framework first, followed by a presentation of the practice of therapy, is to facilitate a more comprehensive understanding of the practices of narrative therapy for the reader.

Following these presentations, a description of some of the ideas of Michel Foucault and how these are related to the conceptual framework of narrative therapy will be presented.

*Externalising the Problem
and the Relationship of this Practice to Narrative Therapy*

One of the distinctive characteristics of narrative therapy was developed by Michael White and this is the use of externalising conversations (Monk et al., 1997, White & Epston, 1990). Externalising is an approach to therapy that encourages persons to objectify and, at times, to personify the problems that they have come to experience as oppressive. Through this linguistic shift a problem is spoken of as if it were a separate entity that is external to the person or relationship that was ascribed as the problem. Even those problems that are considered to be inherent, as well as those relatively fixed qualities that are attributed to persons and relationships are rendered as less fixed and less restricting when spoke of in an externalising way (White & Epston, 1990). Thus, problems such as schizophrenia, clinical depression, anorexia nervosa, addictions, and anxiety and fear are spoken of as if they are external to, and in a relationship to, persons and the relationships between persons and not as if they are integral to persons themselves and/or the relationships between persons.

In drawing from his observations while working as a therapist, White (White, 1995; White & Epston, 1990) has suggested that in family therapy, although problems are usually defined as internal to one of a family's members, all family members are affected and often feel overwhelmed, dispirited and defeated by the presence of a problem. He also noticed how the ongoing survival of a problem and the family's failed attempts to solve it confirmed for the family's members the presence of various negative personal and relationship qualities or attributes. This corresponded with his observations that when family members described the problems for which they sought therapy, it was not at all unusual for them to present what he referred to as a "problem-saturated description" of family life (White & Epston, 1990, p. 39).

In assisting family members to separate themselves and their relationships from problems, White found that the externalisation of problems opened up possibilities for family members to describe themselves, each other, and their relationships from a new and non-problem-saturated perspective. Externalisation enabled the development of alternative and more attractive stories of family life. From the perspective that externalisation opened up, persons were able to locate "facts" -- preferred life experiences -- that contradicted the

problem-saturated description of their lives and relationships, facts that could not have been predicted or perceived from within the problem-saturated account of family life. These facts in turn provided the nuclei for the generation of new and preferred stories. In this process of generating new and preferred stories White reports that the problem that had been attributed to a person or relationship invariably resolved (Monk et al., 1997; White, 1995; White & Epston, 1990).

In his exploration of how the practice of the externalisation of problems has been helpful to persons in their struggles with problems White (White & Epston, 1990, p. 39 - 40) has found that this practice:

1. Decreases unproductive conflict between persons, including those disputes over who is responsible for the problem;
2. Undermines the sense of failure that has developed for many persons in response to the continuing existence of the problem despite their attempts to resolve it;
3. Paves the way for persons to cooperate with each other, to unite in a struggle against the problem, and to escape its influence in their lives and relationships;
4. Opens up new possibilities for persons to take action to retrieve their lives and relationships from the problem and its influence;
5. Frees persons to take a lighter, more effective, and less stressed approach to "deadly serious" problems; and
6. Presents options for dialogue, rather than monologue, about the problem.

As White (White & Epston, 1990, p. 40) notes;

Within the context of the practices associated with the externalising of problems, neither the person nor the relationship between persons is the problem. Rather, the problem becomes the problem, and then the person's relationship with the problem becomes the problem.

And as Monk et al. (1997, p. 26) suggest, "the person is not the problem, the problem is the problem". This shift in perspective is integral to the practice of narrative therapy.

To the practice of externalising problems White (White & Epston, 1990) adds an important caveat. He suggests that it is important to not make generalisations about the lives of others but to instead keep in mind the specifics of each situation. He argues for a certain level of consciousness and appreciation of politics at the level of relationships on the therapist's behalf lest they inadvertently contribute to persons' experiences of oppression. This consciousness discourages therapists from eliciting the externalisation of problems such as violence, sexual abuse and racism. When these problems are identified, he suggests that the therapist would be better inclined to encourage the externalisation of the attitudes and beliefs that appear to compel these violent acts, and those strategies that

maintain persons in their subjugation.

The Experience of Problems as Seen Through the Lens of the Narrative Metaphor

The narrative metaphor proposes that the stories or personal narratives that persons have about their lives determine not only the meanings that they ascribe to experience but also which aspects of lived experience are selected out for the ascription of meaning. Because there is a selection process around which lived experiences are ascribed meaning and, as a result, come to make up each person's personal narrative, White pointed out that it is not possible for personal narratives to encompass the full richness of lived experience (Monk et al., 1997; White, 1995; White & Epston, 1990). Because life is richer than discourse there are always feelings and lived experience that are not fully encompassed within each person's personal narrative.

Since the stories that people have about their lives determine both the ascription of meaning to life experience and the selection of those aspects of life experience that are to be given expression, personal narratives play a constitutive role in and shape their lives. In this way, their lives and relationships can evolve as they live through or perform their stories.

White extends this idea by maintaining that through the lens of the narrative metaphor various assumptions can be made about persons' experiences of problems. On this White (White & Epston, 1990, p. 40) writes;

Here I make the general assumption that, when persons experience problems for which they seek therapy, (a) the narratives in which they are storying their experience and/or in which they are having their experience storied by others do not sufficiently represent their lived experience, and (b), in these circumstances, there will be significant and vital aspects of their lived experience that contradict these dominant narratives.

In putting these two propositions together White and Epston developed the fundamental core of their therapeutic practice. As will be described in some detail, it was the practice of discovering and resurrecting rich and favoured life experiences that had been omitted from a person's personal narrative, accompanied by the ascription of meaning to these favoured experiences into a favoured counter-plot to the problem-saturated personal narrative that became the framework of their narrative therapeutic practice.

How Externalising Problems Facilitates the Re-Authoring of Lives and Relationships

The therapeutic practice of externalising problems enables persons to achieve a perspective in which they become separated from the problem-saturated stories that had been shaping their lives and relationships (White & Epston, 1990). With this perspective shift, persons become able to identify previously neglected but vital and preferred aspects of their lived experience that contradict and could not have been predicted from a reading of the dominant problem-saturated story. These neglected but vital aspects of lived experience White (White & Epston, 1990) referred to as “unique outcomes” or “sparkling moments” (Monk et al., 1997).

Once unique outcomes are identified, persons are encouraged and supported to plot these unique outcomes into an alternative story about their lives. White refers to these alternative stories as “unique accounts.” In constructing an alternative story persons are actively engaged in performances of new meaning around these sparkling moments. In the performance of new meaning around these vital and preferred aspects of their lived experiences persons are then creating an alternative or counter-story to the problem-saturated story which lead them to seek therapy.

As a part of this therapeutic practice, White developed an approach to questioning that encourages persons to locate, generate or resurrect alternative stories that will make sense out of unique outcomes (Freedman & Combs, 1996; Monk et al. 1997; White & Epston, 1990). Other questions invite and inspire persons to consider what these new developments might reflect about personal and relationship attributes and qualities. In the process of considering and responding to these questions, persons develop new and “unique redescriptions” (White & Epston, 1990, p. 41) of themselves and of their relationships (Monk et al., 1997; White & Epston, 1990).

Subsequent questions can then be introduced that invite persons to extend the performance of these alternative stories. These future orientated questions prompt persons to investigate what new and “unique possibilities” (White & Epston, 1990, p. 41) might accompany the alternative stories and the unique redescriptions of themselves and their relationships. And, the scope of these alternative stories can be further extended into a person’s social world through the introduction of questions that invite persons to identify and recruit an audience to the performance of new meanings in their life. White refers to

these as “unique circulation” (White & Epston, 1990, p. 41) questions.

As White and others agree (Freedman & Combs, 1996; Monk et al., 1997; White, 1995; White & Epston, 1990), therapy informed by practices associated with the externalisation of problems facilitates the re-authoring of lives and relationships.

The Practice of Narrative Therapy

White (White & Epston, 1990) stated his belief that therapy informed by practices associated with the externalisation of problems facilitates the “re-authoring” of lives and relationships. He also stated that the experience of life as conceived through the lens of the narrative metaphor provides a conceptual frame in which the re-authoring of lives and relationships can occur. In joining the conception of life as seen through the lens of the narrative metaphor with the practice of externalising problems, White and Epston developed the framework for the practice of narrative therapy.

Relative Influence Questioning

White referred to a process of questioning that is particularly effective in assisting persons to separate from or externalise the problem as “relative influence questioning” (White & Epston, 1990). This process of questioning is initiated at the outset of the first interview so as to engage persons immediately in the activity of separating their lives and relationships from problems. And, it is important to note that externalising language is used when discussing clients’ relationships with problems throughout all of the therapeutic conversations that occur between clients and their therapist.

Relative influence questioning is composed of two separate sets of questions. The first set encourages persons to map the influence of the problem in their lives and relationships. The second set encourages persons to map their influence and the influence of their relationships with others in the “life” of the problem. By inviting persons to review both the effects of the problem in their lives and relationships followed by their influence and the influence of their relationships in the life of the problem, these questions assist persons to become aware of and to describe in detail their relationship with the problem. According to White, this awareness takes persons out of the fixed and static world where problems are considered to be intrinsic to persons and relationships and into a world of

experience that is in flux. In this shift in perspective from a world that is fixed and static to one that is composed of experience and flux, persons can find new possibilities for affirmative action and new opportunities to act flexibly.

Mapping the influence of problems on persons and relationships.

These questions are intended to assist persons to identify the problem's sphere of influence in the behavioural, emotional, physical, interactional and attitudinal domains of their lives and relationships (White & Epston, 1990). In responding to these questions the description of the problem's influence becomes much broader in comparison to the rather narrow description that is usually offered by persons at the onset of therapy. Instead of restricting the investigation of the influence of the problem to the relationship between it and the person ascribed the problem, this set of questions helps to identify the effect of the problem across a much wider sphere of influence, including how the problem effects other persons and their relationships.

This expanded description of the problem's sphere of influence into a larger cultural context opens up a much broader field for the later search for unique outcomes and for the possibilities of affirmative actions that stem from these when they are plotted into a preferred alternative story. Affirmative actions might be taken within any of these spheres of influence and this makes it possible for all those affected by the problem to experience a new sense of personal agency.

McKenzie and Monk (in Monk et al., 1997) refer to this as the deconstructive phase of the therapeutic interview. Deconstructive questions assist clients to locate the unstated assumptions that were produced in the client's sociocultural context. Once these assumptions are identified the client can consider whether to continue taking them for granted or to reevaluate their previous involvement with the now exposed discourse. From the example in Chapter One, Sarah had constructed meaning around "The Need to be Perfect" and "One Wrong Answer Means I'm Not Good Enough." Once these beliefs that had been influencing her life in problematic ways were identified and located within the sociocultural context of an educational system that places a large emphasis on evaluation she became positioned to consider her relationship to these socially constructed beliefs.

These same authors have found that in most cases the full effects of the problem

story have seldom been developed by the person seeking therapeutic help. After the therapist has heard and begun to identify some of the central problem themes, they can begin to question the client about the extent of the effects that the problem has had on their life. Curiosity can be directed toward particular relationships, such as how the problem has affected the client's physical and psychological health, their relationship with self and significant others, with work, recreation, friendships, the spiritual parts of their life and other domains that are pertinent to each client.

If this part of the interview is done well, it can lay the foundation for the co-authorship of a preferred alternative story that lies in sharp relief to the problem-saturated story with which the client entered into therapy (Monk et al., 1997; White & Epston, 1990). The therapist's task is to help the client story the problem in some detail from its origins through to the present day and beyond. When persons decide to enter into therapy they often are aware of only some vague aspects of the problem, in large part because it is either in a non-storied form or because it is storied with minimal details. When a client adds details to the story of a problem they tend to have a clearer perception of it and can then become aware of what might happen if it were to continue on its present course. Questions such as, "If the problem continues on its present direction, what is your view on what this would mean for you a week/month/year from now?" tend to add to the larger picture, sharpen the focus on the problem's strategies and strengthen the client's resolve toward undermining the problem's effects.

Taking this direction in therapy helps clients to establish more clearly and name the plot in the problem story. And, the naming of this plot helps to draw a clearer distinction between the old problem-saturated story and the preferred story that will be developed subsequently through the plotting together of unique outcomes.

The therapist and the client can then identify occasions when the problem did not completely dominate the client's life. As mentioned earlier, the problem story is not the totality of the client's life, although upon entering into therapy it might have seemed so to the client. By being curious as to whether the problem has completely taken over or whether there are small corners of the client's life where they are in control of the problem, unique outcomes or sparkling moments can be identified. If the questions are framed in such a way so that even minuscule non-problematic domains of the person's life are

identified, the door opens for the client to become acquainted with forgotten or undetected competencies.

Mapping the influence of persons and relationships on problems

After a broad description of the problem's sphere of influence in persons' lives and relationships has been mapped, this second set of questions can be introduced. These questions are intended to invite persons to map their influence and the influence of their relationships in the life of the problem. This set of questions brings forth new information that contradicts the problem-saturated description of life and assists persons in identifying their competence and resourcefulness (Freedman & Combs 1996; Monk et al., 1997; White & Epston, 1990).

This phase of the therapeutic interview involves expanding and developing the alternative accounts of life that clients have already started to generate while describing the problem's sphere of influence. By this time clients have started to become more aware that the problem has not completely dominated their life because they have reported minute fragments of non-problem-saturated life experiences. During this phase of the interview the client and therapist are ready to further identify the influence of the person on the problem.

The mapping of the effects of the problem across a wide sphere of influence that involves other persons and the relationships between them opens up a broad field, a larger cultural context, in which to search for and identify unique outcomes. Thus, in mapping their influence in the life of the problem, persons are not restricted to the narrow focus of the relationship between the person and the problem that was presented at the onset of therapy. However, in order for a new piece of information about previously neglected "facts" to effectively contrast the problem-saturated account of life, it must be considered as being significant to the person concerned. Only if a new piece of information is experienced as significant will such a piece of information constitute a unique outcome for that person. The previous mapping of the scope of a problem's influence facilitates the attribution of significance to a newly discovered fact from within a person's unstoried life experiences. Any new information about the influence of a person on the problem is thus thrown into sharp relief against the map of how the problem influenced the person and their

relationships.

Unique outcome questions start to be developed alongside the storying of the problem's effects on the person, that is, during the deconstructive phase. While a client is storying how the problem influences their life and relationships their therapist is curious about the times when the problem could have "pushed the person around" but it did not or was not allowed to do so. Later, during the stage when the therapist is interested in exploring the person's influence on the problem, the therapist will return to these curious events with the idea that within them reside sparkling moments. However, as McKenzie and Monk (Monk et al., 1997) report, in most narrative conversations, deconstructive questioning and unique outcome questioning take place simultaneously as the two stages are often combined.

After unique outcomes have been identified, questions are introduced that encourage persons to perform meaning in relation to these so that they might "re-author" their lives and relationships (White & Epston, 1990). McKenzie and Monk (Monk et al., 1997) describe this portion of the interview as the reconstruction phase. As unique outcomes are assembled, a counterplot emerges that contrasts with the dominant plot of the problem-saturated story. At this point the aim of the therapist is to continue to identify any client knowledges in the form of thoughts, feelings, behaviours and dreams that are unique and different from the problem story account and to continue to collaboratively counterplot these into a preferred story. The client and therapist are now immersed in the production of an alternative and more preferred account of the client's understanding of themself.

Re-storying and Exploring Abilities in Dual Landscapes

White (Monk et al., 1997, p. 108) introduced the metaphors of "landscape of action" and "landscape of consciousness" into the narrative therapy literature in the early 1990's. These metaphors have proven useful in developing a line of questions that correspond to "unique account questions" and "unique redescription questions" (Monk et al., 1997, p. 109) respectively. Landscape of action questions are intended to gather together and sequence a collection of unique outcomes into a preferred counterplot. Landscape of consciousness questions invite clients to reflect on their personal and relationship attributes and qualities that have contributed to the production of these unique

outcomes and the preferred counterplot. Both types of questions are important to the re-storying process and provide client and therapist with the necessary information to discover and resurrect abilities by means of which the client can create a more desirable range of living.

Landscape of action questions focus on past events which feature preferred unstoried life experiences. The answers to these questions fill in the alternative story. Questions such as, “What preparations did you make before taking that next step?” and, “What has been happening in your life that has given you the courage to make the kind of progress you have been making?” produce a sharper and more distinct landscape of action.

Landscape of consciousness questions encourage clients to evaluate and reflect on how they produced the kinds of experiences mapped out in the landscape of action. These questions invite clients to step back from the landscape of action and reflect on the wishes, motives, values, beliefs, learnings, implications, and so on, that are related to the actions they have recounted (Freedman and Combs, 1996; Monk et al.; Morgan, 2000; White, 1995). In addition, these questions frequently provide a powerful means of assisting clients in recognising their commitments to life and a greater appreciation of their qualities and abilities. Questions such as, “What does this say about the kind of person you are when you can consider standing up to the people who for so long treated you and others in unfair ways?” and, “What does this say about what you want for your life?” encourage a reflexive and evaluative relationship to the implications of experiences storied in the landscape of action.

As White (M. White, personal communication, April 1, 2003) and Epston (D. Epston, personal communication, October 10, 2003) and others (Monk et al., 1997; Morgan, 2000) point out, the landscape of action and the landscape of consciousness figure prominently in the reconstruction phase of narrative counselling. Further, one landscape does not have to precede the other. Rather, each landscape inquiry can contribute to the other, and in practising therapy, weaving the two back and forth again and again results in the strongest counterplots to the problem saturated story. In his practice White (M. White, personal communication, April 1, 2003) refers to this weaving as “trafficking” between the landscapes of action and consciousness.

Seeking a Community to Witness Preferred Developments

Because the stories that others have about us can have powerful influences in shaping how we see ourselves and live, it is important that clients extend newly emerging preferred descriptions of themselves into their communities. Most anyone would find it more difficult to make desired changes while under the gaze of a community that had an old problem-saturated story of “who they are” (White & Epston, 1990). Instead, a community that had been informed of the newly emerging preferred story would more likely be a community of support. Through this informing, an audience that had been significant in maintaining a problem can become an audience of potent support in the development of a preferred personal narrative. The successful recruitment of an audience that can bear witness to and acknowledge the changes a client is making validates their new description of themselves and verifies that the changes are real and not figments of their imagination (Monk et al., 1997; White & Epston, 1990).

One concrete way of recruiting a supporting audience is to write a letter to significant others in a client’s community describing the new developments that are occurring. Letter writing and other practices of documenting progress will be addressed subsequently.

The recruitment of an audience can also occur symbolically within a narrative counselling session by means of a particular type of questioning. A common form of this type of questioning involves requesting the client to identify a person in their life who would be the least surprised to learn of the changes they are making. A question such as, “Who, among all the people who know you or who have ever known you, would be the least surprised about your decision and your actions to reclaim your life from Fear and Depression?” can lead a client to invoke a person or persons who had seen them in their favoured personal account but who, from within the client’s problem-saturated perspective, had not been storied into that account. And, with the discovery of unique outcomes through this form of questioning, the re-authoring process can continue in a recursive fashion. The persons identified in this manner can then be invited from the symbolic realm into the actual realm by means of letter writing or an invitation to attend subsequent therapeutic sessions.

Developing Awareness of How Changes Affect Self-Description

As a therapist questions a client about any new preferred discoveries about themselves, distinctions can be drawn between their place in the problem-saturated story and their ascribed role within the newly emerging story (Monk et al., 1997; Morgan, 2000; White 1995; White & Epston, 1990). Reflecting on the meaning of these changes can strengthen and anchor their preferred self-description. For example, questions such as, “If I had known you when you were little, what do you think I might have seen that would help me to understand how you have been able to demonstrate this degree of courage?” would support a client’s redescription of self as someone with courage. White refers to such questions that invite people to reach back into their stock of unstoried experiences and engage with them in the present in a way that supports favoured self-descriptions as “experience of experience questions” (Monk et al., 1997, p. 112).

Considering the Possibilities of Favoured Self-Descriptions

Once a client has become aware of previously unstoried competencies and re-storied them into a preferred personal narrative the process is still incomplete. The narrative therapist needs to assist the client to bridge these past unique outcomes with the present in such a way the these abilities are available for the management of possible future difficulties (Monk et al., 1997; White & Epston, 1990).

Achieving coherence between the past, the present and the future allows for client competencies to be storied in a manner so that these abilities and talents can be maintained and called upon in the future. “Unique possibility questions” encourage clients to gather more momentum and perhaps more focused direction toward the future (Monk et al., 1997; White & Epston, 1990). Questions such as, “Having developed these abilities, what new possibilities might they open up for your future?” can support a client’s ability to draw upon their alternative knowledges and practices of living.

Documenting Progress in Therapy

An important part of narrative practice is the documentation of clients’ strengthening and reconstructive process in the form of audiotape, videotape, letters and other forms of documentation (Epston, 1998; Monk et al., 1997; Morgan, 2000; White & Epston, 1990).

Because in Western society considerable importance is given on the written word these authors believe that it is more desirable to have a record of competencies rather than the customary elaborate descriptions of symptoms and problems. To this end they prefer to take careful notes of unique outcomes and unique accounts during their therapeutic interviews. Epston (D. Epston, personal communication, October 10, 2003) suggests that a well-composed letter between therapy sessions can be equal to about four or five regular therapy sessions. Such documentation can serve as a permanent record of progress and overcoming problems that a client can draw on for support between therapeutic sessions and after their formal relationship with their therapist has concluded.

Defining the Problem to be Externalised

After the problem has been described from the mapping of its effects in the person's life and relationships and from the mapping of the influence of the person and their relationships in the life of the problem, the externalisation of it often proceeds naturally. In the practices associated with externalising problems, care is taken to ensure that the person's description of it and its effects in their life and relationships are privileged (Monk et al., 1997; Morgan, 2000; White & Epston, 1990).

In some circumstances, especially when persons have been encouraged to use "scientific classification" to describe their concerns, persons who come to therapists for help offer problem definitions in terms that are informed by expert knowledge. These transcriptions of problem definitions serve to de-contextualise problems resulting in the detraction of available options for persons to intervene in the life of the problem (White & Epston, 1990). These definitions do not enable persons to review their relationship with the problem, nor do they allow for the identification of unique outcomes. Thus, these transcriptions of problems frequently diminish the possibility for persons to experience a sense of personal agency in that they render problems as intractable.

In response to this, White (White & Epston, 1990) suggests that it is important to encourage persons to construct alternative definitions of problems: definitions that are most relevant to their lived experience and that enable them to address more adequately their immediate concerns. When a person is encouraged to describe problems within the frame of their sociopolitical world, this can be achieved. For example, in Chapter One, Sarah had

been diagnosed as being clinically depressed by a psychiatrist. This diagnosis had no meaning within the context of her life. Once her life relevant experiences of “Worry” and “Fear” were identified she could start to re-story her life experiences in a way that made sense to her.

Some of the Ideas of Michel Foucault and How These Are Related to the Conceptual Framework of Narrative Therapy

White suggests that one helpful aspect of the narrative metaphor is that it facilitates the consideration of the stories that provide the broader sociopolitical context of persons' lives (White & Epston, 1990). An example of this can be seen in how the lives of some women and men in the West have changed as the dominant narratives that inform their lives have changed over the course of the 20th century and beyond. In contemporary life women are not subjected to the same social pressures as they were in the early or mid 1900s. They are less restricted to live as wives and mothers or as teachers, librarians or nurses because other options for life have been added to the cultural narratives that inform their lives. And, just as the stories of Western women are framed by broader sociocultural movements, so too are the stories of all persons who come for therapy.

While the narrative metaphor provides a frame that enables a consideration of the broader sociopolitical context of persons whose lives are situated in many texts, it also enables the inclusion of a consideration of power in its operation and effects on lives and relationships (White & Epston, 1990). In considering the operation and effects of power White and Epston (1990) found Michel Foucault's contribution to the analysis of power to be of importance. While these authors acknowledge that their discussion of Foucault's contribution to the analysis of power is not exhaustive, they do draw on some of his concepts and describe how these are related to their therapeutic framework and practice.

The Constitutive Effects of Power and Knowledge

According to White, Foucault argues that in Western society we do not predominantly experience the effects of a negative or repressive power but rather we experience the effects of a productive power, one that is constitutive of the lives of persons (White & Epston, 1990). Through this power, persons are subject to normalising “truths”

that shape their lives and relationships. And, these “truths” are in turn constructed or produced in the operation of power:

We must cease once and for all to describe the effects of power in negative terms; it “excludes,” it “represses,” it “censors,” it “abstracts,” it “masks,” it “conceals.” In fact power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained from him belong to this production. (Foucault, 1979, p. 194)

When discussing “truths,” Foucault is not referring to a belief that there exist objective or intrinsic facts about the nature of persons but instead to socially constructed ideas that are accorded truth status. These “truths” are normalising in the sense that they specify norms around which persons are incited to shape their lives and relationships. As White (White & Epston, 1990, p. 20) writes;

According to Foucault, a primary effect of this power through “truth” and “truth” through power is the specification of a form of individuality, an individuality that is, in turn, a “vehicle” of power. Rather than proposing that this form of power represses, Foucault argues that it subjugates. It forges persons as “docile bodies” and conscripts them into activities that support the proliferation of “global” and “unitary” knowledges, as well as techniques of power.

In referring to “global” and “unitary” knowledges, Foucault is not proposing that there are knowledges that are universally accepted but rather he is referring to those knowledges that enable unitary and global truth claims, that is, the objective reality knowledges of “a theoretical, unitary, formal and scientific discourse” (Foucault, 1980, p. 85).

Foucault (1980) argues that from the seventeenth century up to our own day, modern society has been characterised, on the one hand, by a legislative discourse based on the public rights of the social body and of each citizen, and on the other hand, by a closely linked grid of disciplinary coercions that ensures the cohesion of this same social body. For Foucault, these two limits, that is, a right of sovereignty and a mechanism of discipline, define the arena in which power is exercised. But, as Foucault (1980, p. 106) writes;

...these two limits are so heterogeneous that they cannot possibly be reduced to each other. The powers of modern society are exercised through, on the basis of, and by virtue of, this very heterogeneity between a public right of sovereignty and a polymorphous disciplinary mechanism. This is not to suggest that there is on the one hand an explicit and scholarly system of right which is that of sovereignty, and, on the other hand, obscure and unspoken disciplines which carry out their shadowy operations in the depths, and thus constitute the bedrock of the great mechanism of power.

In reality, according to Foucault, disciplines such as those within the human sciences have their own discourse which have nothing in common with that of law, rule, or sovereign will. The disciplines engender apparatuses of knowledge and a multiplicity of new domains of understanding. They may be the carriers of a discourse that speaks of rule, but these are “natural” rules, or “norms.” The code the disciplines come to define is not that of law but that of “normalisation” (Foucault, 1980, p. 106). Their reference is to the theoretical horizon which has nothing in common with the edifice of right. Instead, it is human science which constitutes their domain and clinical knowledge their jurisprudence.

Foucault suggests that it is not through some advancement in the rationality of the exact sciences that the human sciences have gradually been annexed to science. Rather, he believes that the process which has really rendered the discourse of the human sciences possible is the encounter between the two absolutely heterogeneous types of discourse: on the one hand the re-organisation of right that invests sovereignty and, on the other, the mechanisms of the coercive forces whose exercise takes a disciplinary form.

And I believe that in our times power is exercised simultaneously through this right and these techniques and that these techniques and these discourses, to which the disciplines give rise invade the area of right so that the procedures of normalisation come to be ever more constantly engaged in the colonisation of law. I believe that all this can explain the global functioning of what I would call a *society of normalisation* (Foucault, 1980, p. 107).

As the disciplinary normalisations came into greater conflict with the juridical systems of sovereignty their incompatibility became more apparent and acutely felt so that some kind of arbitrating discourse became necessary. This arbitrating discourse was a type of power and knowledge that the sanctity of science rendered neutral. For Foucault, it is precisely in the extension of medicine that we see the encounter of mechanisms of discipline with the principle of right:

The developments of medicine, the general medicalisation of behaviours, conducts, discourses, desires, etc., take place at the point of intersection between the two heterogeneous levels of discipline and sovereignty. For this reason, against these usurpations by the disciplinary mechanisms, against this ascent of a power that is tied to scientific knowledge, we find that there is no solid recourse available to us today. (Foucault, 1980, p. 107)

The Inseparability of Power and Knowledge

In his consideration of the constitutive dimension of power, Foucault realises that

power and knowledge are inseparable. This is such the case that he places the terms together as power/knowledge or knowledge/power. As White (White & Epston, 1990, p. 22) writes,

In studying the history of systems of thought he concludes that the emergence and spectacular success of the “disciplines” of life, labour, and language from the 17th century on was dependent on the techniques of power, and that, the expansionist quality of modern power was dependent upon progress in the construction of these knowledges that propose the “truth”.

In this formulation, a domain of knowledge becomes a domain of power and a domain of power becomes a domain of knowledge.

In shifting focus from the traditional question of political philosophy, Foucault instead prefers a different question. That is, instead of considering the question: “How is the discourse of truth able to fix limits to the rights of power?”, he considers the question: “What type of power is susceptible of producing discourses of truth that in a society such as ours are endowed with such potent effects?” To this question he writes,

... in a society such as ours, but basically in any society, there are manifold relations of power which permeate, characterise and constitute the social body, and these relations of power cannot themselves be established, consolidated nor implemented without the production, accumulation, circulation and functioning of a discourse. There can be no possible exercise of power without a certain economy of discourses of truth which operates through and on the basis of this association. We are subjected to the production of truth through power and we cannot exercise power except through the production of truth. This is the case for every society, but I believe that in ours the relationship between power, right and truth is organised in a highly specific fashion (Foucault, 1980, p. 93).

In conceiving of power and knowledge in this way, Foucault challenges a formulation of power and knowledge that proposes that knowledge only becomes problematic when it is wielded by those in positions of power to meet their own needs (White & Epston, 1990). Instead, Foucault suggests that, mostly, we are all acting coherently within and through a given field of power/knowledge, and that although these actions have their very real effects, they cannot be identified with specific and external motives or an exterior, objective, sense of truth.

Since we are all caught up in a net or web of power/knowledge, Foucault maintains that it is very difficult but not impossible to act apart from this domain. We are simultaneously undergoing the effects of power and exercising this power in our relations with others. Here Foucault is not speaking about all forms of power, but instead, about a

particularly modern and insidious form of power. And, this does not mean that all persons are equal in the exercise of power, nor that some do not suffer its subjugating effects more than others.

Let us not, therefore, ask why certain people want to dominate, what they seek, what is their overall strategy. Let us ask, instead, how things work at the level of ongoing subjugation, at the level of those continuous and uninterrupted processes which subject our bodies, govern our gestures, dictate our behaviours, etc. In other words, rather than ask ourselves how the sovereign appears to us in his lofty isolation, we should try to discover how it is that subjects are gradually, progressively, really and materially constituted through a multiplicity of organisms, forces, energies, materials, desires, thoughts, etc. We should try to grasp subjection in its material instance as a constitution of subjects (Foucault, 1980, p. 97).

Foucault proposes that it is the isolation of specific knowledges from the discontinuous knowledges that circulate about them that invests their discourses with the effect of power. This isolation was essentially achieved through the development of “objective reality” discourses that qualify these knowledges for a location in the hierarchy of scientific knowledges. In his study of the history of systems of thought Foucault traced those knowledges that were accorded this objective truth status, investigating their effects, their limitations and their dangers.

The central issue of philosophy and critical thought since the eighteenth century has always been, still is, and will, I hope, remain the question: *What* is this reason that we use? What are its historical effects? What are its limits, and what are its dangers? (Foucault, 1984, p. 249).

Power as Ascending and Not as Descending

Foucault described the technology that became available to recruit persons into becoming active in their own subjugation. In his reference to Jeremy Bentham’s panopticon as an ideal model for this form of social control, Foucault (1979) described the conditions under which persons become recruited into self subjugation. In summary, when conditions are established for persons to experience ongoing evaluation according to particular institutionalised “norms,” when these conditions cannot be escaped, and when persons can be isolated in their experience of these conditions, then they will act as guardians to themselves. As guardians to themselves they are not independent of but informed by the dominating discourses. Under these conditions, persons will perpetually evaluate their own behaviour and engage in operations on themselves to forge themselves as docile bodies. According to White (White & Epston, 1990), anorexia nervosa and

bulimia may well represent the pinnacle of achievement of this form of power.

Through their therapeutic work with young women who were reclaiming their lives from anorexia nervosa Kraner and Ingram (1998) found that these young women came to view anorexia as an identity imposed on them rather than as a part of them. Having focused on understanding individuals' experiences' of anorexia nervosa these authors believe it is important to contextualise these experiences. Rather than understanding their lives as informed by a psychiatric phenomena which defines them as inadequate persons, these young women consider anorexia to be a consequence of a socio-cultural narrative which shapes and defines women's identities and manipulates their bodies. In this conception of anorexia nervosa, young women are incited to take on personal identities where they evaluate their bodies and engage in operations on themselves to meet socio-cultural norms of (self) acceptance. As guardians to themselves they are not independent of but informed by dominating discourses. This conception of anorexia nervosa coincides with Foucault's conception of modern practices of social control and its effects on lives. According to Foucault (1980) we live in a society where evaluation and normalising judgments have replaced the judiciary and torture as a primary mechanism of social control.

In the end, Foucault (1980, p. 102) is concerned with more than ideology and its effects, he is concerned with the techniques of power that are required for the establishment and growth of knowledge:

It is both much more and much less than ideology. It is the production of effective instruments for the formation and accumulation of knowledge -- methods of observation, techniques of registration, procedures for investigation and research, apparatuses of control. All this means that power, when it is exercised through these subtle mechanisms, cannot but evolve, organise and put into circulation a knowledge, or rather apparatuses of knowledge, which are not ideological constructs.

As White (White & Epston, 1990) points out, Foucault (1980) argues that just as these techniques were developed at the local level, it is also at the local level that the exercise of power is the least concealed and therefore the most visible for critique. To this end he encourages the study of the history of power and its effects at the extremities of society, at the level of clinics, doctors, local organisations, the family, parents, etc.

The Insurrection of Subjugated Knowledges

In a 1979 lecture Foucault (1980, p. 80) stated: "That what has emerged in the

course of the past ten or fifteen years is a sense of the increasing vulnerability to criticism of things, institutions, practices, discourses.” As a part of his analysis of the objective reality discourses that qualified for location within the hierarchy of scientific knowledges, Foucault also considered “the inhibiting effect of” these same “global totalitarian theories” (1980, p. 80). He suggests that in each case, the attempt to think in terms of a totality has in fact proven a hindrance to research.

For Foucault, the predominant feature of events from the middle half of the 1960s onwards was the local character of criticism. By local character of criticism, he means an autonomous, non-centralised kind of theoretical production, “one that is to say whose validity is not dependent on the approval of the established regimes of thought” (1980, p. 81). This local criticism has proceeded by means of what he refers to as “a return of knowledge”, and the themes that have been directing this return of knowledge are framed in the ideas “that it is not theory but life that matters, not knowledge but reality, not books but money, etc” (1980, p. 81). And finally, over and above and arising out of these themes, Foucault suggests that what we have been witnessing might be described as “an insurrection of subjugated knowledges” (1980, p. 81).

Thus, in addition to his analysis of the “global totalitarian theories” (1980, p. 80), Foucault also reviewed what he referred to as the “subjugated knowledges.” (1980, p. 82) He suggests that there are two types of subjugated knowledges. The first subjugated knowledges are those that were once established but which became written out of the record by the revision of history that was achieved through the ascendance of more global, unitary, formal and scientific discourse. These “erudite” knowledges were buried and disguised in a functionalist coherence or formal systemisation that evolved and masked the ruptural effects of conflict and struggle. According to Foucault these subjugated knowledges can be resurrected through careful and meticulous scholarship. In this resurrection, the history of struggle becomes visible and unitary truth claims challenged.

The second type of subjugated knowledge Foucault referred to as “local popular” or “indigenous” knowledges. These knowledges are currently in circulation but are denied or deprived of space in which they could be performed. These knowledges often survive at the margins of society, are “disqualified as inadequate” and exiled from the legitimate domain of knowledges within the hierarchy of the sciences. That is, these are “naive

knowledges, located low down on the hierarchy, beneath the required level of cognition or scientificity” (Foucault, 1980, p. 82). The relatively low location of the so called “alternative” health practices, practices such as homeopathy and herbology, stand as examples of these subjugated knowledges.

Foucault proposes that through the recovery of the details of these autonomous and disqualified knowledges, that is, “the union of erudite knowledge and local memories” (1980, p. 83) we can develop an effective criticism of the dominant scientific knowledges, a criticism “whose validity is not dependent on the approval of the established regimes of thought” (1980, p. 81).

I also believe that it is through the re-emergence of these low-ranking knowledges, the unqualified, even directly disqualified knowledges (such as that of the psychiatric patient, of the ill person, or the nurse, of the doctor -- parallel and marginal as they are to the knowledge of medicine -- that of the delinquent etc.), and which involves what I would call a popular knowledge (*le savoir des gens*) though it is far from being a general commonsense knowledge, but is on the contrary a particular, local, regional knowledge, a differential knowledge incapable of unanimity and which owes its force only to the harshness with which it is opposed by everything surrounding it -- that it is through the re-appearance of this knowledge, of these local popular knowledges, these disqualified knowledges, that criticism performs its work (1980, p. 82).

Thus, Foucault does not propose an alternative ideology nor any other unitary knowledge by which to organise our lives. Instead he argues for a resurrection of these autonomous and disqualified knowledges that is only possible on the condition that the tyranny of globalising discourses with their hierarchy and all their privileges of a theoretical avant-garde is eliminated, or challenged. What he suggests is that we entertain the claims of erudite and local knowledges against the claims of the unitary body of positivistic science, which would filter, hierarchise and order these knowledges according to its own unified knowledges. Thus, for Foucault these erudite and local knowledges are not positivistic returns to a more careful or exact form of science. They are precisely anti-scientific, or anti-dominating and in this sense they are post-structural.

Nor does Foucault suggest that it is possible to deny knowledge and act apart from and experience the world from outside of the effects of knowledge and discursive practices. As has already been discussed, since we are all caught up in a net, or web, of power/knowledge, it is not possible to act apart from this domain. Nor does he argue for a return to a version of positivism that attempts to establish practices that are based on the

idea of “an immediate experience that escapes encapsulation in knowledge” (1980, p. 84). Instead, he argues for the insurrection of the subjugated knowledges against the institutions, practices and effects of the knowledge and power that invests scientific discourse.

We are concerned, rather with the insurrection of knowledges that are opposed primarily not to the contents, methods or concepts of a science, but to the effects of the centralising powers which are linked to the institution and functioning of an organised scientific discourse within a society such as ours (1980, p. 84).

It was really against the effects of the power of a discourse that is considered to be scientific that the erudite knowledges and local memories must wage their struggle. For Foucault, even before a consideration as to whether a practice such as psychoanalysis, or counselling or therapy, is a science, it is necessary to question ourselves about our aspirations about the kind of power that is presumed to accompany such a scientific discourse.

Integrating Foucault’s Ideas Into the Practice of Narrative Therapy

In *Narrative Means to Therapeutic Ends*, White (White & Epston, 1990) presented his view of how the practice of therapy can be viewed through the lens of the narrative metaphor and how the narrative metaphor can provide a frame that enables a consideration of the broader sociopolitical context of persons’ lives and relationships. In presenting his interpretation of some of Foucault’s thoughts White also described how Foucault’s analysis of power/knowledge can provide some of the details of that broader sociopolitical context. Because the storying of experience is dependent upon language, the proposition within the narrative metaphor, that we ascribe meaning through the structuring of experience into stories and that the performance of these stories is constitutive of lives and relationships, can be extended to include that we ascribe meaning to our experience and constitute our lives and relationships through language. Thus, engagement in language is not a neutral activity (White & Epston, 1990).

Within all cultures there exists a stock of available discourses that are considered appropriate and relevant to the expression or representation of particular aspects of experience. Thus, the meanings we ascribe to our lived experiences, including the meanings that go into making up our “self understandings”, are mediated through

language. It is here that White suggests that it can be expected that those “truth” discourses of the unitary and global knowledges contribute significantly in the mediation of meaning ascription and understanding in the constitution of personhood and of relationships.

In considering how this contributes to or modifies White’s (White & Epston, 1990, p. 40) general assumption, that persons experience problems which they frequently present for therapy when;

(a) the narratives in which they are storying their experience and/or in which they are having their experience storied by others do not sufficiently represent their lived experience, and (b), in these circumstances, there will be significant and vital aspects of their lived experience that contradict these dominant narratives,

he presents two ideas. The first of these (White & Epston, 1990, p. 28) is that;

in light of Foucault’s analysis, we could further assume that those narratives that do not sufficiently represent a person’s lived experiences or are contradicted by vital aspects of that experience are significantly informed by the “truth” discourses of the unitary knowledges. Second, we could assume that persons are incited to perform operations, through the techniques of power, on their lives and relationships in order to subject themselves and others to the specification for personhood and relationship that are carried in these “truth” discourses.

In response to his assumptions about persons’ experience of problems, as informed by Foucault’s analysis of power/knowledge, White presents some of his ideas regarding his orientation in therapy and some therapeutic practices that emerged from this orientation.

White’s Orientation in Therapy as Informed by Foucault’s Analysis of Power/Knowledge

In accepting Foucault’s analysis of the rise of the objective reality and scientific knowledges that make global and unitary “truth” claims, White suggests that therapists need to become wary of situating their practices in those “truth” discourses of the professional disciplines that propose and assert objective reality accounts of the human condition (Madigan & Law, 1998; White, 1997; White & Epston, 1990). And since it is the isolation of these “objective reality” knowledges from the discontinuous knowledges and their qualification for location in the hierarchy of scientific knowledges that endows them with their power, he further challenges the isolation of the knowledges of the professional disciplines from the field of discontinuous knowledges. In addition to this, he challenges the scientism of the human sciences.

In accepting that power and knowledge are inseparable -- that a domain of power is a domain of knowledge and a domain of knowledge is a domain of power -- and that we

are simultaneously undergoing the effects of power and exercising power over others, White (Madigan & Law, 1998; White, 1997; White & Epston, 1990) suggests that therapists are unable to take a benign view of their practices. Nor are therapists able to assume that their practices are determined primarily by their motives, or that they can avoid all participation in the field of power/knowledge through an examination of their personal motives.

As White (White & Epston, 1990, p. 29) suggests;

Instead, we would assume that we are always participating simultaneously in domains of power and knowledge. Thus, we would endeavor to establish conditions that encourage us to critique our own practices formed in this domain. We would work to identify the context of ideas in which our practices are situated and explore the history of these ideas. This would enable us to identify more readily the effects, dangers, and limitations of these ideas and of our own practices. And, instead of believing that therapy does not have anything to do with social control, we would assume that this is always a strong possibility. Thus, we would work to identify and critique those aspects of our work that might relate to the techniques of social control.

In accepting Foucault's proposal that the techniques of power that "incite" persons to constitute their lives through scientific "truth" are developed and perfected at the local level and then taken up at the broader levels, White (1990) suggests that in joining with persons to challenge these techniques of power, therapists must also acknowledge that they are engaging in a political activity. And, as White points out, if we do not join with persons to challenge these practices, then we are also engaging in a political activity. This political activity of joining with persons is not one that proposes an alternative ideology, it is one that challenges the techniques that subjugate persons to a dominant ideology.

*Separating from Unitary Knowledges Through the Practices of
Externalising Problems and Mapping Their Influence*

Through the practice of externalising problems and mapping their influences in persons' lives and relationships, therapy can help expose the unitary knowledges that are subjugating of persons (Madigan & Law, 1998; White, 1997; White & Epston, 1990). This exposure can be achieved by encouraging persons to identify beliefs about themselves, others and their relationships that are reinforced and confirmed by the ongoing presence of the problem. As White suggests, these beliefs are usually related to a sense of failure to achieve certain expectations, to replicate certain specifications of life or meet

certain norms. And, these expectations, specifications and norms can provide details about the “truths” of the unitary knowledges and the way these truths are disciplinary.

Through the practice of externalising problems, persons can gain a reflexive perspective on their lives and relationships and in doing so, new options become available to them in challenging the “truths” that they experience as specifying and defining of them and their relationships.

*Challenging Techniques of Power Through the Practices of
Externalising Problems and Mapping Their Influence*

Through the practice of externalising problems and mapping their influences in persons’ lives and relationships, the techniques of power that “incite” persons to constitute their lives through “truth” can also be successfully challenged. As the effects of problems on the lives and relationships of persons are explored, the requirements for these problems’ survival can be identified. These requirements often include specific arrangements of persons, as well as particular relationships to oneself and to others (Madigan & Law, 1998; Monk et al., 1997; White, 1997; White & Epston, 1990). These arrangements can be identified through an exploration of the ways that the problem appears to compel persons to treat themselves and others. In this process, the details of the techniques of power that persons are subjected to and which they are subjecting themselves and others to become more readily apparent.

Once these techniques become identified, and as therapy progresses, unique outcomes can be located through an investigation of those occasions when persons could have subjected themselves or others to these techniques but refused to do so. In identifying unique outcomes, the evaluation and classification of persons and relationships according to dominant “truths” can be effectively challenged. As White suggests (White & Epston, 1990, p. 31), “docile bodies become enlivened spirits.” And, through the performance of meaning around these unique outcomes, the construction of counterplots to the problem-saturated story can begin.

Resurrecting the Subjugated Knowledges

Just as the externalisation of problems assists persons in challenging the unitary

knowledges and the techniques of power that specify their lives, so too, externalisation opens space for the identification of subjugated knowledges and how these are maintained and circulated. As White (White & Epston, 1990, p. 31) suggests,

Insofar as the desirable outcome of therapy is the generation of alternative stories that incorporate vital and previously neglected aspects of lived experience, and insofar as these stories incorporate alternative knowledges, it can be argued that the identification of and provision of the space for the performance of these knowledges is a central focus of the therapeutic endeavor.

Foucault (1980) suggests that it was through the recovery of the details of the erudite knowledges and local memories that an effective criticism of the dominant scientific knowledges could be developed. In like manner, White has proposed that it was following the externalisation of the unitary knowledges that unique outcomes could be identified. These unique outcomes can be located by investigating those aspects and qualities of persons' lives and relationships that she or he appreciates, but that do not conform to the norms and expectations proposed by dominant cultural discourses. From this, persons can be encouraged to discover what important meanings these unique outcomes have for them and to identify those "unique knowledges" that could accommodate these new realisations. In this process, local knowledges become available to be performed into preferred counter plots to the problem saturated narrative that led them to seek help.

Erudite knowledges, that is, previously established knowledges that have been buried, can also be identified through "archeological" endeavours. Family, community and historical stories and documents that relate to specific domains and practices of living that persons appreciate and prefer can be located and reestablished alongside unique outcomes. In therapy, as persons reestablish these local and erudite knowledges, both they and their therapist can witness "the insurrection of subjugated knowledges" (Foucault, 1980, p. 81; White & Epston, 1990, p. 32) as together they co-author preferred narratives by which to live.

Therapists' Interpretations and Experiences of White and Epston's Narrative Therapeutic Approach

As has been described, according to White and Epston (1990) the ideas and practices that constitute narrative therapy are: the narrative metaphor, the practice of externalising problems and some of Foucault's ideas concerning his analysis of power. In

this section some other authors'/therapists' interpretations and experiences of White and Epston's description of narrative therapy will be presented in order to provide readers with a description of how narrative therapy has been received and represented within the community of professional therapists.

The reason for presenting these therapists' interpretations and experiences is two fold. First, in describing these therapists' interpretations of White and Epston's presentation of the ideas behind narrative therapy, each reader may see how there is some inconsistency and misinterpretation within the literature on narrative therapy that readers themselves may have come across as they have tried to discern an understanding of the ideas that constitute narrative therapy. After identifying one such inconsistency, which has to do with terminology usage and a misinterpretation of meaning, an attempt will be made to resolve this by referring back to White's philosophical and practice positions.

Second, in describing these therapists' experiences of integrating the ideas and practices that make up narrative therapy (or their ideas of the ideas and practices that make up narrative therapy), readers may glimpse their own experience of having entered into the study and practice of narrative therapy or what might be experienced if they choose to do so.

An important note here is that the inconsistency and misinterpretation that will be described do not refer to the practices of narrative therapy but instead refer to the ideas that constitute narrative therapy. Specifically, the inconsistency and misinterpretation concern the ideas that make up the postmodern phenomenon of social constructionism.

An Inconsistency in the Description of Narrative Therapy Around Postmodernism and Social Constructionism

David Epston (Freedman & Combs, 1996, p. dj) writes that Freedman and Combs 1996 text, *Narrative Therapy: The Social Construction of Preferred Realities*, provides "a comprehensive and accessible introduction to narrative therapy without compromising the relevance of its politics and poetics." In this same text Michael White (Freedman & Combs, 1996, p. dj) writes that Freedman and Combs provide

a comprehensive and detailed account of their creative explorations of the ideas and the practices of this work, and, at the same time, stay always in touch with the important political, philosophical, and ethical considerations that provide the context for these ideas and practices.

Thus, both Epston and White see Freedman and Combs text as representing their ideas and practices of narrative therapy.

Within the accounts of their text Freedman and Combs write that perhaps the most important event on their way to adopting and applying narrative/social constructionist clinical practices was not their introduction to labels or metaphors within a “postmodern” worldview, but meeting the person -- Michael White. In his work they were attracted to the kind of relationships he forged with the people who came to see him.

As these authors read and studied more widely about the stream of ideas from which David Epston, Cheryl White and Michael White had taken and developed the narrative metaphor, Freedman and Combs found another important current within the same stream, that of social constructionism. On this these authors wrote that when they used both narrative and social constructionism as guiding metaphors for their work, they saw how the stories that circulate in society constituted their lives and those of the persons with whom they worked. Thus, Freedman and Combs represent narrative therapy as a therapy that is informed by a postmodern worldview, a work that is informed by the metaphors of narrative and social constructionism.

In addition to this, Hoyt (1998) locates narrative therapy as residing within a group of approaches that collectively form constructive therapies. According to Hoyt, constructive therapies are approaches that begin with the realisation that humans are meaning makers who construct, not simply uncover, their psychological realities.

While the approaches to therapy of these two sets of authors correspond with White and Epston’s narrative therapeutic approach, their use of terminology differs. In particular, Freedman and Combs (1996) acknowledge that the primary focus of their therapeutic practices arose from and was inspired by the pioneering work of White and Epston and that in doing so they have organised their thinking around two metaphors: narrative and social construction. Yet, in a 1999 interview in which he discusses his philosophical position, White stated that he often defines himself and his approach as non-structural and that he does not want to label himself as a post-modernist nor as a constructionist. White

(Abrahamsson & Berglund, 2000, p. 187-188) states,

When the post-modernists claim that all readings are equally valid, I see modernism in their eyes. This approach erodes any possibility of determining whether people are feeling oppressed or tyrannised. There is no objective knowledge, but that does not mean there are not practices of the self and practices of relationship, like skills, that are not constructs. When people run today, athletes, they do it differently than they did a hundred years ago - their posture and their action is different. Even people's posture when sleeping has changed over time. There are practices of the body which drift over time, and that are associated with constructions, but which are not constructions themselves. These and a multiplicity of other practices of the body and practices of relationship are significant in the shaping of our lives, in the very production of our lives. I don't believe that we can understand the constitution of life without considering practice.

Here White makes clear his position. There are practices of the self and relationships that are not constructions themselves but which are associated with constructions. That is, a skill such as running is a practice of the body which "drifts over time" due to its association with constructed ideas about how running ought to be practiced.

For White, this distinction becomes important in the practice of therapy when he considers what he refers to as "humanistic ideas" (Abrahamsson & Berglund, 2000, p. 175). In sketching his position on this he states the he does not consider humanistic ideas to be bad, but he does consider that they can be restricting (Abrahamsson & Berglund, 2000). These ideas, like any other, shape our lives and bring with them possibilities as well as limitations and hazards.

In White's view, narrative therapy provides a challenge to humanist approaches, including the idea that people have resources and strengths that are part of a "self" that is at the centre of who they are. Here he reminds us that this idea is part of the very same discourse that proposes that people have disorders, and that these disorders are located at some site within the person, within the "self." For example, just as there is the practice of "running," which drifts over time in association with constructed ideas about how running ought to be practiced and what it means, so too there are the practices of "feeling sad" and "crying", which drift over time in association with constructed ideas about how these ought to be practiced and what they mean. Hence, what was once known as "melancholia" is today known as "clinical depression."

In referring to Foucault, White (Abrahamsson & Berglund, 2000) suggests that the idea that identity is the product of a self that is at the centre of who we are is a relatively new and modern way of thinking that is critical to the operations of a modern power that

relies upon normalising judgment for its effects. This incites persons to engage in highly specific efforts in the production of “normal” lives. In his position on identity, White believes that it is a public and social achievement, rather than a private, social matter. When we re-tell somebody’s story about their life from our own perspective we give our contribution to their ongoing identity project.

A Misinterpretation of Narrative Therapy

Within the literature on narrative therapy there are some inconsistencies in the use of terminology. Freedman and Combs (1996) describe narrative therapy as being informed by a postmodern worldview and social constructionism and Hoyt (1998) states that narrative therapy is a constructive therapy. However, White (Abrahamsson & Berglund, 2000) defines himself and his approach to therapy as non-structural and he does not want to label himself a postmodernist or constructionist. These inconsistencies in terminology may seem to be a moot point, except when one considers the interpretations that can emerge from the use of these labels. A case in point can be found in Nichols and Schwartz’s (2001) interpretation of White and Epston’s presentation of narrative therapy.

The philosophical position of extreme social constructionism is one which Nichols and Schwartz (2001) have attributed to Michael White. In their interpretation of White’s writings (Nichols and Schwartz, 2001, p. 392) they write, “This conception of a fluid self that’s constituted by whatever narratives holds sway, and not consisting of essential or enduring qualities, is a pillar in the foundation of narrative therapy.” In these authors’ interpretation of White, the self does not consist of essential or enduring qualities but is instead fluid and arbitrary. There are no essential or enduring qualities because, as extreme social constructionism posits, beliefs are entirely arbitrary, anchored in nothing but the arbitrary social beliefs from which they were constructed (Wilber, 1996).

In locating their interpretation of White’s stance Nichols and Schwartz contrast it with Milton Erickson’s naturalistic orientation. For them, Erickson believed that people have within them the natural abilities to overcome difficulties and to resolve problems. His approach in therapy was to elicit those natural abilities (Freedman & Combs, 1996; Nichols and Schwartz, 2001; O’Hanlon, 1987). According to Nichols and Schwartz the social constructionist stance which they attribute to White rejects the idea of the self as a source of

anything and in its place posits a “fluid or plastic version of self” (2001, p. 392) which is powerfully and constantly affected by the social environment. Accordingly, the construct self has no essential qualities and is neither good nor bad but is instead, according to Nichols and Schwartz’s interpretation of Michael White, a self that is socially constructed in an ongoing fashion according to the narrative metaphor.

That Nichols and Schwartz have attributed this extreme form of social constructionism to Michael White is not surprising when we turn to White’s writings on the constructs “essential qualities” and “human nature”. In his elaboration of the construct “sense of authenticity” White (White, 1991, reprinted in Gilligan and Price, 1995, p. 25) writes,

In part, this work is premised on the narrative metaphor, which brings with it a specific non-essentialist account of authenticity. According to this metaphor, ordinarily persons achieve a sense of authenticity when (a) they perform particular claims about their lives, claims that relate to particular self-narratives, and when, (b) this performance is witnessed by themselves and/or others. This would suggest that there is a range of possible authenticities that persons might experience, and that this range is determined by the available stock of stories that persons have about their lives.

From this one could conclude that, for White, the possible authenticities of personhood are determined by and from within each persons stock of stories and not due to or from the uncovering or discovery of an authentic essential self.

In this same text White (White, 1991, reprinted in Gilligan and Price, 1995) describes his definition of deconstruction as a method to subvert those taken-for-granted realities and practices that are subjugating of persons’ lives. In support of this description he refers to another author, Bourdieu, who White apparently interprets as meaning that the objectification of a familiar and taken-for-granted world facilitates the ‘reappropriation’ of the self. Here White (1995, p. 35) clarifies reappropriation of the self by writing,

I do not believe that he (Bourdieu) is proposing an essentialist view of self, that in this re-appropriation persons will “find” themselves. Rather, he is suggesting that through the objectification of a familiar world, we might become more aware of the extent to which certain “modes of life and thought” shape our existence, and that we might then be in a position to choose to live by other “modes of life and thought.”

Again, from this passage it would be easy to interpret White as having a non-essentialist view of the self. Existence is shaped by modes of life and thought, and is not a function of an essential self.

Michael White Stepping Back

In response to a question concerning the idea that extending the notion that stories shape our lives can lead to the conclusion that “the story lives us”, White offers his perspective. For him, the conclusion that stories live us is a significant part of the equation. However on this point he (White, 1995, p. 15) adds an important distinction:

... in making the point that our lives are embraced by the private but constructed stories that we have about life, I've perhaps been a little too emphatic. If the idea that stories “live us” or “embrace our lives” leads to the notion that persons go about life rather mindlessly re-enacting or reproducing these stories, then I think that it is a problematic idea. Stories provide the frames that make it possible for us to interpret our experience, and these acts of interpretation are achievements that we take an active part in.

The important distinction here is his statement that he has perhaps been a little too emphatic in his position that stories live us. In place of this “too emphatic” position, which he expressed, he offers instead his position that stories provide a frame that make possible the interpretation of experience, a position we see in his description of the narrative metaphor.

Catching Up with Michael White's Position on Human Nature

Returning to his 1999 interview with Michael White, Erik Abrahamsson (Bergman & Abrahamsson, 2000) recorded White's position on what White referred to as “humanistic ideas”. In this interview White (Bergman & Abrahamsson, 2000, p. 175) stated,

I'm not saying that humanistic ideas are bad, but they can be restricting. These ideas, like any other, shape our lives, and bring with them possibilities, limitations, and hazards. Narrative therapy provides a challenge to humanistic approaches, including the idea that people have resources and strengths that are part of a 'self' that is at the centre of who they are.

Here White is clearly not denying that there might be something important within the idea of “humanistic ideas.” Instead he makes his point that the ideas themselves can bring both possibilities and limitations and hazards.

White continues with (cited in Bergman & Abrahamsson, 2000, p. 175),

This idea is part of the very same discourse that proposes that people have disorders, and that these disorders are located at some site within the person, in the 'self.' The idea that identity is the product of a self that is at the centre of who we are is a relatively new idea, just a few hundred years old, and it arose at a time when the power relations of western culture became more diffuse. In many places I have emphasised the extent to which this modern way of thinking about identity is critical to the operations of a modern power that relies upon normalising judgment for its effects. This incites people to engage in highly specific efforts in the production of 'normal' lives.

Two important points can be drawn from this quote. The first concerns the emergence of modern ways of thinking about identity. As has been discussed, in his interpretation of Foucault, White wrote that when identity became the product of a self which is composed of culturally constructed humanistic qualities the result was the operation of modern power through normalising judgment and the incitement for persons to engage in the production of "normal" lives. The second point is that, for White, identity is a public and social achievement rather than a private, social matter. And, in addition to identity occurring within a social field, identity is an ongoing project, (Bergman & Abrahamsson, 2000).

Catching Up with Michael White's Philosophical Orientations

In describing their construction of narrative therapy through their interpretations of some of the ideas of Michael White, Jill Freedman and Gene Combs (1996) see that a postmodern, narrative, social constructionist worldview is key to what makes up White's ideas of narrative therapeutic theory and practice. Yet, as has already been discussed here, postmodernism and social constructionism in particular are open to differing interpretations and because of this confusions and misinterpretations become possible. The example of Nichols and Schwartz (2001) extreme social constructionist interpretation of White's challenge to humanist approaches is a case in point.

In relation to the practice of therapy White considers structuralist thinking to be what is occurring when a person is having negative thoughts about their identity and when these negative thoughts are the result of that person having been influenced by cultural discourses which have incited them to locate the problem to be a part of themselves that they regard as the core of who they are. Conversely, for White, someone with a non-structuralist understanding of a problem would be very clear about the difficult situations

they wanted to focus on and the effects of their predicament of their lives and they would be able to talk about the politics of their experience. Someone with a non-structuralist understanding would not locate the problem within themselves, that is, the problem would not be a part of their identity. For White, the antidote to structuralist thinking is the deconstruction of the problem situation, all of which takes place within an externalising conversation (Berglund & Abrahamsson, 2000; Morgan, 2000).

As Abrahamsson (Berglund & Abrahamsson, 2000) continues, in this stance White is neither wanting to be labelled as a post-modernist nor as a constructionist. Perhaps a reason for his desire to be seen as a non-structuralist and not as a post-modernist or a constructionist might be to prevent further misinterpretations of his ideas that make up narrative therapy. Returning to the quote from his 1999 interview with Michael White, Erik Abrahamsson (Bergman & Abrahamsson, 2000, pages 187 to 188) reports White as saying, “When the post-modernists claim that all readings are equally valid, I see modernism in their eyes. This approach erodes any possibility of determining whether people are feeling oppressed or tyrannised.” Here White may be equating post-modernism with extreme social constructionism, the same thing that Nichols and Schwartz (2001) did in interpreting his work.

White does not deny that there might be something important within humanistic ideas. He makes it clear that for him there are “practices of the body” and “practices of relationship” (Abrahamsson & Berglund, 2000, p. 187-188) and that these are not constructs. In fact, these practices are essential to understanding the constitution of lives. That there are no objective knowledges and that there is a material world is key to the philosophy and practice of narrative therapy.

The Experiences of Therapists Who Are Integrating or Who Have Integrated the Ideas and Practices of Narrative Therapy

In Chapter One the experiences of therapists, who in their capacity as teachers of narrative therapy, were described. Among these descriptions McKenzie and Monk (Monk et al., 1997) report that it takes two to three years to integrate narrative therapy into one’s own style of therapeutic work. Further, some of their students reported difficulties in bringing narrative therapy into practice. As an example of this these authors offered the

following feedback from one of their students:

I struggled with the content, enormously. The biggest problem for me is that White and Epston's approach is different from your traditional eclectic approach to counselling. I had a problem integrating it and finding a place for it against the other work I was doing. Like I was in love with it intellectually, but I couldn't get it to work. (Monk et al., 1997, p. 83)

Because the ideas that make up narrative therapy are contrary to traditional forms of helping (Monk et al., 1997), therapists who practice narrative therapy often find themselves isolated and unable to tap into support from other counsellors. In response to this McKenzie and Monk encourage participants who complete their training to form interest groups to support their ongoing development.

In Chapter One the experiences of therapists' integration of the ideas and practices of narrative therapy were also described. Freedman and Combs (1996) report their integration of the ideas that make up narrative therapy as a bigger shift in worldview than they had previously experienced and their transition into narrative therapeutic practices as an experiential shift of the therapeutic process itself. These authors describe their switch to narrative and social constructionist ways of thinking as discontinuous, bumpy, and exciting. They noted that because they were working in a therapy culture dominated by modernist ideas, there were always invitations to identify people by equating them with pathological labels. They also noted that because they were part of a community of people using narrative ideas in therapeutic practice, there were also invitations to take up these new ideas as monolithic truths. For them, the stories that they tell of their experiences of these new ways of thinking and practicing therapy are not to be taken as truth claims, but as preliminary reports and works in progress from an exciting new culture.

Karl Tomm (White & Epston, 1990) describes his encounter with the work of White and Epston as one which has enabled him to enter into some entirely new domains of therapeutic practice. He and his friends and colleagues have found this to be extremely gratifying both professionally and personally.

Finally, returning to a quote that was introduced in Chapter One, in his response to a question about what the limitations were of the narrative approach, Michael White (White, 1995; p. 37) responded in the following way.

Well, as I wouldn't define it as an approach, it's hard for me to talk about limitations in the usual way. Is this work better defined as a world-view? Perhaps, but even that is not enough. Perhaps it's an epistemology, a philosophy, a personal commitment, a politics, an ethics, a practice, a life, and so on. And, because whatever it is happens to be on intimate terms with recent developments in social theory that are generally referred to as "non-foundationalist" or perhaps "postmodern", then whatever it is also happens to be a theory.

Summary of Chapter Two

In this chapter a description of the theoretical, philosophical and political perspectives of which narrative therapy is composed as well as the practices of narrative therapy is presented. The rationale for these descriptions are to provide readers with support to better understand the ideas which make up narrative therapy which in turn are intended to support a better understanding of how these ideas are related to narrative therapeutic practices and how narrative therapeutic ideas and practices are related to and differ from more traditional forms of therapy. In addition, a review of some therapists' /authors' descriptions of their experiences of narrative therapeutic ideas and practices was presented. These therapists described how, through their integration of the ideas and practices of narrative therapy, they experienced some confusion and some substantial changes in how they experienced the process and practices of therapy. These therapists also described how, through this integration, they experienced changes in their personal lives as well.

In Chapter Three the rationale for the use of a qualitative research approach -- narrative interview -- to investigate how, or in what ways, the study and practice of narrative therapy affects the development of therapists and their practices of therapy is discussed. Details on procedures, including; sampling, researcher as instrument, data collection, researcher responsibility, interview transcription and story writing, interview transcript and story verification, procedure for meaning extraction and procedure for meaning categorisation of emergent themes are also discussed.

The results obtained from the data collection will be described in Chapter Four and discussed in Chapter Five.

CHAPTER THREE

METHODOLOGY

Introduction

In Chapter One it was reported that although narrative therapy is based on some very simple and accessible ideas, those who do integrate narrative practices into their own style of therapeutic work require two to three years to do so and they experience some difficulties during their process of integration. Further, it was suggested that one of the possible reasons for this apparent contradiction between the proposed simplicity and accessibility of the ideas on the one hand and the difficulties and an extended length of time as these ideas are integrated into practice on the other, is because many of the ideas that make up the conceptual framework of the practice of narrative therapy are contrary to the ideas that inform more traditional forms of therapy. In other words, because of their contrary nature, the integration of the ideas that make up narrative therapy into therapeutic practice is not a straight forward matter. In extending this line of thought, it could be that this integration would require changes to those ideas that constitute the conceptual framework of traditional practices of therapy because those ideas or each person's representation of those ideas are themselves contrary to the ideas that constitute the conceptual framework of narrative therapy. And, because the ideas that constitute the conceptual framework of traditional practices of therapy are drawn from the same discourse that informs how we live, these proposed changes could run very deeply.

In Chapter Two it was reported that some therapists experienced substantial professional and personal changes through their integration of the ideas that make up narrative therapy into practice. These changes included; different ways of perceiving of and practicing therapy, practicing therapy in entirely new domains and practicing therapy and personal life with a different relationship to morality and ethics. In addition, I, the author, noted how I experienced my own changes through my study and practice of narrative therapy. In addition to my experience of the potential for clients to more effectively resolve and dissolve problems, I also realised that within the ideas, philosophy, politics, ethics and practices of narrative therapy resided the potential for personal changes, changes that were not directly related to problem resolution for clients and therapists alike.

The descriptions of the cited authors provide a glimpse into how the integration of

the ideas and practices that make up narrative therapy can affect the development of therapists and their practices of therapy. However, these descriptions do not provide the depth, detail and coherence offered by a storied account of how the study and practice of narrative therapy might affect the development of therapists.

Introduction to Research Methodology

Apart from the reports of the authors cited in Chapter Two, a review of the literature reveals that there has been no research directed toward how, or in what ways, the study and practice of narrative therapy can affect the development of therapists and their practices of therapy. As such, this research, which is intended to reveal the participants' unique and diverse experiences, constitutes a unique contribution to the field of counselling psychology. Denzin and Lincoln (1998) encourage researchers to invent and piece together strategies and methods to suit the particular question and context of the particular question. Accordingly, I have chosen a modified narrative research methodology to explore therapists' experiences of how, or in what ways, the study and practice of narrative therapy has affected their developments as therapists and their practices of therapy.

The participants self identified as narrative therapists and have completed some training in narrative therapy. They have been practicing as narrative therapists for two years or the equivalent amount of time accumulated on a part time basis over a longer period of time. Additionally, participants have achieved a Master's Degree in either counselling psychology or social work. Within this chapter the areas that will be addressed include; research design, sampling, researcher as instrument, data collection, researcher responsibility, interview transcription and story writing, interview transcript and story verification, procedure for meaning extraction, and procedure for meaning categorisation of emergent themes.

Qualitative Research Methodology

A fundamental assumption of the qualitative research paradigm is that a profound understanding of the world can be gained through conversation and observation in natural setting rather than through experimental manipulation under artificial conditions ... the qualitative research community seeks an understanding of phenomena from multiple perspectives, within a real world context. (Anderson & Arsenault, 1998, p. 119)

Anderson and Arsenault (1998) advocate that qualitative research is a form of inquiry that explores lived experiences in their natural settings and that uses methods to interpret, understand, explain and bring meaning to them. Because the purpose of this study is to inquire into how, or in what ways, the study and practice of narrative therapy affects the development of therapists and their practices of therapy, this is indeed an exploration of lived experiences within natural settings. To this Denzin and Lincoln (1998, p. 3) add that in qualitative research, lived experiences are explored, “in terms of the meanings people bring to them.” Because this study is intended to make explicit therapists’ own experiences of the effects of studying and practicing the ideas and practices that make up narrative therapy, the choice of a qualitative research methodology is appropriate.

Creswell (1998) proposes that qualitative approaches to research are appropriate under the following circumstances: 1) when research questions begin with *how* or *what*, 2) when the topic areas are in need of in depth exploration and 3) when researchers are positioned as active learners and not as experts in the process of research.

Because my research question begins with “how” and “in what ways”, a qualitative methodology is appropriate and fitting according to Creswell’s first criterion. Because the research I am proposing has yet to be conducted, Creswell’s second criterion further supports the use of a qualitative research methodology. And because I, as the researcher, am an active learner in the lived experiences under study the use of a qualitative research methodology is further supported according to Creswell’s third criteria.

As of July, 2004 I have been reading into the theory and practices of narrative therapy for over two and a half years. I have also completed a practicum which consisted of one hundred hours of client contact time under the supervision of a practicing narrative therapist. During this practicum I started to implement some of the practices of narrative therapy. In addition, during this period of more than two and a half years, I have attended a two day workshop on narrative therapy which was conducted by Michael White, a two day workshop on externalising internalised problematic discourse and therapeutic demonstrations with Steven Madigan and three days of workshop and advanced demonstrations with David Epston. It is my hope that the results of the study I have undertaken will be helpful in understanding the lived experiences under investigation and that from this understanding future research possibilities may emerge.

Research Design

Considering the choice of a specific qualitative research methodology, Ely, Vinz, Downing, and Anzul, (1997, p. 33) write,

... one's research stance, one's framework for thinking and doing in light of the spirit of a theoretical position, must be a conscious choice: at the same time, there is room here as one goes along to alter one's stance, to amalgamate it with others, to create one's own, to select another, and begin all over again.

In continuing with this stance these same authors propose that the various theoretical alternatives of qualitative research methodologies be considered as possibilities rather than rigid corsets. In addition, Denzin and Lincoln (1998, p. 3) offer,

Qualitative research is multimethod in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. Qualitative research involves the studied use and collection of a variety of empirical materials - case study, personal experience, introspective, life story, interview, observational, historical, interactional, and visual texts - that describe routine and problematic moments and meanings in individuals' lives.

Thus, qualitative researchers employ a wide range of interconnected methods with the intention of getting a better fix on the subject matter of inquiry.

Researcher Attitude within Narrative Research

An integral part of narrative inquiry is the attitude that is assumed by the researcher. This attitude is characterised by a willingness on the part of the researcher to give space for the participants in order that they may be empowered to explore and express their personal experiences and meanings without being limited by the assumptions and biases of the researcher. Thus, within a narrative research framework, the researcher aspires to an attitude of openness to all aspects of the experiences of the subjects with the intention of acquiring precise descriptions of the experiences and meanings of the participants (Kvale, 1996). In order to meet these goals I asked for clarification and examples of experiences and meanings and in reporting the research results I described these results in the participants' own words.

Narrative Analysis as Embodied in Specific Life Stories

According to Susan Chase (1995), despite the ubiquity of narrative in Western

societies, most scholars concur that all forms of narrative share the fundamental interest in making sense of experience, that is, the interest in constructing and communicating meaning. To this Chase adds that the impulse to narrate is such an integral part of human experience that interviewees will tell stories even if they are not encouraged to do so.

Kathleen Casey (1995/6) uses the term narrative research as an overarching category for a variety of contemporary research practices. These practices include; the collection and analysis of autobiographies and biographies, life writing, personal accounts, personal narratives, narrative interviews, personal documents, documents of life, life stories, life histories, oral history, ethnohistory, ethnobiographies, autoethnographies, ethnopsychology, person-centred ethnography, popular memory, Latin American testimonios, and Polish *pamiętniki*. Current examples of narrative research, according to Casey (1995/6), cannot easily be categorised within specific subject areas. In addition to this, in addressing the variety of contemporary research practices of narrative research Casey notes that it has found its way into numerous disciplines and professions. What she concludes is that what links all of these lines of inquiry together is an interest in the ways that human beings make meaning through language.

In support of this stance, that narrative research is about an interest in the ways that we make meaning through language, Casey (1995/6) cites some recent definitions of narrative. Reissman (1993, pp. 2-3, cited in Casey, 1995/6, p. 212) proposes “narratives of personal experience ... are ubiquitous in everyday life ... telling stories about past events seems to be a universal human activity”. Charles Taylor (1989, pp. 51-52, cited in Casey, 1995/6, p. 212) claims “we must inescapably understand our lives in narrative form”. When referring to narrative Donald Polkinghorne (1988, p. 1, cited in Casey, 1995/6, p. 212) calls it “the primary form by which human experience is made meaningful”.

Similarly, Susan Harter (1999, p. 8) writes that, “our species has been designed to actively create theories about one’s world, to make meaning of one’s experiences, including the construction of a theory of self.” And finally, from Carola Conle (2000, p. 190) we have;

The quest for knowledge about one’s own life and identity is an ancient one and has motivated work in which self-narratives are not primarily literary pursuits, but fall into a tradition “grounded in the ancient project of self-knowledge” (Verene 1991). These inquiries are philosophical quests relying on the possibility that to “understand something is to discover its origin and to [narratively] recreate its genesis.” (Verene 1991, 71)

In-Depth Interviews and Life Stories

Regarding the perspective that one takes in orienting one's self to research, the position of Susan Chase (1995) has substantial merit. Chase proposes that if we are to take seriously the idea that people make sense of experience and communicate meaning through narrative, "then in-depth interviews should become occasions in which we ask for life stories" (p. 2). In elucidating her meaning of life stories, Chase makes the important distinction between stories and reports. For Chase, reports are typically elicited by the recipient. That is, the interviewer assumes responsibility for deciding what is relevant. She continues with her belief that despite this significance of narrative as a meaning construction and communication event, most qualitative researchers rarely focus specifically on eliciting narratives in the interview process and pay little attention to the narrative character of the talk produced during interviews. According to Chase, what usually happens is that instead of eliciting stories, most interviewers elicit reports from their interviewees. Reports are more likely to result in the collection of persons' theories and less likely to result in the revelation of something descriptive of the nature of human experience.

In contrast, stories are told to make a point, to transmit a message about the world the teller shares with other people. In telling stories the narrator assumes responsibility for making the meaning of the story relevant (Chase, 1995). From this perspective, research interviews could become occasions in which life stories are sought, and it is from this perspective that the research interviews of this research will be conducted. Thus, in conducting the interviews, each participant was offered the responsibility to tell their life stories about how they came to study, integrate and practice the ideas and practices that make up narrative therapy. From these interviews it was hoped that the pre-theoretical experiences, the meaning making, of each participant would emerge. What links all of the narrative research lines of inquiry together is an interest in the ways that human beings make meaning through language (Casey, 1995/6). Thus, given my interest in elucidating participants' experiences of studying, integrating and practicing the ideas and practices that make up narrative therapy, the modified narrative methodology that was employed for this research was that of narrative interview from within the narrative research practices described by Casey (1995/6).

According to Guba and Lincoln, (1989) credibility, transferability and dependability are three criteria that can be use to assess the soundness of qualitative research. In this section the measures taken throughout this study to enhance these criteria will be outlined.

Credibility

The qualitative research criterion of credibility corresponds to the quantitative research criterion of internal validity. To establish the credibility of qualitative research, the research findings must be considered believable by the participants of the study (Guba and Lincoln, 1989). Because the participants of this research verified the transcripts of their interviews and validated that my interpretation of their interview transcripts in story form represented the meanings they conveyed during our interview conversation accurately and completely, the credibility of this research was well supported.

According to Patton (1990) any credible research strategy requires that the investigator adopt a stance of neutrality with regard to their inquiry. As the investigator I had no set expectations as to what the participants might tell me in their storying of their experiences of how, or in what ways, their study and practices of narrative therapy had affected their development as therapists or their practices of therapy. My commitment was to hear the meaning making of each participant.

Transferability

Transferability refers to the degree to which the results of a study can be generalised, or transferred, to other contexts and settings (Guba and Lincoln, 1989). Although transferability is considered to be the responsibility of the person doing the generalising, the researcher can enhance and facilitate it. By providing a thorough description of the assumptions and contexts that are central to the study, the reader can make an informed decision about generalising the results to other contexts and settings. In order to facilitate decisions on the transferability of this study, I have included in this thesis a detailed description of the theoretical underpinnings that make up narrative therapeutic theory and practice. I have also described the research assumptions, the backgrounds of the research participants, the research context and the research method.

Because of the small sample size the participants in this research are not necessarily

representative of the larger population of therapists. According to Schofield (1990), cited in Kvale (1996), while statistical generalisations can not be drawn from studies with small sample sizes, what can be drawn from studies such as this is “what may be”. Thus, the data and analyses of this study will be useful in helping readers consider the possibilities of how persons with similar backgrounds and interests might experience the study and practice of narrative therapy. Accordingly, this may be beneficial in making more explicit areas for future research.

Dependability

Within qualitative research, dependability is analogous to the quantitative criterion of reliability (Guba and Lincoln, 1989). In order to obtain a high degree of dependability the researcher needs to describe in detail all the research steps and the contextual factors that influence decisions about the research process. Rationales for contextually driven research decisions were explained throughout this report in order to enhance the dependability of this research.

Sampling

Anderson and Arsenault (1998) propose that there are no firm rules regarding sample size for qualitative research. Instead, the guidelines for sample size are determined by such factors as usefulness, credibility, and availability of time and resources. To this Patton (1990) adds that for research involving open-ended interviews, smaller samples add depth, detail, and meaning at a very personal level of experience. Hence, the choice of interviewing four participants is supported for the exploration of how, or in what ways, the study and practice of narrative therapy affects the development of therapists and their practises of therapy.

The participants of this study were solicited on the basis of the following criteria:

1. Participants must be self identified as narrative therapists. As with other therapies there is no governing body which designates who is and is not a narrative therapist. Because of this each therapist either identifies as being a narrative therapist, or not, depending upon their study (including trainings in narrative therapy) of narrative therapy and their practices as a therapist.

2. To qualify for this research each participant must have been practicing as a narrative therapist for a minimum of two years or the equivalent amount of time accumulated on a part time basis over a longer period of time. For example, someone who had been working as a narrative therapist for 20 hours/week for four years would qualify. This criterion was set as a baseline to help ensure that each participant had an ample familiarity with the ideas and practices of narrative therapy.
3. Participants must have achieved a Master's Degree in either counselling psychology or social work. This baseline criterion was set so that each participant would meet a standard of education considered appropriate for ethical therapeutic practice by professional bodies in Canada.
4. Participants needed to be willing to participate in an interview and a review of their interview transcript and my summary of their interview transcript in story form in order to verify that each of these represented their meanings.

The names of potential participants were provided through word of mouth in the professional community. In addition to this, some of the participants were recruited with the support of a narrative therapist with whom I had established a professional relationship prior to the commencement of this research. Once four potential participants consented to participate in this research no more participants were sought.

Researcher as Instrument

For this narrative research I served as the principal data collection instrument. The sources of data emerged from my interviews with each of the four participants. The data collection method was a private, audio taped interview with each participant and a verification by each participant of their interview transcript and my summary of it in story form in order to ensure that these represented their meanings.

The rationale for naming myself as the principal data collection instrument is supported by Anderson and Arsenault (1998, p. 123) who state that “in qualitative research, the researcher is the principle data collection instrument.” They propose that it is the researcher's task to understand as best they can the lived experiences of the research participants.

To this Chase (1995, p. 2) adds, that if we are to take seriously the idea that people make sense of experience and communicate meaning through narrative, “then in-depth interviews should become occasions in which we ask for life stories.” According to Chase, life stories are told to make a point, to transmit a message about the world the teller shares with other people. In telling stories the narrator assumes responsibility for making the relevance of the story clear. From this perspective research interviews become occasions in which life stories are sought and it was from this perspective that the interviews of this research were conducted. Thus, in conducting the interviews for this research, each participant was offered the responsibility to tell their life stories about how they came to study, integrate and practice the ideas and practices that make up narrative therapy. From these interviews it was hoped that the life experiences of each participant would emerge.

In Chapter Five, Discussion and Implications, when ever my personal experiences and thoughts about the lived experiences of the participants appear, they are expressed in a distinct manner so that the reader can easily identify my personal voice. Making explicit how my own subjective experiences have influenced the discovery and interpretation of the meaning making of the participants created a type of “pastiche” or “layered story” (Ely et al., 1997, p. 97). By writing in this manner the multiple realities that contributed to the meanings being expressed were emphasised. (Ely et al., 1997). Writing in the subjective form is thus recognised as an integral part of the research. This subjectivity is expressed in my decision to write in the first person rather than describing myself as “the researcher.”

The method of data collection that was used to access how participants experienced and made meaning of their study and practice of narrative therapy was an in-depth interview. In-depth interviews are the primary process used in narrative research data collection (Creswell, 1998). Again, this position is supported by Chase (1995, p. 2) who proposes that if we are to take seriously the idea that people make sense of experience and communicate meaning through narrative, “then in-depth interviews should become occasions in which we ask for life stories.” For the purpose of this study, in-depth, semi-structured interviews were used. In the interview process each participant was offered responsibility for making clear the relevance of their life story as it related to their study and practice of narrative therapy. I began each interview with the single open-ended question:

“Can you tell me the story of how you came to narrative therapy? How you came to be a narrative therapist?” I was prepared with a set of provisional questions (see Appendix A) to draw out more description if needed.

Data Collection

Prior to conducting the in-depth individual interviews, approval was received from the University of Victoria Ethics Review Committee on Research and other Activities Involving Human Subjects. Signed consent was obtained from all participants for all aspects of the study outlined here (see Appendix B). As a part of this consent, I informed all participants that they were free to withdraw at any point from the research without any consequence to them. I also provided them with the phone numbers of myself, my research supervisors and the human ethics review committee so that they could contact any of these parties if they had any questions or concerns that were related to the research.

The individual interviews were from approximately one to two hours in duration at a private location of each participant's choice. Each interview began with a brief explanation about the general goal of the interview and it was conveyed that the interview was not an evaluation of the participant (see Appendix A). Participants were offered the opportunity to ask any questions before, during and after the interview. The interviews were audio-recorded on an audiotape recorder provided by myself. At the end of the interview participants were asked if there was anything that they wished to add (Kvale, 1996), that had not been covered.

Researcher Responsibility

Schulz (2000) reports that therapists are to plan, conduct and report on research in a manner that is consistent with relevant ethical principles, professional standards of practice, federal and provincial laws, institutional regulations, cultural norms and standards governing research with human subjects. Accordingly, I as the researcher was held to these ethical standards as I conducted this research. In addition to behaving ethically towards the research participants I was also responsible to attend to the ethics of the therapeutic knowledges, beliefs and practices of the research participants. As such, if during the course of this research I became concerned about the ethics of the therapeutic

knowledges, beliefs or practices of any of the research participants my responsibility would be to first corroborate my concern with that participant and then to report my concern to an appropriate body if my concern was substantiated. During the course of this research I did not identify any ethical concerns within the knowledges, beliefs or practices of these four participants.

In my review of the literature I have not found any articles or text chapters on the ethics of therapists as researchers interviewing therapists about their therapeutic knowledges, beliefs and practices. Perhaps this is an area of research that would benefit inquiries into the knowledges, beliefs and practices of therapists. Being more attuned to these ethical responsibilities as a researcher of therapists' knowledges, beliefs and practices would support better ethical research practices.

Interview Transcription and Story Writing

The individual interviews were transcribed verbatim by myself. The interview transcripts were then rewritten by myself into story form under the headings: Transcript One (Two, Three, and Four) as a Story. These appear in Chapter Four. In writing these stories I included all the meanings I could discern that were expressed in each corresponding interview transcript. After completing each story I then reread each interview transcript concurrently with its corresponding story to help ensure that I had not missed any of the meanings that were expressed in each interview transcript.

Interview Transcript and Story Verification

Each participant then received a copy of their interview transcript and a copy of their story and they were asked to verify that their story represented accurately all the meanings they conveyed in their interview. I informed the participants that because it was from their story that the meanings for this research would be collected that they were to focus on verifying the accuracy of their story and to consider the transcription of their interview as a supporting document for this meaning verification.

In this process of meaning verification I spoke with each participant either in person or by telephone. I also received from three of the participants their edited copy of their story that I had sent to them. The end result of the meaning verification process was that

each participant agreed that the interview transcript in story form represented the meanings they conveyed during our interview conversation accurately and completely.

Procedure for Meaning Extraction

Once all of the participants had verified that their interview transcript meanings had been represented accurately and completely in their story I read through, extracted and numerically listed all the meanings I could discern from each participant's story. All of the meanings were extracted either verbatim or with minor grammatical changes so as to make the meanings more concise. After completing this process of meaning discernment and extraction each story was read again to help ensure that no major meanings had been omitted.

Procedure for Meaning Categorisation of Emergent Themes

The meanings that were extracted from the four stories were pooled into one group and then sorted according to emergent themes. In this process of sorting, the themes that emerged became more robust as the sorting progressed. Once the sorting was complete and after a period of time had passed I reviewed the meanings that made up each theme so as to verify that each meaning belonged to, and made up a part of, that theme. This process of verification was affirming of the original sorting.

Summary of Chapter Three

In this chapter I have provided a rationale for the use of a qualitative research approach to investigate how, or in what ways, the study and practice of narrative therapy affects the development of therapists and their practices of therapy. I have also described the modified narrative research design - narrative interview - selected for this inquiry. Details on procedures, including; sampling, researcher as instrument, data collection, researcher responsibility, interview transcription and story writing, interview transcript and story verification, procedure for meaning extraction, and procedure for meaning categorisation of emergent themes were discussed.

The research findings, including the background of each participant and the results of their interviews in story form, are presented in Chapter Four. In Chapter Five, a

summary of the meanings and themes that emerged from the interviews and a discussion of their significance and implications to the field of counselling psychology are presented.

CHAPTER FOUR

RESEARCH FINDINGS

Introduction

The purpose of this chapter is to present the results that were obtained from the interviews that I had with each of the four participants who took part in this research. The results that are presented here include the participant verified stories that were prepared by myself from the participant verified interview transcripts as described in Chapter Three. These appear under the headings: Transcript One (Two, Three, and Four) as a Story. Within these stories, portions of each participants' verified interview transcript appear. By presenting the results of each participant's interview in the form of a participant verified story it is hoped that the reader will more easily read into the meanings of these straightforward discourses. The results that are presented in this chapter also include the common emergent themes that resulted when the meanings that had been extracted from the four participant verified stories were sorted by meaning.

The Four Participants' Interview Transcripts in Story Forms

Transcript One as a Story: Joe's Story

First Exposure of Narrative Therapy

Joe's first exposure to the ideas and practices that make up narrative therapy was while working as a team member in a residential treatment centre for children. What he first noticed were the unusual ideas that a family therapist was writing into the communication log. The unusual ideas he had written were about one particular boy of ten or eleven who was challenging to work with. As Joe stated, most of the staff, including himself, dreaded having to work with him because he seemed to be out of control, needing constant supervision and attention.

Among the ideas the family therapist presented was that this boy's problem was that he was actually younger than his chronological age. To Joe this idea seemed to be really unusual and when asked how he came up with such an idea the family therapist referred Joe to the article, *Mad, Bad or Young*, written by Michael White. The idea that was presented in this article was that when problems were reframed, or re-understood, new

decisions on how to work with people and families would emerge. In the case of this boy the consensus was reached that instead of being mad, as in crazy, or bad, as in delinquent, he was young, as in immature.

Prior to this new consensus the staff had tried a number of strategies with this boy, including behaviour modification and a token economy, all to no avail. With this new consensus the staff was being invited to think of this boy as having the maturity of a three or four year old instead of an eleven year old. The result of this was that the staff developed a different attitude toward this boy. What Joe found was that it was easier to work with him. Joe became more patient with him, more accepting of him, his limits were a little bit more clear and matter of fact and his frustration diminished. He found that this reframe became a more useful way of understanding this eleven, going on four, year old boy. This reframe helped inform Joe what to do, and what Joe did had positive results for both Joe and the boy. From this introduction Joe asked the team family therapist for more readings by Michael White, because as Joe put it, "I thought that this was really neat stuff."

This introduction to the ideas and practices of narrative therapy reaffirmed Joe's interest in wanting to learn more about how to work with families, and working narratively was one of the ways he had become interested in learning about family work. When Joe attended graduate school to become a family therapist his interest in working narratively remained. Even though the graduate school he attended was oriented around psychodynamic and behaviour modification theories and its curriculum did not include a narrative therapeutic component, there ended up being a subgroup of students within those specialising in child and adolescent and family therapy who were interested in narrative methods. The members of this subgroup shared articles by Michael White and David Epston, implemented narrative ideas in their practicums and saw favourable results. Within this subgroup narrative therapeutic ideas "caught on like wildfire." For Joe there was an enthusiasm among this groups' members, a sense that these narrative ideas were more so in the direction that they wanted to go.

The Psychodynamic Approach

What Joe recalls from graduate school is that very early on he had a choice between taking on a psychodynamic orientation and becoming an expert where his opinion would be

the most important thing and taking on a narrative therapeutic orientation. Joe found that he was uncomfortable with the psychodynamic orientation where he was positioned as an expert who knew what needed to be done in order to cure a situation. This orientation involved a chain of command where there were superior ideas versus inferior ideas and his psychodynamically orientated supervisor had the most superior ideas and Joe's clients had the most inferior ideas.

Working psychodynamically meant that after an assessment was made, some of the ideas around the assessment were shared with the clients and some were not. The decision of what to share was based upon the assessment of the clients' ego strength. As Joe put it, "so behind the scenes there's a lot of dialogue and there's a lot of work and there's a lot of talking heads and thinking about what needs to happen in the session in order for this kid to work through whatever the problem is." On a visceral level Joe started to feel less clear about how transformations were going to happen when working and thinking within a psychodynamic paradigm.

As an example of this Joe spoke of his work with a mother and her son. After the assessment it was decided that she was over enmeshed with him. In reciting the psychodynamic orientation he was expected to follow Joe stated,

there was a lot of stock in believing that, providing the good environment, you know that was nurturing and accepting, and working through, and, naming problems when they happened, and, so on, would allow the good parenting to happen, and then the transformation to happen. Parents were clearly doing things wrong otherwise ... the assumption was that they were doing things wrong, otherwise the child wouldn't be in the situation that they were in. The child was doing things wrong because they hadn't developed whatever they needed to, right, so they needed to develop those things before the transformation would happen.

And from the same example Joe continued,

So I remember distinctly one time my supervisor telling me that I was to insist with this mother that she withdraw her kid from home schooling and put him back in regular schooling, because it was a psychological emergency, because she was already over enmeshed with the kid, quote unquote, over enmeshed ... and the child was clearly having depressive symptoms because he was being isolated, so what the mother was doing was bad, and I remember thinking, how am I actually going to do this, how am I going to go about doing this, because I felt like it would be assaulting the mother in some way. Right, and so I remember making the decision to reject what my supervisor was saying. I remember making the decision that I would not do that. Right, and I did not agree with her. I talked about it with her, that I did not understand what she was saying, I didn't get the emergency. And um she got upset and angry and so on and so forth, so we had a bit of an argument about whatever the right idea was, and because she had a power position over me, I didn't fight back too much with her. But what I did was, what

I imagine a lot of clients do in that situation, they either accept what the person's telling them, the expert, and try to make sense of it somehow, and do it, or they resist it. So I resisted it.

A Brilliant Idea

Some time after this Joe attended a conference where he spoke with one of the bigwigs from MRI (Mental Research Institute). He told of his problem with his supervisor where he was trying to work in a solution focused way and she kept pressing with "this psychodynamic stuff" and how they were at logger heads all the time. When Joe asked him what he should do, the MRI fellow suggested that he get another supervisor. To Joe this was a brilliant idea. As Joe said, "The meaning I put to that was that I wasn't going to change her idea on it, so I needed to find someone who was more in sync, or who had more ideas like mine, rather than getting frustrated with it all."

Initial Experiences with Narrative Therapy

Joe's initial movement into the study and practice of narrative therapy was while he was in graduate school. There, he and the sub-group who were interested in narrative therapy would read an article about how to deal with a particular situation and then apply it. In reading these articles and Michael White and David Epston's book, *Narrative Means to Therapeutic Ends*, Joe felt that in comparison to the ideas and practices that make up psychodynamic therapy, those of narrative therapy felt better to him. They were easier to read and he felt less like fighting them. From here Joe's interest evolved into trying to get an understanding of what was happening behind the different ways of thinking and the different applications within these narrative ideas and practices.

While still in graduate school and in contrast to Joe's experiences of trying to work within a psychodynamic paradigm, Joe found that when he started to work narratively his clients were more enthusiastic, more involved and less passive. In particular the younger kids seemed to brighten. They seemed to be more alive, more at ease, less anxious and more enthusiastic about working with him. Joe attributes these differences with the younger kids in part to the fact that they were doing projects together, projects such as monster taming. In this work they seemed to be much more involved. Joe recalls that overall everybody was working harder during and in between sessions and that changes

were happening.

The Panopticon

Joe spoke of a big shift that occurred for him when in a family therapy course the instructor introduced the concept of the panopticon, that prison where people are observed but don't know if they are being observed. For Joe, what this instructor introduced initiated the taking apart of some of the processes that he had been feeling uncomfortable with about the psychodynamic paradigm. This led to his deeper understanding into what he was feeling uncomfortable with about the processes that make up psychodynamically-orientated therapy. In Joe's words, this process was one in which,

all of the therapists, and all the clinicians and all of the experts had all of this knowledge that was specialised and ... at a superior level, to these clients, who were in all kinds of trouble, and we just needed to come up with the right special magic, you know, behind the mirror, and present it to them and change was going to happen.

In relating this newer insight to his experiences of working narratively with his clients Joe continued with,

Whereas, working more with them in terms of, trying to be collaborative, trying to get participation from them in terms of what their own experiences were. You know, with success, and with failure, and with doing better with their problem, or even living without the problem so much. Finding out all about that, and even having conversations about this formerly behind the mirror or in the supervisor's office, kind of "talk", "with" the client, and of course, having it in a different way, because if clients heard the way we talked in the supervisors office, they would be appalled, and I knew that, I knew they would be appalled. My assumption is that we all knew that. We didn't want our clients to read our notes ... because our notes were full of interpretations, and the interpretations were negative. Right, they were about deficit and they were about pathologies.

Ongoing Revisiting into Narrative Therapy

In explaining his experiences of integrating, understanding and working narratively Joe relayed that it has not been a straightforward linear transformation. It has been a transformation that he likened to a process of revisiting. Returning to Joe's words,

in fact its been more like, kind of revisiting, I think I really liken it to ... how someone explained to me how circular questioning works. And its basically, there's a penny, and you put a the paper on top, and you rub the paper with a pencil, and you can do it in a circular motion, so periodic visitation with narrative, in whatever form, either through workshops, or discussions with colleagues or putting things into practice have led, each kind of event has led to a more detailed picture, evolving.

As a Therapist Now

When considering whether or not he identified as being a narrative therapist Joe responded with, “five years ago, where I would have strongly said, yea, I am a narrative therapist. Now I would say, I am not a narrative therapist, but I am a therapist who uses narrative ideas.” In his elaboration Joe spoke of how sometimes he did and sometimes he didn’t use narrative ideas and practices in this therapeutic work. For him the identity of being a narrative therapist was too constraining.

In his explanation of this stance Joe told of how it used to drive him “nuts” when Michael White would talk around ideas that were kind of constraining and it would seem to Joe that he was resisting any kind of naming, that he was trying to “deke out” of any kind of title that someone would put on him. Now Joe’s understanding of Michael White’s position, and his own position on his own resistance to labelling himself, was nicely phrased in Joe’s statement that,

I’m a complex human being, and I assume that most human beings are, so, when you kind of put a label, even a so called positive label on yourself, you constrain yourself, you box yourself in, so that you’re kind of missing other elements that may be helpful, right, and so, and what do you do when you’re doing something or something comes out of your mouth when you’re with somebody and it’s not along the lines of being, in quotes, a narrative therapist, end quote, umm, what I can do with it is say, well, I’m not consistent, or I can be quite negative with it, or I can be, well you know, I guess for whatever reason, that didn’t seem to be the root to go at that particular time.

Constantly Evolving

In recalling how he used to practice narratively Joe said that he suffered occasionally with the over application of narrative concepts and that sometimes that landed him into trouble. At the same time this change in his application of narrative ideas in his therapeutic practices has been a part of his ongoing process of becoming a therapist.

As an example of his evolution away from the over application of narrative ideas Joe spoke of his work with a young woman who presented as being depressed. Joe recalled,

what comes to mind is I had this young woman, and I was trying to deconstruct depression for her, and so she was basically, she was telling me that she was depressed all of the time, and so ... I was curious about that and so I’d say so, is it seven days a week, twenty four hours a day, and ... she was agitated with my questioning, she was really really agitated with my questioning, and I think what happened for me was I was getting ahead of her, and I really had in mind where she

needed to go. She needed to put depression in its place. She needed to identify that she was much more than depression, or that depression was just this static thing, right, and that she was more complex than that, so I was pushing in every angle I could think of, to try and deconstruct it. And, I guess what happened for me was, afterwards I realised that I had a potential connection there ... I didn't, I wasn't helpful to her. She didn't find the session useful. And I'm largely assuming that, but, I think I'm pretty close to being right of it ... she didn't come back, right, which would be a good indicator ... she didn't seem to be running with any of the concepts I was trying to introduce ... so, I guess it kind of came down to, even in a so called collaborative method, there are times when I get invited into being the expert. And certainly that is one of the difficult things to understand, for me its been difficult, to not only understand, but to kind of resist getting pulled into it.

Resisting Becoming an Expert in a Collaborative Approach

In considering these ideas of not getting ahead of clients and resisting being an expert in a collaborative approach Joe thought that these were potential drawbacks with any approach and that narrative therapy was not immune to them. Joe also noticed a subtle contradiction within narrative ideas and practices. This contradiction was that the theory held that a therapist should not get ahead of clients and at the same time the theory held that in practicing narratively there was eventually a gentle push on the part of the therapist to direct the client away from problem descriptions and into exceptional and unique outcome descriptions. That is, the contradiction was that the therapist still had a better map of how therapeutic conversations ought to go, even though therapy was supposed to be a collaborative event between persons of equal status.

Narrative Therapy Supports Therapist Self Questioning

What Joe really likes about narrative therapy is that through it he can start to question his own expertise and he can look at the power dynamics. As Joe put it, "So, who's to say that your map, is better than their map. Right, who's to say that they need to be following your map, and isn't that the same criticism that's levelled against other ways of working with people."

Resisting Taking on Expert Status

As to how Joe manages in resisting taking on an expert status in relation to the persons who come to him for help and in so doing risk getting ahead of them, he said,

well sometimes well and sometimes not so well, (laugh), and everything in between. I think how I manage it is ... umm, when I'm managing it better, I recognise that I'm starting to do it. And I recognise it because of my own reaction to what's happening. My frustration level starts to go up. Or I start to feel a little bit more hopeless or discouraged ... about progress. And also I'm, doing a lot of work. Right, I'm doing most of the talking. I'm also building kind of a collection of awareness around, what are my trigger points, what are my invitations that I find the hardest to resist ... so at times when it's more difficult for me to resist being the expert kind of thing.

Shifting Blame

In relation to his development as a therapist who is becoming more aware of the triggers points that invite him into assuming an expert status, Joe relayed his story of the shifting of blame. Initially, when he was in the psychodynamic camp he would more often than not blame the client or the client's parents. Then, when he was in the "militant narrative camp", he would blame those practitioners who practiced in other than narrative ways, or he would blame culture or society. Then he moved into the "blaming himself" camp for not doing a good enough job as a narrative therapist. Now, as Joe put it,

now I'm kind of seeing it as, you know this is complicated stuff, and umm, there's a lot of momentum with these ideas, and sometimes I'm going to fall in. Sometimes I'm going to assume an expert stance, sometimes I'm going to have an idea that I think is more important than the idea of the person I'm working with, and I need to convince them of that ... and I'm being a little less hard on myself because I recognise that those are just times when I'm struggling the most with it. I think what's changed is the duration and intensity of the blame. So I still blame, I still blame the client sometimes, I still blame the culture, I still blame myself ... but I don't blame all this as often ... and I spend less time there and more time trying to shift off of it.

Blame as a Teacher

When asked if blame had transformed into something else or if another thing had stepped into the place that blame once claimed, Joe spoke of how within the narrative therapy literature he had come across the idea that it is important to understand that there are both negative and positive characteristics of whatever problem is externalised. Rather than rejecting blame outright and seeing blame as his enemy he had come to see that blame also had some things to teach him. He needed to understand that blame was his teacher.

When the volume is too high on blame it's like harsh criticism where he feels less than. But when the volume is turned down on blame, when blame is like gentle criticism,

he can learn from it. With gentle criticism Joe is more likely to notice when he is reacting to a client in thinking that they are sorrowfully mistaken and keeping themselves and others trapped in their ideas. With gentle criticism he is more likely to see that he is human and therefore subject to reacting to life's situations. With gentle criticism he is more likely to try to understand how clients came up with such powerful ideas. Instead of trying to argue them out of these ideas, he works to deconstruct the ideas with the intention of trying to gain a greater understanding, of trying to really understand the details of the ideas.

Reflexivity

When considering the place that reflexivity played in his work as a therapist Joe thought that he had always been a reflexive person. Joe's understanding of reflexivity links both the internal dialogues we have while alone and the external dialogues we have while with others, others such as colleagues, supervisors and clients. In explaining this he stated,

if we stick with the narrative frame for a moment, if I'm just telling myself stories, there is a higher probability that I'm going to continue to tell myself the same or similar stories over and over again. By being reflexive, either by reading something, or being exposed to something and integrating that into my internal dialogue ... or having conversations with supervisors and colleagues and so on and so forth, where there's more of an exchange, right, there's more possibilities to the story, so kind of isolation for me is, kind of less reflexive ... although there is some reflexivity there.

Joe believes that we are more likely to be less reflexive when we are isolated. That is, Joe's understanding of reflexivity is that a person is more likely to get other ideas, about how things work, about themselves and about other people when they are storying with each other, when they are co-writing, sharing and collaborating.

Co-Storying is Different from Internal Dialogues

When a person co-stories with another person their internal dialogue starts to flow differently because they have to explain themselves through language. Thus, co-storying is a different process compared to the internal dialogues that occur when storying alone. When Joe has stayed within his internal dialogues and not co-storied with others he has noticed that his dialogues are a little bit more vague, not as detailed and he doesn't struggle as much to explain, make sense of and understand things. When co-storying he has

noticed that in trying to explain to another person he has struggled more so than he has while within his dialogue alone and because of this he has come to greater understandings while co-storying.

More Possibilities with Co-Storying

At other times Joe's experience of staying within his own dialogue, of having an internal dialogue, has been one of a struggle which has been painful but from which he has finally emerged. The difference he has noticed when he instead has externalised the conversation by talking with another person has been that the struggle looks different in that it has more possibilities for change. To this Joe added that, from his personal experiences, his assumption was that his internal dialogues have a greater probability of remaining longer standing or stuck compared to when he has externalised dialogues.

Wisdom

When considering his awareness of his awareness of what his triggers were when working with clients and of not getting stuck on those triggers for as long or as deeply as he once had, Joe referred to his wisdom. As an example of this Joe described how in the past he could more easily have participated into a paradigm battle with a client because he (Joe) was stuck in his paradigm. In therapeutic conversations, when paradigm battles occurred between him and a client, the meaning making was around the battles and not around possible desired re-storying. Instead, through his developing awareness, Joe noticed his triggers and in so doing developed his wisdom.

Joe's description of wisdom is that wisdom is learning over time and wanting to live life more in the direction that one prefers than in the direction that one does not prefer. In elaborating Joe said, wisdom is wanting to be more peaceful, more happy, more helpful, more empowering and less of a bunch of things, including less frustrated, less angry, less bullying, less all knowing and more humble without being self effacing.

In considering the development of his wisdom, Joe suspects that his study and practices of narrative therapy have been a part of the mix. To this he added that working as a therapist with people has been a profound experience for him. One of Joe's conceptions about ideas is that they range along a continuum from being most useful and helpful to least

useful and unhelpful. For Joe a lot of narrative ideas have been towards the most useful and helpful end of this continuum because they have allowed him to see himself in ways where there are more possibilities. When he saw himself as someone who was the adult child of an alcoholic there was some understanding there and some relief but this view of himself was a lot more prescriptive about what was and was not possible for him.

The Appeal of Narrative Therapy

For Joe some of the appeal of the ideas behind narrative practice was that through them he started to understand that a lot of the ideas he had about himself and about his clients were, in some ways, really limiting. These ideas were limiting because they were prescriptive in that they described what reality was and they prescribed what needed to be done in order to change, or alter, reality. In elaborating on this Joe described how he started to question some of these ideas. As a part of this questioning he also started to use narrative language on himself and in particular he used externalising language on himself. Joe spoke of how anger was an issue that he had struggled with a lot, and so he externalised anger. The result was that he started to build in resistances to being angry. He also tried to deconstruct anger and lo and behold he started to experience shifts. As Joe put it,

I think the biggest story that changed for me was that I felt like I had more options, I felt like I had more choice, I felt like I wasn't anger, anger wasn't me ... anger was something that happened to me, anger was a feeling that occasionally I experienced, and some of that came from the stories that I had, about myself. Right ... so in order for me to make a shift, I could understand those stories, respect them and then start to see if there was any movement within that ... right, test their current accuracy.

A Comparison with Psychodynamics

In drawing a comparison with psychodynamic theory Joe saw that, depending upon the language used, some narrative concepts could be comparable or identical to corresponding psychodynamic concepts. As Joe explained, some psychodynamic therapists believe that part of what needs to happen in therapy is that through dialogue a person is going to have an awareness, or an insight. That somehow, as adults, they have been continuing to do what they had done in childhood or what they knew of themselves in childhood. And because what they are doing as adults is not working for them anymore,

that they are bumping up against it; they are stuck in neurosis.

In making the narrative comparison with this, Joe would call neurosis a very powerful, dominating story about a person that invites the person into meaning making that supports that neurosis story. Through dialogue many other stories about the person can be storied into their person narrative, including the many exceptions to the times when they were not feeling neurotic. Thus, from a psychodynamic perspective, people can change their insight into themselves. The narrative correspondence would be that through the co-authoring of revised stories new meaning making can emerge.

Meaning Making vs Insight, Awareness and Self Actualisation

In his resonance with narrative ideas Joe prefers the concept of meaning making over those of insight and awareness. For him insight and awareness are both much like meaning making, “it’s ideas that you have ... that provide you with a sense about understanding, a deeper kind of understanding of what’s happening.” The difference between insight and meaning making is that, for Joe, insight is one of those concepts, like self actualisation, where there’s an implied message that somehow you’re not doing it right, or you’re not there yet, or that you haven’t arrived. Implied within the concept of insight is that if you don’t have insight you are less than.

However, with the concept of meaning making, we meaning make all the time. Even if we are being reactive we are meaning making, or even when we are having a bad day we are meaning making. By including the concept of self actualisation here Joe extended this deficit-implying concept of insight into the humanistic field where the idea of working toward self actualisation implies that some people will never get there and that there is a better and superior place to be.

Some of the appeal of narrative for Joe is that people do what they do because it makes sense to them at the time. As Joe stated, as therapists,

if we start to be invested in these ideas that we eventually have to shape people and guide people to where they need to be ... that becomes our meaning making ... and it starts to guide how we are with people ... including ourselves ... and sometimes those ideas can be less helpful ... like, am I ever going to get this, am I ever going to be a non angry person ... you know, am I ever going to be ... kind of this peaceful person, or this strengthful person, or self actualised person and ... you know, getting stories about feeling discouraged.

Instead, the concept of meaning making within narrative therapy is one that is about how a person is progressing or not progressing but within a story that can change. For Joe, the appeal of narrative continues to be that it is almost wide open. The story about a person can change in a split second depending upon how they talk about it or depending upon the thoughts that somebody else shares with them. From within a narrative paradigm a person's understanding of themselves can change instantly, whereas from within some other therapeutic paradigms, such as psychoanalysis, change is considered to be through a longer, more involved and prescriptive process.

Less Prescriptive

In considering the relative prescriptiveness of narrative therapy and psychoanalysis Joe stated that unlike the agenda of, "here's the goal and here's how to get there," narrative therapy was much less prescriptive in that what was considered were questions such as: "what's your story?", "how did you arrive at that story?", "are there other possibilities?", "where would you rather be?", "is this where you'd rather be?" and "do you do some of it now?".

More Possibilities

For Joe, because narrative therapy is less prescriptive, it is less constraining. At any given moment in time something can transform simply through the meaning of language. While even the most prescriptive therapeutic paradigms allow for possibilities for clients, because narrative therapy is less prescriptive it opens up more possibilities and more choices for clients.

Integrity

In describing his concept of integrity Joe conveyed how the radical constructionist perspective, where shifts in meaning making can happen all the time, was too extreme for him. This radical perspective, where stories are just stories that you tell yourself and that you can change them at any moment in time, didn't have a degree of consistency with which he could feel comfortable. Joe's concept of integrity included some kind of consistency which he described as stories about essence. For Joe, radical constructionism

needed to be tempered with the notion that people need to have dominant stories about themselves and about how the world works. People needed to have some certain predicability and some certain knowledges in order to function.

For Joe, as a therapist and as a person, narrative (therapy) becomes interesting because through it a deeper understanding of these dominant stories and knowledges can be gained. By unearthing, uncovering and getting the details of those knowledges, richer knowledges may emerge. As Joe noted, these knowledges can sometimes lead people into trouble and they can also lead people out of trouble. Because of this, gaining a more detailed, thicker and deeper knowing of these knowledges could be beneficial, transforming these knowledges from constraining prescriptions into opening possibilities.

Joe spoke of how through either therapeutic or nontherapeutic conversations and even through the simple act of recounting these knowledges could either be reaffirmed or transformed from constraining prescriptions into knowledges with possibilities.

Returning to the topic of integrity, Joe stated that one of the lessons he's learned about himself and narrative work and working with people is that he has to remind himself to be very respectful about people's knowledges about themselves because these knowledges are integral to their integrity. In addressing these knowledges he is addressing a person's integrity.

Self

For Joe the idea of "self" and "essence" are among those very powerful ideas that are related to his idea of integrity. He stated that he thought that psychology was largely a study about the self and that there had been a lot of efforts and knowledges, or indoctrinations, around this idea through both formal learning and informal learning. In relating the self and essence to integrity, Joe assumes that we all need to have an understanding about who we are, a self concept, because this provides knowledges that helps us to function.

When Joe heard that Michael White was starting to challenge concepts such as self, concepts that we seem to hold so dearly in this culture and in the therapeutic culture, he reacted with "come on, you know, leave it alone, you've got to leave something, you can't deconstruct everything." However, when Joe read an article in which Michael White

interviewed a therapist about what helped him in his work this changed. In the article the therapist said that intuition helped him in his work. What Michael White then did was to deconstruct intuition. Joe's first response was to react with, "Oh my god, he's going to tear at the fabric of this guy's integrity." But instead, what happened for the therapist was that the deconstructive conversation resulted in his making even more sense of his intuition. In a way, it was a really affirming process for the therapist in that he gained a more detailed, or a deeper understanding of his intuition. The meaning that Joe put to this was that concepts such as self and essence should not be taken for granted because if they are possibilities can be limited.

In relation to his practice, Joe spoke of being aware that by taking for granted that everybody has a sense of themselves, a sense of identity, he was really limiting where he could go with them. Instead of starting with his assumption about the other person's self story or their identity, he is more aware of asking about these from the person.

Essence, Ideas and Sacred Cows

For Joe, the idea of essence is along a similar line of thought as the story of self or the story of identity. Essence is an idea that people need for their integrity. That is, people need to have certain kinds of knowledges about themselves, or certain principles about how the world works in order to function. Among the ideas about essence, such as ideas around genetic predisposition, some are more or less useful just as some are more or less limiting and constraining. As a practitioner, Joe is more interested in understanding a person's knowledges about what their essences are than in actually confirming whether or not these essences exist. For Joe, the task is not about trying to determine whether or not we have essences, or whether or not there is a self. The task is to more or less to try and get the other person's understanding of these beliefs (essence and self) and to understand our own meanings around these beliefs.

To argue about the existence or nature of these beliefs is missing the point. The point is that these are important stories that people tell about themselves. They are important ideas that people have and they have had a long history in many different cultures. And it is the integrity of some of these stories that is very important. If they were not important Joe believes that they would not have been replicated.

It is when people do not question or reexamine these stories that they can become static, that they can become dominating and that they can have people do things that they really do not want to be doing. So in a sense there are no sacred cows. Yet, at the same time there needs to be some sacred cows, because if there were not people would have difficulty functioning. As a therapist, Joe needs to accept a balance between his ideas around social constructionism and the personal integrity of the people who come to see him.

In continuing with his sacred cow metaphor, Joe stated that sacred cows are basically ideas that we see as essential for our integrity. They are essential knowledges that help us make sense of our experiences in the world. In therapy, as in life, if a therapist has a deeper understanding of a client's sacred cow, that's a positive thing and if a client has a deeper understanding of their own sacred cow, that's a positive thing too. And Joe assumes that if a client has a deeper understanding of something then they are more likely to also understand that it is fluid and changeable.

For Joe, things are changing all the time, even the things we hold as sacred. And, the things that become the most powerful and the least changing are the things that we hold as so sacred that we do not even think about them or talk about them or discuss them. When this happens, it is some of those ideas that lead us to have problems, as individuals and as cultures.

The Narrative Perspective is More Inclusive and More Collaborative

In continuing on this theme Joe said that another thing that he really enjoyed about the narrative perspective was that it takes those taken for granted things, things such as 'self' and 'identity', and starts at a whole different place. In this way the narrative perspective is more inclusive because, instead of making assumptions about a person and their beliefs and conducting therapy from these assumptions, it looks into these taken for granted. As Joe put it,

narrative seems to put all that into question ... by taking it backwards, by kind of inviting me as a person to say ... let's really try to find out about, what your experiences are, what your knowledges are ... and where you want to be, how you make sense of your problem ... and, basically trying to get the other person to be more involved in this process.

In being inclusive of the person and their beliefs the narrative perspective is also

collaborative. In conveying this part of the narrative perspective Joe stated that “people will more likely take their own advice than anybody else’s.” That is, Joe believes that it is much more likely that people will change their own ideas about themselves rather than changing themselves according to the ideas of someone else. In working narratively with a person they may begin to question how they came up with the self narrative and beliefs that they live by, and they may start to see the fluidity and flexibility of these. This is how the narrative approach with its collaborative co-authoring can be more effective to bring about change. And for Joe, one of his essence stories about himself is that his interest in being a therapist is that this work is about change.

Stories as Fluid and Changeable or Static and Inflexible

Joe believes that what comes out of a person when they tell their stories is their current understanding, which is based on their languaged meaning-making. When considering stories, Joe hears them as being either fluid and subject to change or static and inflexible. When he hears a story that has the characteristics of being definitive, fairly strong, emotional, dominating and directive, very short with a definite beginning, middle and end, where there is not a lot of detail nor questioning within the story he hears an inflexible story. One of Joe’s useful and guiding principles is that when he hears an inflexible story he asks questions that helps the person thicken it by giving it more details and elaboration.

In contrast, a fluid story is one that has the possibility of change at any given moment in time. It’s less black and white, more grey and in it is a long, detailed description of a person’s life; it is in the details of a thickened story that a deeper understanding of self and the possibilities for choices are seen.

In relating the thickening of a story and the resultant movement from inflexibility to fluidity, Joe compared narrative therapy to journalism. Here he said,

I’m going to oversimplify ... but I think that working narratively ... is like being a good journalist ... it’s not like you have an idea what a person needs to say to you ... it’s more like you want to get some interesting stuff ... you want to get into this person’s experience ... so much so that you and your audience, including the person themselves ... can have an understanding ... right ... a good interview, the person will say, wow, that was a great interview ... I really learned some things.

In Joe's conception the process of narrative therapy can be seen as a process of understanding a story. But here Joe cautions that this position, that each client's experience can be seen as a story, needs to be conveyed with caution because any client might experience their beliefs as being a part of their integrity and not just as a story about themselves. As an example of this Joe cited a person whose integrity was associated with "I am an alcoholic". If a therapist suggested that that was a story that they had about themselves, this person might become insulted.

Joe's Identity

In relation to how the ideas that make up narrative therapy have affected his identity Joe stated that because narrative therapy has been a part of his experience it has shaped how he understands himself. The understandings that stand out for him in particular include that it has supported him in becoming more aware of power imbalances and of being more aware of possibility and change happening all the time. It helped him to have more of a glass half-full perspective as opposed to a glass half-empty perspective and it helped him to question and support one of his essences, which is, that for long as he can remember he has always been a critical thinker, someone who questions the sacred cows. In identifying with being a critical thinker and receiving support through the ideas of narrative therapy, Joe feels more a part of a community. He feels more support and likes it that there are other people who share his desire to question taken for granted things.

At one point during this interview Joe presented the idea that he could conceive of himself as a self-story. When he saw himself as a self-story his experience was that of being more fluid and that there were more possibilities open to him. Conceiving of himself in this way also felt more hopeful because through this conception he could examine and question the sacred cow that was himself and in this examination and questioning different things could evolve.

There have been times when, through news of a difference or some new information, Joe has come to question some of the sacred cows or qualities about himself that he considered as essential to his integrity. On these occasions he has felt a little bit shaken up. At the same time, there are some qualities or stories or characteristics about himself that help him to continue to grow and feel positive about his experiences. These Joe

leaves alone and accepts because he likes them and they get him somewhere.

Being Cautious

Joe believes that therapists need to be cautious with any therapeutic model that affirms collaboration and levelling out power imbalances between clients and therapists. In his view there is a seduction within any model to become a knowing expert who moves people through a process and in so doing, objectifying the person. When narrative therapy is practised in this way it becomes an oppressive means of getting people through a process that the therapist thinks they should go through. Even within the narrative camp there is a slippery slope toward becoming prescriptive and practicing techniques on people. Joe believes that at the grass roots level of narrative therapy there is a clear understanding that therapy is not just about technique because in practicing from technique alone the therapist is acting as an expert who is imposing a technology on persons.

Attitude

In considering the seductive role of practicing with technique, Joe offered that attitude is essential to practicing narrative therapy. In elaborating on attitude he said,

The attitude is ... that I need to hold back and restrain my knowledges enough, that I'm not unduly influencing this other person and I'm letting their knowledges come forth. I'm using my knowledges to help thicken the dialogue, to help thicken the ideas ... I may use my knowledges to take it into directions that I'm curious about, that may have meaning, or may not ... have meaning or interest for that other person ... but I think the attitude is that, this person is here because they want to engage in a change of perception ... what am I going to do to help them do that, and even in that attitude, sharing that attitude with them, so that they can make a decision about whether or not they want to spend time with you, right.

As opposed to practicing from a stance of applying techniques, Joe's preferred interest and direction as a therapist has shaped into an attitude of letting the other person's knowledges come forth, sharing his attitude with the other person and finding out from the other person what it is they want and what role he can play in that.

This preferred direction is based on his assumption that there is a lot of power in the questions he asks because the questions he asks really can shape a conversation. Because of this assumption, Joe realises that he really needs to understand what a client wants in order for him to move in that direction. He needs to understand what they want before he

leaps off and makes assumptions based on his expert knowledges that he has a handle on what's going on for them.

Transcript Two as a Story: Ian's Story

Ian's Early Life Experiences

Ian has been practicing as a therapist for ten years. In telling his story Ian spoke of a pre-story to the story of how he came into his relationship with narrative therapy. In telling his pre-story Ian spoke of how, during his adolescent years, he experienced a lot of losses. The first and most impacting of these losses was witnessing the death of his brother. This occurred when Ian was fourteen. The subsequent losses and life experiences that Ian spoke of included the separation and divorce of his family, family violence and his struggles as a young man throughout his adolescent years and on into his twenties.

Ian spoke of how these early life experiences effected his development in two distinct ways. The first was in how it affected his identity development as a person and the second was in how he lived with post traumatic stress disorder for about fifteen years.

Development of Identity

In relation to his relationship with narrative therapy Ian spoke of how his experiences of trying to develop an identity after the events of his adolescent years was very challenging. In telling of his experiences of developing an identity Ian tracked the development of his relationship to and with narrative therapy.

For Ian, identity itself is almost a superficial construction within us, but it is something that we need in order to have a sense of who we are. His search for identity lasted for quite a while, from adolescence on into his twenties. In describing this period of his life Ian said that he switched identities like clothes. And yet, upon reflection Ian stated that he thought that the search for and the switching of identities is part of normal development for adolescents and for people in their twenties.

The Need for Safety and Security

Ian spoke of how his earlier identity projects were focused on his needs for safety and security.

I wanted to become the captain of a navy destroyer ... I had these very clear ideas about what I wanted to do, and then I'd focus all my energy into that ... to try to get to a certain place ... I wanted to become a police officer, or an external affairs officer ... and they all revolved around positions that were linked to power in some way.

Ian also spoke of how his educational journey has reflected those needs and drives for safety and security and that this explains why he has a diverse background in terms of his schooling. As he described it, he went through a process of building an identity in a certain way and then he would make a rapid shift out of it when he realised that that way was not going to work for him or when there were blocks to achieving that goal. In reflecting on that time of his life he realises that he needed the identity sooner, so, in the case of wanting to become the captain of a navy destroyer, waiting a whole career was too long.

In addition to this Ian spoke of how the impact of the trauma of his brother's death affected his ability to think, his ability to do well in school and his ability to pass tests and the government exams that were a part of the hiring process for government positions. As a part of what he considers his shifting identity Ian studied criminology for two years and then he completed an undergraduate degree in political science. However, because of his diminished ability to pass exams, he could not quite pass the basic government exam. From there he moved on to a Masters degree, studying sociology and social and political thought.

The Story of Ian's Developing Relationship with Narrative Therapy

It was during the time of his studies in sociology and social and political thought that Ian identified as the start of his story of coming into relationship with narrative therapy. During this time he did research with adolescents, homelessness, identity and gender. It was through these studies that he started to understand how people construct identities and how power and oppression are expressed throughout society. Ian spoke of studying critical thinkers, sociologists and philosophers such as Marx, who were more on the left end of the political spectrum. In his MA studies he looked at ideas around different models of power and structuralism from a leftist critical perspective. From there he moved into a study of poststructuralist thought and ideas around constructionism. Ian started his MA in 1992 and he spoke of how, at that time, postmodern ideas were just starting to move

through the universities. At the time no one knew what postmodernism really meant and yet people's ideas were being challenged. No longer could people hold positions of having all the knowledge and power because their ideas were just ideas.

Ian's MA research was on how men in North American societies construct their identities. In this research he looked mainly at discursive practices, that is, the core discourses that were available through the narratives of everyday life that were influencing how men create their identities. In this research on identity construction he also looked at the influence of the metaphors that men used. In describing this idea that we construct our identities through the influence of cultural discourse, Ian spoke of how there are many ways that men express and construct their identities. It was through these MA studies that Ian came to understand narrative.

During his MA studies Ian was concurrently working as a counsellor, first as a crisis intervention counsellor for adolescents and then as a life skills and employment counsellor, and it was through this work that he first encountered Michael White's work. He remembers that at the time he felt a resonance with White's ideas, the resonance being that he had become really tuned into the ideas of how people created their identities through stories. He remembers thinking that White's ideas would make a great counselling theory.

Although Ian felt a resonance with Michael White's ideas it was a while longer before he came back to studying narrative therapy and brief solutions counselling because at the time he was looking at things through a different lens, through a sociological lens, and he was practicing counselling in a different way than he is now. Then he practised more along the lines of just trying to be helpful. In citing some examples of this practice Ian spoke of his crisis intervention and employment and life skills counselling where he employed the use of concrete, step by step tasks. It was when he started doing outreach counselling from within a clinical model that he started to think more about how to integrate narrative therapy into his practice.

While Ian cannot remember the first time he ever used a narrative intervention with a young person, he can remember that it was an effortless transition. He remembers reading Michael White and David Epston's, *Narrative Means to Therapeutic Ends*, and another book by Allan Doan. These two books really influenced his practice as a therapist. As Ian said, "It seemed so effortless to go into using narrative therapy in my practice." In addition

to these readings Ian also attended a one day workshop with a therapist from Yaletown. This experience opened his eyes even more to the potentials of narrative therapy.

Narrative Therapy

The potentials that Ian saw in narrative therapy were the opportunities for change, especially in his work with adolescents. As Ian explained, adolescents are so much more open to experiential ideas and there is an interesting parallel that happens with narrative therapy because within narrative therapy there are a lot of doors that are open for potential experiential interventions. These experiential interventions include the use of rituals and various documents. In elaborating on these documents Ian spoke of how, through narrative ideas, the nature of documents had changed so that they were no longer documents of power over a person but instead were documents of empowerment to help people to thicken certain of their stories.

In his therapeutic practice Ian can recognise and review the key aspects of the work that he and a young person have identified through his offering of an empowering document. The example that Ian gave of such an empowering document was a pencil coloured with stars (a pencil with coloured stars on it). In this way Ian sees narrative practice as a container that clients can use to fill and highlight what their actual experience is and where they want to go. As Ian relayed, recognising a client's changes or their insights with the gift of an empowering document such as a star covered pencil is a very powerful moment that is often long remembered.

In relation to the practice of writing letters to his adolescent clients, Ian spoke of how letters can be quite empty for people who aren't into reading them. Instead he has experimented into creating documents that are more in the language of adolescents. Instead of formal documents he has experimented with shorter and smaller forms of documents such as newspapers and newspaper articles for kids. In these documents articles can be created that reflect the work that they have done, the new stories that they have created, the counter stories to the problem and the shrinking of the problem. In Ian's experience both he and the young people he works with find these less formal documents to be exciting.

Narrative Therapy as a Container

Ian's idea of narrative therapy as a container is that, as a therapist who practices narratively, he creates a set of structures, or ways of looking at things that help people give a voice to things that are already there or to possibilities that they already want. In elaborating on this he stated that people often come to therapy with a lot of ideas about what they want out of therapy, what they think they're supposed to do in therapy and what they think can be accomplished in the therapy. In addition to these ideas people often have constructed an identity for him as a therapist before having met him. Ian's response to these ideas and constructions is to take time with each client to discuss and question their understanding of therapy, the nature of help and what they want out of therapy. He also wants to hear and question their stories about the problems that brought them into therapy. In this way narrative therapy becomes a container within which the nature and meaning of therapeutic help can be explored and within which the process of therapeutic help can occur. For Ian this is a fascinating component of narrative therapy, in that narrative therapy begs for these discussions and questions and that it does this by starting and remaining in a place of respect for the client.

Respect

For Ian, the respect of narrative practice is that it shifts the whole process of the practice from an alliance with stories of domination and control to an alliance with persons who are living problemed lives. In elaborating on this Ian spoke of how his therapeutic practice includes a lot of the values he believes in, values such as,

what is it to do an ethical practice, what does it mean to practice non harm, what does it mean to liberate people from their problems, what is the nature of help, how do we truly listen to what each person is saying within the context of a session and how do we see things.

The Starting Place in Therapy

In reflecting on his own story Ian spoke of how his initial search for authority and power changed dramatically so that in his present role he no longer is wanting or pursuing these. In extrapolating his experience onto his work with clients Ian stated that the starting place for therapy is not with the urgent and presenting problem in people's lives. Instead the starting place is with two people sitting down together. In sitting down with people

Ian's intention is to try to educate people a little bit on his version of his role in the helping process. Another component of his starting place in his therapeutic practice is to convey his identities. He wants to express aspects of himself as a person and as a therapist with his particular expertise. In essence he wants to give them a sense of who he is as a person and a therapist and how he starts the therapeutic work.

In starting his therapeutic work Ian also asks of each person what has been helpful for them in the past. What he wants is for each person "to tell me about a time that they actually got help that worked for them ... and to try to do some archeology of the nature of what worked for them in terms of getting good help."

In starting his therapeutic work Ian also wants to find out about the identities his clients bring into the room. The identities that they bring into the room are always going to be partial and pluralistic and they're going to be reflective of the problem. Ian believes that people come to therapy to talk about problems and the way they frame problems and the development of problems structures their identity and how they see other people who are connected to the problem. In doing this Ian is not wanting to solidify the problemed identities that clients have brought into the session but instead he is wanting to be curious about these identities. He is wanting to understand these identities, he is wanting to map out the influence of these problems and he is wanting to get a sense of where that person wants to go.

Ian cited his work with a recent client as an example of these ideas. The problem this mother presented was within her statements "I've tried everything" and "my son's out of control." For Ian these were two meaningful sound bites, each of which reflected identity. For Ian her statement, "I've tried everything," most likely meant that she was at her wits end, that she is in a vulnerable place, that she does not have the answers, that mom's are supposed to have the answers, that she feels powerless, that she does not know what to do and that she is lost. All of these ideas that surfaced were reflective of her identity in her role as a mom. She had come to the place where she could not figure it out, and she was supposed to be able to figure it out so she was having to get help.

Her statement, "he's out of control," most likely meant that he is no longer a good kid, that he is no longer the little guy that she wants to curl up with and hug to death and that he is going to end up homeless and drug addicted. In these small phrases are reflected

her fears about where her son is going, where he has been and her construction of his current identity.

Ian believes that as a therapist it is essential he not join with her and get stuck on those identities. As a therapist Ian realises that these statements are reflective of only a part of this mother's experience with her son. In working with her he wants to get a sense of what is behind the presenting story. He wants to get a sense of what she is needing and wanting. In asking questions and listening he is looking for different stories that are about her needs and wants. In doing this he is intending to transform her story from a story about a problem into a story about what she would like.

Creating a New Story

From Ian's perspective the role of the therapist is not to name the preferred story. Instead it is the therapist's role to listen to what the client is wanting and to reframe what is heard in a way so that the client becomes involved in reframing and thinking about the problem in another way. Through the client's reframing and rethinking the problem can change toward a preferred story. Thus, in this movement from stuckness it is the client who "stocks" what the preferred story becomes in this re-storying process.

In returning to the example of his client who came into therapy with the statements, "I've tried everything" and "my son's out of control," Ian stated that the needs that are reflected in her preferred stories are not so much a reflection of what she needs for her son as they are a reflection of what she needs for herself. In elaborating on this point Ian stated that he believed that much of what any one of us does we do for ourselves. That is, we are all in a struggle for existence, to get our needs met. In considering this point Ian suggested that this is where the issues of power surface in relationships.

Adopting Available Stories

Ian believes that the stories people live by are largely influenced by the stock of stories that are available to them through social discourse. That is, we adopt certain culturally available stories that have within them what we should be doing and how we should be doing it. We then measure our own success and the success of others against those stories. As an example of this Ian suggested that there are dominant narratives about

what it means to be a mom in our society. The result of this can be quite painful for any person as they go about leading their culturally influenced and problemed lives. Even when a person appears to be doing really well according to the cultural discourse they may be suffering privately. As an example of this Ian described a situation where a young person might be achieving straight A's in school but inside they are hurting. Ian reflected that how we create meaning in our society is interesting. What matters is not so much inner experience as it is outward appearances.

Going to a Deeper Level

In his therapeutic work Ian knows that he is getting somewhere when his clients start living less from the dominant cultural narratives that had been influencing their lives into problemed ways of living and more from a deeper level of them selves. Ian sees living under the influence of dominant cultural narratives as being equivalent to living through surface identities. When a mother shifts from seeing her son as out of control to seeing him as a kid with some good qualities Ian sees a positive shift but he also sees that she is still living through a surface identity. It's when he sees a more direct and relational level of communication between a mother and a son that he sees the deepening he is looking for.

Identity and Essence

When considering the idea of identity, Ian stated that identities change. For Ian, identities are not fixed but instead they change, even if we do not notice them changing, as when we age for example, and think that we have had them forever. In reflecting on the changing nature of identity he spoke of how he saw the fakeness of identity, that we all think about how we present ourselves and our lives to the world. What Ian thought was that the fakeness, the surface stuff of identity, was not important if the essence of the person came out and was apparent to others.

In describing what the essence of a person was Ian said that for himself the main focus was in connecting with his own heart. As Ian said, "who I am as a person within here (motioning to his heart), this is the essence of who I am ... which is what it's all about." For Ian life was not about the superficial structures of the outside. Instead, when he interacts with people he wants to come from his essence, from his heart.

In elaborating on his own essence Ian said that his essence was the compassionate and loving aspects of who he was. To this he added that these loving and compassionate aspects of himself transcend politics, economy, power over others and oppression and that they were within a spiritual realm.

In conveying his own experience of coming to realise his essence Ian spoke of the shift that took place for him. This shift was moving away from being concerned about what other people thought about him and away from being concerned about how he was presenting himself and instead listening to his essence. Ian described his journalling practice in which he draws upon a heart metaphor. The heart represents his compassionate essence, the qualities of love and compassion within him. In his journalling he writes about an experience he has had, then he will draw a little heart and respond from that heart. Ian has found that it always responds in a compassionate, non-judgmental, non-analytical, non-demanding way. For him this is his essence and in tapping into that essence he has found it to be the most powerful way to understand his experience.

At this time in his life Ian has learned to listen to his essence and in doing this all the other events in life, events such as flat tires and stolen hubcaps, do not matter as much any more. As Ian put it,

What's really important is tapping into the essence of who we are and with each other ... and working through these challenges of struggle and ego ... and trying to meet our needs in a way that's wonderful ... and that's the struggle for existence that we all have ... we all share that. People who come here, come here with the same struggles that I have, and so it's sitting with ... it's listening to ... its creating a container where people can make sense of their different realities and get some perspective on what's happening and create alternatives ... so when people are living the problem its almost impossible for them to step out of it and see other possibilities ... and that's where ... doing the best I can to be fairly grounded and centred and tapped into that essence of who I am ... when I'm in that place I just do ... a reasonable job of helping other people to step out of that crazy.

For Ian, when he or anyone else is living in a problem, possibilities shut down, whereas when he or anyone else is living in their essence, possibilities open up. And, when living in a problem the suffering continues because the person is attached to these circular patterns that unless changed can continue indefinitely in a downward direction.

Effortless

For Ian narrative therapy is effortless for a lot of reasons. It is effortless because

instead of being a pessimistic form of postmodernism, it is affirmative. Narrative therapy also bridges essential aspects of modernist culture. Within narrative therapy there is space for both the material basis of our experiences and the discursive nature of our lives, which is a part of that material basis. For Ian, the bridge between the discursive nature of our lives and the material basis of our lives is important and the narrative way of seeing this made a lot of sense to him.

In Ian's appraisal, narrative therapy arose from within a field where critical thinkers with a leftist bent were wanting to shift structures in the world so that people could have a reasonable life. The shift into this terrain led to an analysis of power, and for Ian, the analysis of power and the potential for liberation for people also made sense for him. And, in making sense, his orientation toward the ideas and practices of narrative therapy was an effortless shift for him.

Narrative Therapy Resonates with People

As Ian conveyed, outside of the theory, the technical aspect of narrative therapy was great in that it resonates with people. The idea of talking about stories makes sense to people. As Ian said, "we don't have to explain to them how to do story telling ... people love to get into their stories". As he explained, all we have to do is be good story tellers in our own life and people will share. They will go on and on because they want to tell their stories and they want to hear our stories too. Again, this is all effortless.

An Efficient and Respectful Way of Working

For Ian there are many different techniques within narrative practice that are useful at different points. As an example he described the technique of collaboratively giving a title to a complex and emotionally weighty story that a person had shared and then using that title as a reference which both the person and he could understand. In this way the therapeutic processes of understanding and change could proceed more efficiently and quickly than if the entire emotionally burdensome story were repeated over and over. With this technique it is not necessary that the therapist has a full understanding of the person's story. All the therapist needs is a sense of what that story means to the person and that the story has importance to the person. By referring to a title, a story can be explored in a

manner that is clearer, more concise and that provides space for more details to emerge.

Giving a title to a story that contains emotions about a person finds difficult to talk about allows them to converse on what they otherwise could, or would, not. In this way a space can be created for people to have conversations and to actually look at some alternatives for healing in a way that is respectful to all concerned. Giving a title to a story that contains unpleasant emotions breaks the dualism of good and bad in that by using the title it becomes possible to have conversations that otherwise would not occur. With the use of titles, stories, events and meanings become neither good nor bad. Instead they become just what they are.

Extending Narrative Therapy

When considering his future practices with narrative therapy Ian said that it just keeps growing and unfolding. He is looking at exploring into applying narrative therapy with children in the context of sand tray work. He said that he's excited about that and wanting to learn more and wanting to learn through practice.

Ian also spoke of his interest in working with young people in the creation of documents such as newspaper and magazine articles and magazine covers using the technologies of computers, colour laser printers, digital cameras and video cameras. For Ian, documents of this sort would offer a high therapeutic impact because they resonate with the existing consumer culture.

Ian is presently researching the area of employing narrative in the context of adventure therapy. Through his therapeutic practice and his integration of narrative therapeutic ideas and practices with other forms of therapy, Ian continues to explore.

A Narrative Therapist and a Lot of Other Things

In describing himself as a therapist, Ian spoke of how he does not want to limit himself by taking on a description of who he is. Therefore, to define himself as a narrative therapist would be to limit himself and he believes that it would go against the spirit of narrative therapy to do so. Ian does occasionally enjoy using narrative therapy purely with some clients and he believes that it is not intended to be used that way all of the time. In working he wants to have as many different tools available as possible and sometimes

that means using several different tools in the same session or it might just mean using different models with different people. For Ian it all comes back to the construction of who he is as a person. He is more than a particular type of therapist. Ian questions the need to name who we are. In elaborating on this he said, “it’s something we need, but it’s also something that limits us ... so I’m a narrative therapist and a lot of other things.”

In considering our interview and if there was anything he wanted to add Ian stated, “You know we could do twelve interviews, and keep going on with other themes.”

Transcript Three as a Story: Rod’s Story

An Introduction to Rod

Rod has been practicing as a therapist since January of 1978. Presently he works as a therapist at a ministry child and youth mental health centre and he is a staff member at a private family therapy clinic. In addition, Rod has a private therapeutic practice. Rod is also a dad to two young women.

As a participant in this research Rod spoke of his practices as a therapist prior to his experiences of narrative therapy and related these to his post narrative therapeutic self, both as a therapist and as a person. Indeed, a constant theme throughout this interview with Rod was his transformation as a therapist and as a person and how some of the knowledges and practices within narrative therapy were integral to his transformation.

Coming to Narrative Therapy

Rod first came to know of narrative therapy through a reading on it and although he recalled that at the time it sounded interesting he had taken no steps to do anything about it. Some time later, in 1995 or 1996, Rod attended a narrative therapy conference which he had heard of through his work and it was from this experience that he spoke of how the knowledges and practices that make up narrative therapy first started to have a major impact on his life.

What stood out for Rod at this conference was a group of First Nations Women who, from the stage, spoke about their experiences at residential schools and their struggles since that time of being in the company of this society. It was during the first hour or so of this discussion that Rod came to realise the “cultural significance of cultures”. Rod

described how he had always known of cultures but that it was the significance of cultures, that is, it was his awareness of the relative influence of white male culture on First Nations Women's culture and later on all First Nations' culture, on white female culture, on children's culture and eventually to all persons, that had a new and major impact on him. (Because this event at this narrative conference is an important and pivotal event in Rod's story, this narrative conference will be used to delineate his pre-narrative conference time frame from his post-narrative conference time frame.)

The Values of Respect and Equality

Rod spoke of how he has, and has always had, as a part of his own value system the treating of others with respect and as equals and that that was a part of the basis of who he was. What he came to realise during what he calls his first experience, that is, experiencing the First Nations Women speak at the conference, was that it didn't matter much what his hopes and wishes for himself were, but that his place in this culture as a white man precluded him from speaking equally to someone else. For Rod this was a totally new realisation. Rod spoke of how he realised that although he was not among the persons who did what was done to these First Nations Women, just because he was a white man he was a member of that group. In essence he was tarred with the same brush and the impact of this resulted in his realisation that if he was going to talk with somebody, he had to put some practices in place in order to have conversations of respect with them. As a therapist, these practices would be intended to help people realise that their preformed culturally influenced thoughts about who he was or what he was about were not necessarily representative of who he was as a person. Over time Rod's experience, which was mediated through his witnessing the First Nations women's conversation at the narrative conference, extended to all First Nations people, to all women, to children and eventually to all persons.

'At', not 'With' People

Associated with his realisation of how he as a white man was located and related to others (First Nations persons, women and children) came the realisation of what his struggles had been as a therapist up to that point. Rod spoke of how he had always known

that he wanted to be respectful to others as a therapist. He also spoke of how he had been aware that his discomfort in practicing as he had prior to coming into contact with the ideas and practices that make up narrative therapy, that is, his pre-narrative conference practices, was one of the reasons he kept journeying for alternative therapeutic practices. Even though he had tried to be respectful, these pre-narrative conference practices never quite felt right. Rod spoke of how, through his experience of the First Nations women's discussion, he came to the new realisation that he had unknowingly been practicing "at" people and not "with" people and that this was the source of his discomfort in practicing in his pre-narrative conference ways.

Rod spoke of how he had never liked the medical model practice of therapy and of how his journey since 1978 had been guided by the wish to find some way of practicing which felt respectful (of others) to him. Rod wanted to see himself as someone who was respectful to others but that all of the therapeutic practices along the way of his journey as a therapist, practices informed by Minuchin, Cloe Madanes, J. Haley, and Mara Selvini Palazzoli and consisting of structural, strategic and paradoxical interventions, were practices "at" people and not "with" people.

Rod's new realisation was that each of these pre-narrative conference therapeutic approaches had as an intricate part the practice of the therapist assuming an expert status whose role it was to make sense of their clients' experiences for them and then to intervene so as to change their lives and that this in itself was a contradiction to his sense of respect for others. As Rod stated, "the practices associated with each of those models was in and of itself disrespectful".

Rod spoke of how his pre-narrative conference actions as a therapist were not those of what he wanted but because at the time he knew of no other therapeutic paradigm to compare it to, a paradigm that did not have as an intricate part the practicing 'at' someone rather than 'with' someone, he had been unknowingly practicing disrespectfully, hence his discomfort. It was at the narrative conference that the "penny dropped", when Rod realised that this is what it was in his pre-narrative conference practice that he did not like. What he had been uncomfortable with was that his pre-narrative conference practice was incongruent with his hopes and wishes for himself as a therapist. He had been practicing "at" rather than "with" people.

Persona Non Grata

What followed for Rod for the three week period immediately following his attendance at the narrative conference was that he felt like a “persona non grata.” He stated that “it was like I didn’t exist,” and that “I didn’t know what to do.” During this period he went about his business, but he was very confused as a therapist and as a person. From that point on, both as a person, as a human being, as a man and as a therapist his whole self concept, his thoughts about himself, were being reconfigured.

Of interest to Rod was that all the “strategic strategies” that he used before the narrative conference were still available to him but in a whole different context. They had filtered down into a different structure so that rather than applying these strategic strategies to people he had conversations ‘with’ people about these strategic strategies. As Rod stated, the strategic strategies “were candidate ideas that we would then discuss to see if they were useful ideas or not useful ideas, and if they weren’t, they were discarded, or changed in some way.”

Living Consistently with Values

In reflecting on this shift that occurred in his post-narrative conference life Rod stated that he was then able to live so that both his personal living practices as well as his clinical practices were consistent with his values. He could now monitor himself in a new and different way. The shift that occurred at the narrative conference allowed him to be cognizant of his sense of responsibility to his relationship with others, to the rest of the world. In his pre-narrative conference life he had not been aware of these responsibilities whereas after the conference he became aware of them.

In tracking the development of his post-narrative conference shifts Rod recalled that it started with his realisation that in relation to those First Nations women he was not on a level playing field. This is what hit him. That he, as a white man, was not just another person to be spoken to. That because of his cultural status he needed to consider that his pre-narrative conference assumptions of equal status with others required unpacking. His experience of witnessing the First Nations women’s conversation resulted in this pivotal thought about relative cultural statuses. As Rod stated, “it started with culture, then went to gender, then went to age.” That is, Rod noticed how his realisations around cultural status

spread from those he experienced through those First Nations women at the narrative conference to all women and then to children. In his post narrative conference ways of interacting with others, his awarenesses of the effects of ethnicity, gender and age became the filters through which his thoughts and actions passed.

A Way of Being with Women and Children

In moving into specific examples of his shift in awareness, Rod realised that his way of being with children had changed. As Rod stated, “part of my ageist practices toward children ... ie: listening to them ... I started to listen to them in a different way ... where as before I was listening ... from this expert place ... and putting things into pigeon holes ... and into ... trying to sort things to makes sense of them for them ... now I was aware that that ... is, I would call an ageist practice.” After the conference, when listening to children he would try to make sense of what they were saying from their point of view rather than imposing his own sense making as an adult.

The same became true for his way of being with women. For example, when seeing a heterosexual couple, Rod would introduce the fact that both he and the male partner were men and that the woman partner was a woman and that if he, Rod, unknowingly said or did anything that she experienced as condescending that she should please let him know because he was misunderstanding from a male place. From this example Rod stated that if there was a misunderstanding, he needed to take responsibility for his part in that misunderstanding, because he was not a woman.

Changes as a Person

When reflecting on how he has changed as a person as a result of his experiences during and since the narrative conference and his subsequent movement into the study and practices of narrative therapy, Rod stated that he had become a different father. Rather than being guided by cultural ideas of parenthood he started to be guided by his children, that is, his children became his consultants on everything that happened in his relationships with them. A question that he brought to his relationship with his children was, “how can I be a better dad in this situation.” At first this stance of consultation puzzled his daughters but after a while they automatically would tell him how he could be a better dad for them. In

relation to a bullying event at school, this stance of consulting with one of his daughters became one of, how he could not make it worse for her at school by intervening in a way she would not want him to but how he could support her. The essence of this was that Rod consulted with his daughter on his participation in her life.

The Guiding Principle of Intimacy

When considering what his guiding principle was, as a therapist and as a non-therapist, that is, as a person in all of his relationships other than his therapeutic practices, Rod stated that intimacy was more of his guiding principle than were the learned knowledges from other places. His stance in relationships became informed by, “how are we going to journey together ... as opposed to ... I read this book and it says this is what you’re supposed to do under these circumstances.” Instead of taking the stance of an expert with expert knowledges, and ignoring the other person, Rod was guided by a principle of intimacy with an other, with whom he was on a joint journey.

A Way of Life, Not a Strategy

When reflecting on how he has changed as a therapist and as a person as a result of his experiences during and since the narrative conference and his subsequent movement into the study and practices of narrative therapy, Rod stated that one thing that he could attest to is that you can not do narrative therapy as a strategy; “Either you live it or go somewhere else.” In elaborating on this idea, Rod stated that living from a narrative therapeutic perspective shaped how he saw both the practice of therapy and the practice of living as a person in relations with others. If a person were to see living in terms of pathology, then that is what they will look for and that is what they will find. If, on the other hand, a person sees life in terms of things that happen, and that they have an influence over those things and that those things have an influence over the person then the person can consider how they can maximise their influence over those things and, in so doing, their life. From this latter stance, which is also the stance espoused within the ideas and practices that make up narrative therapy, Rod stated that looking for alternatives in life becomes easy. How one formulates the questions that are related to alternatives in life is the skill.

Formulating Questions

When considering the formulation of questions from within a narrative therapeutic stance, Rod stated that there were millions of possible questions for life's situations. In returning to the example with his daughter, Rod stated that the questions he formulated in his consultations with her were informed from a stance of trying to understand and make sense of what she could do by herself, how he could assist her, what they could do together and how he could participate in her life.

The same was true in his therapeutic practices with clients, where he saw these endeavours not as hierarchical but instead as people talking together in a consultative fashion. And the consultation was truly reciprocal in that Rod stated that he has not consulted with a single client who has not helped him personally or with other clients. To this he added that, "you learn how to do this work (the practices of narrative therapy) from the people that you work with." "But exactly what you ask within that area is entirely idiosyncratic with the clients."

Identity

In relation to the concept of identity and how that had changed in relation to his experience of coming to study and practice narrative therapy Rod stated that as a younger person he did not know what his identity was. He also spoke of his awareness of how as a younger person he lived in ways that were incongruent with who he saw himself as being but that back then he was not aware of this incongruence. He described being unaware at the time that some of his actions as a younger person were "stupid," "counterproductive," "contrary" and "hurtful."

Upon reflection, Rod stated that in his present life he was much more the person that he wants to be, and much more the person he wanted to be when he was a younger person. In making sense of this Rod stated that his present self is, "a cognizant self" ... "where as before it was more like brain dead ... I just lived out my life ... in accordance with the story that I grew up with ... as a young man, rather than thinking about what that is ... and doing something." To this Rod agreed with the interviewer's summation that as a younger man he had been living by social programming as opposed to living from awareness.

When asked who he wanted to be as a person Rod said that the person he was right now is pretty close. In describing this person, his present self, he stated that he now has the thoughts and abilities to do much more than he was ever able to do before. He was now more respectful of others and more intimate in his relationships with others. Rod said that he thought that love was the key and that he distinguished between therapeutic love and therapeutic violence. For Rod, being on a path of therapeutic love, of being loving in therapeutic relationships and in relationships with others was one of his guiding principles.

When considering the fluidity or fixedness of identity Rod stated that a person's identity has the possibility of being fluid but that how fluid or fixed it becomes depends on what a person wants to be and on how aware a person is of their circumstances and on how aware they are that they have the potential to assume some responsibility for their circumstances. Rod would not be in the business of therapy if he did not think that identities could change. To this he added that he believed that many people live their lives unaware that they are living in accordance with the instructions they have received about how life should be practised. In essence, they are living prescribed lives, and unaware that they are doing so.

Upon further consideration around the notion of identity Rod said that he could not seem to get a handle on it. That the notions of "self," "identity," "self esteem" and "personality" were concepts that did not fit with his ideas because they were too medicalised for him. Rod said that these ideas were too fixed and that they had come to have meanings that had been used in hurtful and confining manners. Continuing, he said that unless these ideas were unpacked they cornered him in and limited his ability to think about life. For Rod, unpacked ideas were like wonderful clothes in a suitcase that unless unpacked were useless. In relation to the notion of identity and therapy he would start off with the idea of identity and then go about unpacking it in order to see what it means and how it influences the person.

Narrative Therapeutic Practice is Consistent with My Beliefs and Values

When considering what most drew him to narrative therapy and what keeps him with it Rod said that, “it allows me to be consistent with my beliefs and with my values.” In practicing narratively he has a loving and connected relationship with others and that none of his other therapeutic practices prior to his journeying into narrative therapy had this. Prior to his narrative practices he had practised ‘at’ people rather than ‘with’ people and this was his inconsistency between his beliefs and values and his practices. Practicing from within a narrative stance allowed him to be ‘in’ relationship with people.

Relationships Between Men and Women

As a final piece of this interview and in response to the question “is there anything you’d like to add that we haven’t covered?,” Rod mused about relationships between men and women, relationships that could be between intimate partners, siblings or friends. What he considered was this: Because there are cultural instructions for both men and women, how do you go into a relationship with someone else who is unaware of their practices and the effects of their practices? He considered the following questions;

How does one, from a male place, influence someone in a woman’s place to consider the effects of their culturally influenced practices? Does that mean now you ... a narrative therapist can only be together with a feminist ... and one who’s aware of ... the effects of her practices, that she was influenced into, and hopefully rejects those ... which are maternalistic, not paternal, or nurturing, but maternalistic, mediating others’ relationships ... and women are keyed to being responsible for everybody, and all relationships?

A Meaning Verification Telephone Conversation

In one of our telephone conversations during the process of verifying the accuracies of his interview transcript and the essences of his transcript as a story, Rod informed me that he likened his experiences of transformation that started with his experiences at the narrative conference to a religious or spiritual conversion as these are depicted in popular culture.

Transcript Four as a Story: Sue’s Story

An Introduction to Sue

Sue completed her Masters in counselling in 1989 while her husband was posted

overseas with the Canadian military. This graduate degree programme was with a US university and her practicum for this Masters was under the US chaplaincy. She sought this practicum placement because, unlike US military medical and psychiatric files which were open for any commander to read, the chaplaincy files were not. Thus, working under the umbrella of the chaplaincy meant that people could come and speak freely and it would not impact their careers. As Sue put it, she had the privilege of listening to people's stories.

Coming Across Narrative Therapy

When she moved back to Canada she started working at social agencies on Vancouver Island and it was then that she first heard of narrative therapy through Michael White. This was in 1994 or 1995 and because it was Michael White's second time through Vancouver Island speaking about narrative therapy Sue recalls that she felt like she had missed the first chapters of a book. Because of this she recalls feeling as if she was not quite up to speed on what he was speaking but that what he was speaking of was something wonderful. It was at this point that Sue purposefully started to study narrative therapy.

Together with a team of people from the social agency at which she worked she attended a series of one day workshops on narrative therapy put on by Yaletown Family Therapy in Vancouver. Subsequently she attended her second talk by Michael White and a talk given by David Epston when he visited Victoria five or six years ago. It was during her second attendance at a David Epston talk in Vancouver in October of 2003 that this interview with Sue took place.

The Appeal of Narrative Therapy

What was most appealing to Sue about the practice of narrative therapy was in how respectful and honouring of the person it was. In the practice of narrative therapy people could be honoured for who they were, in the place they were. It was not denigrating of the person.

During her graduate studies she had always disliked the diagnostic criteria of all systems she has worked for because it did not seem respectful to label people. She

preferred to meet people as who they were and not as the diagnostic labels that had been applied to them. In her therapeutic practices Sue has never liked to read files. Instead she has preferred to first meet the persons as who they are. During this interview/conversation Sue disclosed that she has never read client files before meeting for the first time and has instead acted with her preference to meet persons first.

Chaffing Against Non-Dignity and Non-Respect

Sue recalls that her Masters training in counselling included REBT, rational emotive behaviour therapy. What she liked about the REBT approach was that it could be used to confront issues. However, as a therapist she felt as if she was chaffing against this way of working with people and because of this she tailored it to her beliefs and feelings that every individual deserves to be treated with dignity and respect. Sue stated that treating others with respect and dignity was how she operated in the world and that, from a therapeutic perspective, if anything is done that is not dignifying or respecting of a person then a disservice is being done to that person.

Bringing in Respect and Dignity

Sue recalls that she appreciated the learning and teachings she received while in her Masters programme. She also recalls that as a Canadian working with Americans she had a freedom to be different and a little “weird” because she was not a part of that US system. Because of this freedom to be different, Sue was able to bring into her therapeutic training the respect and dignity that fit with her way of operating in the world. In reflecting about her supervisor at her chaplaincy practicum Sue has a suspicion that the ideas and practices that make up narrative therapy would fit with him too because he operated in a very respectful manner toward others. Sue found a resonance between his respectful manner and her way of operating in the world.

Narrative Therapy Fit

When Sue came across narrative therapy she found that it fit. Upon reflection Sue said that in having brought respect and dignity into her therapeutic work she had been practicing in a way that corresponded with narrative therapy. In coming into contact with

narrative therapy she was able to enlarge her philosophy and her thought process because the narrative therapeutic framework was one into which she could comfortably fit her self.

Narrative Therapy Made Sense

In addition to this fit with her way of operating in the world, Sue found that narrative therapy made sense to her. It made sense in that it seemed a very sensible approach to come along side a person, to be with them and ask respectful questions, to elicit a story and bring the positive aspects of the story to the front and in so doing creating a place into which that person could live in a fashion that they found more successful. For Sue, narrative therapy was also a very sensible approach in that it was a way of working effectively with people.

Narrative Practice Was Self Respecting

Sue also found that in practicing in accordance with the ideas and practices that make up narrative therapy she was able to be respecting of herself. In practicing narratively she was respecting her self by practicing in a way that corresponded with her values and ethics.

In reflecting further Sue recalled, "I never worked in a way that wasn't ethical for me. If I didn't like something I didn't do it." To this she added that there were times in her therapeutic practice when, in acting in accordance with her ethics, she was aware that she wasn't doing what she was supposed to be doing and that this got her, "into trouble." An example of such an event occurred while Sue was working at a social agency. Her supervisor, whose ethics differed dramatically from Sue's both in the ways she worked with her staff and her clients, disciplined Sue for what Sue felt was a very ethical action on her part. Sue fought back and although it was a very difficult and horrid process to live through she was completely exonerated.

What Sue still reflects on about that event is that she believes that if her supervisor had just criticised and denigrated her as a person, and not as a professional, that she would have quit her job. Instead, because her supervisor attacked her as a professional and her professional ethics, she fought back, retaining her position. In relation to her experienced difficulty in fighting back Sue stated that, "I'm not that type of a person, but somewhere I

got the strength to fight back.”

Permission to Be Human and to Be Herself

In her movement into the ideas and practices that make up narrative therapy Sue read papers, handouts and books. Many of these came through Dulwich Centre Publications and the Yaletown Family Therapy Centre. One book which stood out in Sue's memory was David Epston's book, *Playful Approaches to Serious Problems*. Sue recalled how this book helped her in her work with the collaborative children and family therapy team of which she was a part. In Sue's telling, this book illustrated David Epston's way of drawing attention to the behaviours and actions of children that were exceptional to the problem dominated story about the child but which their parents had failed to notice. Sue recalls that David Epston drew attention to these exceptional actions in a manner that was exciting and playful. Sue stated that, although she had done the same in her work but to a lesser degree, what she drew from David Epston was permission to bring excitement and playfulness into her practice to a greater degree. Instead of wondering and second guessing if she was really doing the right thing by bringing her excitement and playfulness into her practice, the ideas presented in this book confirmed for her that she was on a right path and this gave her permission to practice even more so in this way than she had previously. For Sue, this permission was permission to be human and to be herself, which was a good thing.

In recalling her Masters degree Sue disclosed that it was a fairly prescriptive programme. What was espoused was that there was a right way of speaking with clients and asking them questions. In narrative therapy she found that it was, “very nice to be able to have a method that allows you to incorporate it into your personality and into your own style ... be respectful and sincere ... and building off of others.” Prior to coming to know narrative therapeutic ideas and practices Sue questioned some of her therapeutic practices that were not “what books would say you were supposed to be doing”. This in spite of bringing herself into her therapeutic practice and seeing that the people who came to her for help were getting better. After encountering narrative therapeutic ideas and practices, instead of wondering if she had screwed up, Sue felt a greater comfort in receiving permission to bring more of herself into her therapeutic practices and she found

that her habit of second guessing fell more to the wayside.

In the relationship between her voice of second guessing and her practices of therapy, Sue sees this voice as being problematic only when it is so loud that it interferes with good work. For Sue there is a healthy balance between practicing perfectly and practicing in a way that is most healthy. To this Sue added, “and who says we’re always the most healthy ... we can only hope.”

Honouring the Story

An idea that Sue introduced into our conversation and which is integral to her practice as a therapist is that narrative therapy honours the story of the people with whom she has the privilege to sit. From her perspective this is very important because therapy is not about her, its about the people she sees in her practice. For Sue, honouring the person and their story felt right, it fit with who she was and is.

In extending the idea of stories, Sue presented her belief that for each person, “you are who your story of you is.” In her elaboration on this she said that because this was a new thought and therefore difficult to elaborate, she stated, “It seems that how we stand in the world is, who we are is, the collection of stories we bring with us.” For Sue it is the collection of our stories from the past, present and projected future that constitutes our story and that we “need to honour the richness and the depth of it.”

The Importance of Language

In relation to language and the use of language Sue considered, “the importance of language, and how language plays such a role in how we see who we are.” As an example of the importance of language and its use Sue referred to the use of externalising language in relation to her work with the problem of depression. When working with a client who presents with the statement “I am depressed,” and when that statement has been supported by medical professionals, with the use of externalising language Sue introduces the alternative idea that “Depression” has come to visit this person and then moves into how this unwelcome visitor can be ushered out of this person’s life. Referring to externalising language, Sue stated that, “it gets the difficulty away from defining the person, to being something that comes in that, if you don’t want it around, you can dispatch it ... and the

language gives you the authority and the power and ability to do that.”

Continuing on the thought that language use is important Sue stated that there are less graphic shades of language use to which she has become more sensitised. An example here was in how a recent client spoke of herself as being “a good little housewife” in a belittling manner. Sue spoke of how in her work with this woman the role of good little housewife became instead the role of the manager in her family, a role which replaced self-denigration with self.

Fun

In remembering her narrative therapeutic work Sue recalled that the practices that were the most fun were among those when working with children. As an example of this she described the work of one of her colleagues who helped a boy destroy a monster. The particular monster to be destroyed was a representation of a problem that had come into the boy’s life and the destruction of the monster was a representation of getting that problem out of his life. The destruction of the monster consisted of taping it shut into one box, then into another box, then bashing it with swords, then bashing it with sticks and finally tossing it into a fire. Those who helped the boy with the destruction of this monster included the therapist and all the members of his family. Sue recalled that this sort of work with children was “so much fun to do,” and that she really loved those therapeutic sessions with children.

As an adjunct to this story Sue recalled that the mom knew intrinsically to join in with the drama of destroying the monster. Sue agreed that this was confirmation that narrative practices, and this narrative practice in particular, was real to and resonant with people. In addition, this, like many other narrative practices, easily and naturally had a place for the involvement and support of others.

Narrative Therapist

When considering if she would call herself a narrative therapist Sue realised that perhaps she would. While she recognised that she did not have the same expertise and depth of knowledge as some others within the field of narrative therapy, Sue felt that in her own way she did practice therapy as a narrative therapist.

As a Non-Therapist

When asked if studying and practicing narrative therapy had moved into her life as a non-therapist Sue returned to her awareness of and sensitivity to language. As Sue stated, once she started to become more aware of language, “it bled through my whole life ... so that it couldn’t just stay in my therapeutic office, it had to go everywhere.” In elaborating, she spoke of how she had become more aware of meanings within language use, meanings that she had not recognised before. An example of this was the use of violence in everyday language and in particular the use of violence within medical language. Another example that Sue offered was the commonly used term “it isn’t in the cards,” a term that refers to the occult. Because she does not espouse violence nor the occult Sue now refrains from the use of language and vocabulary that refers to either of these. Sue is still working on what she referred to as the purification of her language and vocabulary use. She sees her awareness of and sensitivity to language as a filter.

With her growing awareness of how language impacts the world and the people around us in powerful ways Sue spoke of how she, in her life as a therapist and as a person, realises that we all need to be very careful with our language use because, as Sue put it, “the misuse of words is a misuse.”

Changed as a Person

When asked if she had changed as a person as a result of her study and practices of narrative therapy Sue responded with, “I hope so” and “everything you come across that resonates well with you ... enriches you as a person and makes you ... stronger ... more complete ... more full, more rich ... and so that everything that I come across in life that enriches me ... is beneficial.” Sue added that although she had changed, she was still the same person. She was still the same person, a person who lives, learns and grows, a person who was ongoingly becoming more aware and wise.

As a part of her wisdom Sue spoke of the importance of taking actions that put us, as therapists, “on eye level with folks.” In her therapeutic practice Sue ‘serves’ the people who come to her for help.

Summary of Chapter Four

In this chapter the four participant verified stories that were prepared by myself from the participant verified interview transcripts were presented. By asking these four narratively orientated therapists to tell their stories of how their studies and practices of narrative therapy have affected their developments as therapists and their practices of therapy some validation and expansion on the cited authors' experiences were obtained. In addition to this, within the storied accounts of these four narratively orientated therapists there emerged a multiplicity of unique and diverse experiences of the affects of studying and practicing narrative therapy.

In Chapter Five, the meanings and themes that emerged from the interviews is presented and a discussion of the implications and the significance of these participants' stories to the field of counselling psychology is presented.

CHAPTER FIVE

DISCUSSIONS AND IMPLICATIONS

Introduction

In this chapter the significance and implications of this study are discussed in the contexts of counselling psychology theory, research and training of therapists. An important preliminary to this discussion is the clarification of the location and limits of this study. Apart from the reports of the authors cited in chapters One and Two there have been no publications on and no research into how, or in what ways, the study and practice of narrative therapy can affect the development of therapists and their practices of therapy. In addition to this, while the descriptions of the cited authors provide a glimpse into how their integration of the ideas and practices of narrative therapy affected their therapeutic practices and their personal lives, these descriptions do not provide the depth, detail and coherence that a storied account can provide. In this way the findings of this research are important as unique contributions to the field of counselling psychology. It is also important to note that this is an exploratory qualitative study, the purpose of which is to convey the stories of the lived experiences of four therapists who have studied and practice narrative therapy. It is beyond the scope of this thesis to consider the relative effectiveness of various therapeutic paradigms, including narrative therapy.

The four therapists who participated in this study are from varied backgrounds. One is a woman and three are men. Two of the participants were recruited from the same setting where they work as therapists and two were recruited while they attended the same narrative therapy seminar. The experiences, beliefs, attitudes and insights represented in this study are those of these four participants and readers should not assume that these participants' experiences, beliefs, attitudes and insights will necessarily generalise to themselves or other persons. Nonetheless, it is possible to obtain the storied accounts of life experiences of how, or in what ways, the studies and practices of narrative therapy have affected the developments of these four therapists and their practices of therapy from their stories.

As the investigator I had no set expectations of what the participants might speak of in the storying of their experiences. In conducting the interviews for this research each

participant was offered the responsibility to tell the story of how they came to study, integrate and practice narrative therapy. From these interviews it was hoped that the life experiences of each participant would emerge.

Discussions of the significance and implications to theory of the seven emergent themes will be presented in the following section. In accordance with the idea of making my subjectivity as researcher explicit, my personal reflections and experiences related to each theme will be included here. Following these discussions, the significance and implications for research and the training of therapists of these participants' stories will be presented.

The Emergent Themes

The themes that emerged as a result of sorting the meanings that were extracted from the four participants' verified stories were as follows.

1. Changes as a therapist and as a person,
2. What it is about narrative therapy that works,
3. The values and ethics of the participants,
4. What it is about other therapeutic practices that do not work,
5. The importance of community,
6. Personal attributes of the participants,
7. Challenges of integrating into practice the ideas that make up narrative therapy, and outliers.

These seven emergent themes are listed in order from the most to the least robust, robustness having been determined by the number of story meanings sorted into each theme. After sorting all of the meanings that were extracted from the participant's stories the first theme, changes as a therapist and as a person, was composed of the greatest number of meanings. Accordingly the second theme, what it is about narrative therapy that works, was composed of the second greatest number of meanings, and so on. The eighth member of this list is composed of three outliers each of which expresses a fact and not a meaning and because of this they do not constitute data for this research.

The Significance and Implications to Theory of the Seven Emergent Themes

Changes as a Therapist and as a Person

The most robust theme to emerge from this research is composed of the changes these participants spoke of in how they practiced therapy and how they lived as persons apart from their practices of therapy. (When considered conjointly practices of therapy and practices of living as a person apart from practices of therapy are referred to as practices of living.) In their storying, the four participants also spoke of their deepening awarenesses that accompanied these changes in their practices of living. While there were some similarities between the four participants' stories, they did not speak in identical fashions about their changes in depth of awarenesses and their changes in practices of living. Three of the participants, Rod, Joe and Sue, spoke about how some of the ideas that make up narrative therapy were directly associated with their changes in awarenesses and how these were related to their practices of therapy and how they lived as persons. Ian spoke about how his integration of ideas within social and political thought, which he had studied prior to learning of narrative therapy and which correspond with some of the ideas that make up narrative therapy, were related to how he practiced therapy and how he saw the practice of therapy.

Changes in Depth of Awareness

The changes in depth of awareness that one of the participants spoke of included his new realisation of the cultural significance of cultures. Rod spoke of his new and impactful awareness of the significance of the relative influence of white male culture on First Nations women's culture. This deepening awareness was initiated at a narrative therapy conference where he witnessed a group of First Nations women speak of their experiences at residential schools and their struggles since that time of being in the company of this society. Since that initiating event, Rod became increasingly aware that, in spite of his wishes to have relationships of respect and equality with others, his location as a white man in this culture precluded that from happening. His awareness of the significance of the relative influence of white male culture spread from First Nations women's culture, to white female culture, to children's culture and eventually to all persons.

Through this shift in awareness he realised that he needed to put some practices into

place if he was going to have conversations of respect and equality with others. These practices would be intended to help people realise that their preformed, culturally influenced thoughts about who he was were not necessarily representative of who he was as a person.

From this same shift in awareness he also realised what his struggles and discomfort had been as a therapist to that point. This realisation was that, although he had always wanted to practice therapy in a respectful manner, the structural, strategic and paradoxical interventions he had been practicing were intrinsically disrespectful because they were practices “at” and not “with” people. He became aware that he had unknowingly been practicing therapy as an expert who assumed the role of making sense of his clients’ experiences for them and then intervening to change their lives. This contradicted his sense of respect for others.

Rod had been practicing as a therapist for 17 years when he came to these realisations; he then made the changes in his practices of living. He spoke of how he experienced a profound shift in how he saw himself and his practices of living when he realised that his practices of living contradicted his image of himself as a respecting person. This shift in his self concept and in his practices of living were so great that he became very confused as a therapist and as a person. He felt as if he did not exist and he did not know what to do. Over a period of time he emerged from his confusion with a reconfigured self concept, which he likened to a religious or spiritual conversion.

Rod’s description of confusion and his resultant reconfigured self concept corresponds with Jill Freedman’s (Freedman & Combs, 1996, p. 17) description of her “new constitutionalist metaphor of self.” In questioning her taken-for-granted reality that deep down she was a good person no matter what she did and instead coming to realise that she was responsible for continually reconstituting herself as the person she wanted to be, she went through a process which she describes as a shake up, where she became motion sick and nauseated. Upon hearing the group of First Nations women speak Rod experienced his reconfiguration in how he saw himself as a person and how he saw himself in relationship with First Nations women, women, children and eventually all persons. As he said, his whole self concept was reconfigured.

My interpretation on Rod’s story of his reconfigured self concept which resulted from hearing the First Nations women speak is that his relatively self-centred self concept

lost its stability when he realised, through the experiences and perspectives of the First Nations women, that his practices of living contradicted his image of himself as a respectful and loving man. What emerged in place of his relatively self-centred concept of himself was an expanded self concept, one that now more readily included his experiences of the perspectives of the First Nations women and eventually of all persons. Rod's practices of living followed suit and became practices "with" and no longer "at" people and, as a result, all of his relationships became more intimate.

The confusion Rod experienced during the reconfiguration of his self concept and the changes in his practices of living could be considered as a necessary step, as older self concepts and practices of living were deconstructed and replaced with newly emerging self concepts and practices of living. Rod spoke of how, immediately after the narrative conference, he used his "strategic strategies" but in a different context. Rather than applying these therapeutic practices to people, he had conversations with people about the usefulness of these approaches to therapy. If they were deemed useful they were used; if not they were discarded. Thus, before he developed practices of therapy that were congruent with his newly emerged self concept, he applied therapeutic practices with which he was familiar but in a way that made them congruent with his newly emerging self concept. Eventually Rod learned of and then practiced narrative therapy.

Further conversations with Rod might confirm my speculation on his reconfiguration of self concept and the associated changes in his practices of living. The roles that his empathy and his perspective-taking abilities might have played in these changes would be important to consider in these conversations. In addition to this, the specific components at the narrative therapy conference which made up the context within which his self concept reconfiguration was initiated, would be important to consider. Perhaps Rod could tell more about his process of reconfiguration and the contextual factors that contributed to it.

When I first learned of the ideas within constructivism and social constructionism, my experience was similar to those of Rod and Jill Freedman. Ideas and beliefs lost their truth status and instead became culturally situated constructions that might or might not be arbitrary and might or might not be useful. More importantly, because practices of living were directed by ideas and beliefs, they too lost their truth status. Instead of truth as a

directing factor, I started to take direction from my sense of what was helpful or unhelpful in a situation, choosing the most helpful when I was living at my best. In all of this I experienced confusion as I came up against and started to question my own beliefs, ideas and practices of living, and those of the people around me.

As I have continued with these ideas and practices of living I have come to realise that there are no certain or right answers or practices of living for any situation, only what seems to be the most helpful and the least hurtful for myself and others at any time. In that there are no concluding answers, life seems to be more akin to a story, one that continues to be written, as the narrative metaphor suggests.

Joe spoke of how his understanding and practices of narrative therapy have not made for a straightforward transformation. It has been a process of revisiting, through workshops, discussions and therapeutic practice. This process has been one where a more detailed and evolving picture of narrative therapy has been emerging. As a part of his evolution he stated that five years ago he would have identified himself as being a narrative therapist. Now he sees himself as a therapist who uses narrative ideas. Because he is a complex human being he finds the identity of being a narrative therapist too confining. In Joe's view, when you put a label on yourself, even a positive label, you constrain yourself and in the process you miss other elements that may be helpful.

From this part of Joe's story I can see a correspondence with Freedman and Combs' (1996) description of their transition to narrative therapeutic ways of thinking and practicing. They describe their process as discontinuous, bumpy and exciting. Joe describes his process of integrating narrative therapy as not straightforward, evolving and with challenges along the way. To this I can add that my experience of integrating the ideas and practices of narrative therapy as one in which I have met with and worked through conceptual shifts. As I continue to integrate narrative ideas into my therapeutic and living practices I continue to evolve in how I consider the world through these conceptual shifts, and in how I live in this newly considered world.

McKenzie and Monk (Monk et al., 1997) report that it takes two to three years to integrate narrative therapy into one's own style of therapeutic work. In Joe's story he conveys that while he once would have identified himself as a narrative therapist, he now finds this fixed identity too confining. On this point I can see a correspondence with

Michael White's position on "humanistic ideas." For White (Bergman & Abrahamsson, 2000) humanistic ideas are not bad but they can be restricting. Here, Joe is applying the same principle to his identity as a therapist. Labelling himself as a narrative therapist felt too constraining and opened up the possibility that he might miss other elements that might be helpful. He now sees himself as a therapist who uses narrative ideas in his practice. Given White's position on humanistic ideas, I believe it is possible that he would concur with Joe's self description as a therapist. That is, I believe that it is possible that Michael White sees himself not as a narrative therapist but as a person who practices life and therapy according to the ideas that make up narrative therapy. And because the ideas that make up narrative therapy are constantly evolving, his practices of living and practices as a therapist are not fixed but also changing.

A big shift in Joe's awareness occurred through his introduction to the idea of the panopticon. This initiated his deeper understanding of some of the processes he had been uncomfortable with about the psychodynamic approach to therapy. Joe spoke of how his study and practice of narrative therapy have helped him in becoming more aware of power imbalances within therapeutic practice.

When I read White's description of the panopticon in *Narrative Means to Therapeutic Ends* I too became aware of how the stance of "therapist as expert" would create distance between clients and therapists and would likely result in some disempowerment of clients. I also realised how an everpresent gaze could effect people's lives. In particular, through White and Epston's (1990) text, I realised how women are more under an everpresent gaze than are men, and how this could shape the lives of women and, in turn all, the persons in their lives. I have a clearer sense of how the objectifying practices of this culture toward women shape their lives.

Joe's response to practicing narratively, while not practicing as an expert who leads the client where he thinks they ought to go, has been to learn to better recognise when he is getting ahead of clients. Through self awareness he has developed a collection of awarenesses around his trigger points and the invitations he finds the most difficult to resist: to practice as an expert. Instead of blaming the client or dominant cultural narratives or himself as an inadequate therapist, he has become aware of blame; blame has become his teacher. With blame as his teacher, blame has become gentle criticism, and with gentle

criticism he is more able to see that he is a human being and therefore subject to reacting to life's situations. With gentle criticism, instead of trying to argue clients out of their ideas, he works to deconstruct those ideas with the intention of gaining a greater understanding of the details of the ideas.

At this point a consideration of Foucault's description of the inseparability of power/knowledge becomes pertinent. Foucault (1980) proposed that because we are all caught up in a web of power/knowledge it is not possible, or it is very difficult, to act apart from this domain. For Foucault, it was the isolation of specific knowledges from the discontinuous knowledges that invested scientific discourses with the effects of power. This isolation was essentially achieved through the development of the "objective reality" discourses that qualified these knowledges for locations within the hierarchy of scientific knowledges. And, just as these techniques were developed at the local level it is also at the local level, at the level of of clinics, doctors and therapists, that the exercise of power is the least concealed and therefore the most visible for critique.

For Foucault (1980), a predominant feature from the early 1960s has been the local character of criticism. By local character he means autonomous and non-centralised theoretical productions whose validity is not dependent on the approval of established regimes of thought. Through this local criticism, subjugated knowledges that were framed by life experiences and not scientific theories emerged into discourse. This Foucault referred to as the insurrection of subjugated knowledges.

In considering Joe's and Rod's practises as therapists from within Foucault's analysis, it is possible to imagine the following proposition. As therapists they are located at a local level where the exercise of power is least concealed and therefore most visible to them for critique. In effect they have seen therapy framed by therapist as expert, critiqued it, and rejected it. By calling into question their status as expert therapists and the objectification of clients that accompanies that status, Joe and Rod have in effect effectively resurrected therapeutic practice knowledges that are framed by their life experiences and not scientific theories. For Foucault (1980), the return of knowledge meant that it was not theory that matters but life, not knowledge and books, but reality. In Foucault's proposition I see a correspondence with Joe's and Rod's movement from practicing therapy as experts to practicing therapy as collaborative partners.

As a therapist, Joe periodically feels invited to practise as an expert who tries to argue clients out of ideas but instead he chooses to collaboratively deconstruct these ideas with the intention of gaining a greater collaborative understanding of them. And because his therapeutic knowledges are framed by his life experience and not certain scientific “truths” he continues to question them--they are not certain, infallible nor unquestionable, but changing, as are his life experiences. Where Joe once saw himself as a narrative therapist, he now sees himself as a therapist who uses narrative ideas. He is left as Freedman and Combs (1996) are, not with monolithic truths but with preliminary reports of a work in progress from an exciting new culture. (Of course, this is my proposition and not Joe’s nor Rod’s--nonetheless, the correspondence between Joe’s and Rod’s stories of how they came to study and practice narrative therapy, and Foucault’s analysis of power/knowledge bears, further investigation).

As a therapist and as a person I too have experienced the exercise of scientific knowledges within the field of mental health, and have concluded that much of what is presented there has very little to do with life experiences and more to do with applying ideas within medicine to their logical and inaccurate conclusions. The idea that some people suffer from a medical condition known as “clinical depression” and the practices of living of those people who identify with this idea are examples with which I have some close experience. Because I have what Michael White and David Epston refer to as “insider knowledge,” that is, close and real life experiences with what some refer to as clinical depression and the practices of living that are associated with those who identify with these ideas, I can speak from my local and insider knowledge on this. I believe that the idea of clinical depression can serve many purposes in a person’s life, one of which is to provide a lifestyle that is relatively less painful than the lifestyle that proceeded it. And because the idea of clinical depression is socially sanctified as a legitimate illness, the doorway is always open to enter into a less painful and depressed lifestyle.

I have witnessed the strength and the girth of the argument that clinical depression exists as a medical condition and I have witnessed the effects of this argument on people’s lives. And, because I know that I cannot know another person’s life experiences, I leave open the possibility that clinical depression may be a medical condition. I also know that what is known as clinical depression may be the result of a number of circumstances, some

of which may be physiological, social and spiritual. However, I am left wondering that, as with the phenomenon of voodoo, the phenomenon of “clinical depression” may be the result of socially constructed beliefs that some people live in accordance with.

Sue spoke of how her sensitivity to and her awareness of the importance of language have changed through her studies and practices of narrative therapy. For Sue, language is extremely important because the meanings that we create, including our identities, depend on the language that we and others use. An example she gave was that, through the use of externalising language, a difficulty can be distanced from a person, and through this distancing the person’s self definition can become less fixed and open to possibilities for change. Externalising conversations can facilitate a process where a difficulty can be seen as simply something that comes into a person’s life and, if not wanted, it can be dispatched. Language gives us the authority and power to do that.

Sue’s referral to the importance of externalising conversations concurs with the narrative therapy literature. Her new awareness of the importance of language corresponds with Michael White’s position that a person’s identity is a public and social achievement rather than a private, social matter. For White (Berglund & Abrahamsson, 2000), when we listen to somebody’s story about their life and then re-tell their story from our own perspectives, experiences and associations, we give our contribution to their ongoing identity project. In Sue’s description, it is not just the stories we tell, but the words we use in telling these stories that makes a difference in the shaping of meanings.

I certainly concur with Sue’s position of the importance of language and word usage. To these I would add that as therapists and as persons the affect we express and the intentions of our therapeutic and personal practices also contribute to the ongoing identity projects of all the persons with whom we engage.

Ian spoke of how he came to understand some of the ideas within narrative therapy through his Master’s studies in social and political thought. Through these studies he started to understand how people construct identities and how power and oppression are expressed throughout society. Postmodern thought supported the idea that ideas could be challenged. People who made claims of truth and the powers they assume through these claims could be challenged because their ideas were just ideas. On this point, that truth claims and the powers that are assumed by those who make them can be challenged, Ian is

expressing a stance that corresponds with the collaborative stance that narrative therapeutic practice assumes. It is not those who have integrated scientific truth claims who are the experts on people's lives--but the people themselves who are the experts on their own lives. The role of narrative therapists is to support people's expertise.

Ian spoke of how his transition to narrative practice was effortless. His transition of ease stands in contrast to McKenzie and Monk's (Monk et al., 1997) report that their students require two to three years to integrate narrative practices into their therapeutic work and that they experience some difficulties as they do so. It could be that Ian's studies in postmodern thought supported his rather effortless transition into his practice of narrative therapy. Further conversations with Ian about this might confirm that prior or concurrent knowledge of postmodern ideas facilitates the integration and practice of narrative therapy. The implications of this possibility for the training of narrative therapy could prove to be important.

My experiences of integrating the ideas and practices of narrative therapy has been more as McKenzie and Monk have described it. For example, a substantial amount of my time and effort integrating narrative ideas and practices has been spent trying to gain an understanding of the interplay between modern ideas and narrative ideas and practices. At this point in my understanding of narrative ideas and practices I believe that, while some time and conceptual struggles were necessary to my understanding, an experienced guide to this new way of thinking would have been helpful. The resources I drew from for most of my journey in integrating narrative ideas and practises were texts. While these were helpful, and not so helpful when contradictions and misinterpretations appeared, I found that it was my attendance at narrative therapy seminars, where I listened to speakers and had conversations with people about narrative ideas and practices, that was integral to most of my conceptual breakthroughs and understandings. I also found that texts in the form of conversations between an interviewer and an interviewee, usually Michael White or David Epston as the interviewee, were also particularly helpful for my comprehension of narrative therapy. The implications for research and the training of narrative therapists becomes apparent here as well.

Ian believes that the stories that people live by are largely influenced by the stock of stories available through social discourse. When we measure our success or the success of

others against those stories, the results can be quite painful as we go about leading our culturally influenced and problemed lives. Here, Ian's belief coincides with Michael White's (White & Epston, 1990) position that a person's beliefs about themselves, others and their relationships can reinforce and confirm the ongoing presence of problems. In White's view, these beliefs are usually related to a sense of failure to achieve certain expectations, to replicate certain specifications of life or meet certain norms. This conception of problems as being dependent upon the beliefs within dominant cultural discourse is of course an integral part of narrative therapeutic ideas and practices.

Changes in Practices of Therapy

In his therapeutic work with clients immediately after the narrative conference, Rod used the structural and strategic practices with which he was familiar but in a different context. Rather than applying these strategies to his clients, he had consulting conversations with them about the usefulness of these practices. It was after this narrative conference that he started to study and practice narrative therapy and he has been doing so since.

Instead of taking a stance as an expert with expert knowledges and applying these learned knowledges in his therapeutic practices, he is guided by the principle of intimacy with others.

Joe spoke of how narrative therapy needs to be practiced as an attitude of letting the other person's knowledges come forth if it is to be a truly collaborative practice. This preferred collaborative direction is based on his assumption that there is a lot of power in the questions he asks, because the questions he asks can shape a conversation. Because of this assumption, Joe realises that he really needs to understand what a client wants before he asks questions based on his expert knowledges, and not on what his client is wanting.

Joe believes that people need to have dominant stories about themselves, stories such as "self concept," and about how the world works, in order to function. Because of this he is very respecting of people's knowledges about themselves. As a practitioner, he is more interested in understanding a person's knowledges about what their essences are than in actually confirming whether or not these essences exist.

When Joe hears stories that he characterises as definitive, fairly strong, emotional,

dominating and directive, very short with a definite beginning, middle and end, and where there is little detail or questioning within the story, he hears an inflexible story. When he hears stories that are characterised as long and detailed he hears deeper understanding of self, fluidity, and possibilities for choices and change.

In coming into contact with narrative therapy Sue has been able to enlarge her philosophy and her thought processes because the narrative therapeutic framework fit comfortably with her values and ethics. That is, narrative therapy gave her permission and greater comfort to be human, to be herself, to incorporate her own style, and to bring excitement and playfulness into her practice.

Ian sees narrative therapy as a container within which the nature and meaning of therapeutic help can be explored, and within which the process of therapeutic help can occur. In this way, narrative therapy is collaborative because clients are invited into a knowing position about the therapeutic process itself. And, as a container, narrative practice is a process within which clients can make sense of their different realities, and within which they can give a voice to the possibilities of where they might want to go and the alternatives they might want to create.

Ian sees that therapy is working when clients start to live less from the dominant cultural narratives that have been influencing their lives into problemed ways of living, and more from a deeper level of them selves. When clients start to live through more direct and relational levels of communication, he sees the deepening he looks for in therapy.

In all of the participants' stories of how their practices of therapy have changed since they have come to adopt the ideas and practices of narrative therapy there is a common theme. Each of these therapists have given up their "therapist as expert" status and instead practice therapy as collaborative partners, supporting their clients to bring forth their own knowledges. This therapeutic stance coincides with that of narrative therapy and, as has already been discussed, also coincides with Foucault's description of the resurrection of subjugated knowledges. These therapists practice in accordance with their own resurrected knowledges framed by their own life experiences, with the intention of helping their clients to do the same. They no longer practice on persons according to scientific theories. As White (White & Epston, 1990) suggests, as therapists who have dropped their expert statuses and the scientific truth claims that supported those statuses,

they instead practice collaboratively. They do not propose alternative ideologies to their clients but instead practice in support of their clients' resurrection of their own knowledges.

For Joe, narrative therapy becomes interesting because, through it, a deeper understanding of persons' dominant stories and knowledges can be gained. Through deeper understandings these stories and knowledges can be transformed from constraining prescriptions into opening possibilities. When people do not question or re-examine their stories and knowledges they (the people and their stories) can become static and dominating and they can have people doing things that they do not really want to be doing. Joe believes that knowledges and stories are changing all the time. The things that become the most powerful and the least changing are the things that we hold as so sacred that we do not think about them or talk about them or discuss them. When this happens these ideas can lead individuals and cultures into problems.

In Joe's description, there is further correspondence with Foucault's thoughts on the increasing vulnerability to criticism of scientific discourse. Foucault (1980) suggests that because scientific theories are global and totalitarian they have inhibiting effects on other kinds of theoretical productions--that is, the attempt to think in terms of totality has proved to be a hindrance to research. For Joe, narrative therapy facilitates deeper understandings of persons' stories and knowledges within the context of their life experiences. In this process of contextually relevant and deeper understandings their stories and the meanings within them are transformed from constraining prescriptions into opening possibilities.

White (White & Epston, 1990) suggests that many of the problems people experience are supported by beliefs informed by scientific knowledges that make global and unitary truth claims, and that these beliefs are usually related to a sense of failure to achieve certain expectations, to replicate certain specifications or to meet certain norms. Through a process of externalising, in which the history of the effects of these "truths" in the constitution of a person's life and relationships is explored, the person can gain a reflexive perspective on their life. New options become available for them to challenge the "truths" they had experienced as defining and specifying of them and their lives. In Joe's, White's and Foucault's descriptions, there is correspondence in how they consider defining beliefs to be inhibiting and prescriptive, and in how they consider local knowledges and life

experiences to be openings to new and yet-to-be realised possibilities.

Changes in Living as Persons

Rod's perspective is that, with narrative therapy you either live it or you go somewhere else. Narrative therapeutic practice shapes how he sees both the practice of therapy and the practice of living as a person in relationship with others. In his elaboration on this Rod stated that, if a person saw life in terms of pathology, that is what they would find. If, on the other hand, a person saw life as a process where things happen and that a person can have influences on what happens, they can then choose to maximise their influences over those things and thus influence their life.

When considering the idea of identity, Rod stated that a person's identity has the possibility of being fluid or fixed. How fluid or fixed it becomes depends on what a person wants to be, and how aware they are of their circumstances, and how aware they are of their potential to assume some responsibility for their circumstances. To this he added that he believed that many people are living "prescribed" lives and that they are unaware that they are doing so.

Rod is able to live so that both his personal life and his clinical practices are consistent with his values of respect and being with others as equals. He became aware that his assumptions of equal status required unpacking. With his new awareness he could monitor himself in a way that allowed him to become more cognizant of his sense of responsibility in his relationships with others and with the rest of the world.

His awareness of the effects of ethnicity, gender and age became the filters through which his thoughts and actions passed. As an example of this, Rod said that his way of being with children changed. Instead of listening as an expert who tried to make sense of them for them, he listened as someone who wanted to understand from their point of view.

Rod became a different father. Rather than being guided by cultural ideas of parenthood, he began to be guided by his children. Thus, his children became his consultants in his relationships with them. Intimacy became Rod's guiding principle, rather than learned knowledges from other places. Instead of taking the stance of an expert with expert knowledges, he was guided by the principle of intimacy with others. Relationships and therapy were not hierarchical but, instead, were people talking together

in a consultative fashion that was reciprocal and mutually beneficial.

In his present life Rod is much more the person he wants to be and much more the person he wanted to be when he was younger. He is more self aware whereas before he reports that he was “brain dead” in that he was living according to social programming. He now has the thoughts and abilities to do much more than he had done before. He is now more respectful of others and more intimate in his relationships. For Rod, love is the key and being on the path of therapeutic love and being in loving therapeutic relationships and personal relationships is one of his guiding principles.

In considering the development of his wisdom, Joe suspects that his study and practices of narrative therapy have been a part of the mix. For Joe, wisdom is learning over time and wanting to live life more in the direction that he prefers than in the direction that he doesn't prefer. For Joe, wisdom is wanting to be more peaceful, happy, helpful, empowering and humble without being self-effacing, and less of being frustrated, angry, bullying and all knowing.

Some of the appeal of the ideas behind narrative practice was that, through them, he started to understand that many of the ideas he had about himself and his clients were in some ways prescriptive and therefore limiting. He started to use narrative language on himself and, in particular, he used externalising language on himself. Joe spoke of how anger was an issue he had struggled with, and so he externalised anger. The result was that he started to build in resistances to being angry. He also tried to deconstruct anger and he discovered that he started to experience shifts. He experienced more options and more choices. He realised that he wasn't the anger but that anger was something that happened to him occasionally. He realised that some of anger came to him from the stories he had about himself.

Narrative therapy has helped him to be more optimistic and to question and support his beliefs. When he saw himself as a self-story his experience was of being more fluid and seeing there were more possibilities open to him. Conceiving of himself as a self-story also felt more hopeful because, through this conception, he could examine and question the sacred cow that was himself and, in this examination and questioning, different ways of being could evolve.

Sue spoke of how, through narrative therapy, she has become more sensitive to and

aware of language and that this awareness and sensitivity has spread to all of her life.

Three of the participants spoke of how the changes they experienced through their study and practices of narrative therapy were not confined to their practices as therapists but extended into how they lived as persons. Within Rod's, Joe's and Sue's stories I see their expressions of how they now are more the persons they want to be and live more so as they want to live--according to their values and preferred practices of respecting others, helping others, empowering others and, in Rod's case, loving others. In their descriptions I see a greater integration of their values, their awarenesses of their values and their practices of living. All three seem to be living lives less influenced by some of the dominant cultural discourses that are available to therapists and more influenced by their reflections and awarenesses of their own life experiences. From this perspective of their personal development they seem to have reached some of the higher stages of development described in some of the models within the field of developmental psychology.

My experiences of studying and practicing narrative therapy is very similar to, and informed by, the experiences of Rod, Joe and Sue. Like them, my studies and practices of narrative therapy have facilitated bringing my values and ethics into my therapeutic practice and into the rest of my life. Rod's statement that, with narrative therapy you either live it or you go somewhere else, speaks to me as well. My deeply felt experientially-based belief is that how anyone is as a person extends into how they practice life and this includes how they practice therapy. In practicing narrative therapy I cannot conceive of how the self I am is not integral to how I practice therapy. The two are inseparable. In practicing other approaches to therapy this inseparability of self from practice may not be as integrally related; however, I do believe that at deeper levels of awareness clients will notice incongruities if they exist.

In speaking about how, when he saw himself as a self-story, Joe felt more fluid because more possibilities were open to him, and more hopeful because this vision of himself provided a means to examine himself, Joe expressed an insight that I feel has important implications for considering the metaphors with which we live. Because, as White (White & Epston, 1990) suggests, the metaphors that we employ determine our examination of the world, the questions we ask, the realities we construct, and the "real" effects we experience, it is worth considering how the narrative metaphor may have

contributed to Joe's experiences when he considers himself as a self-story. This topic will be discussed further in this thesis in the section *Implications for Research of the Narrative Metaphor*.

What it is about Narrative Therapy that Works

Narrative Therapy Corresponds with Values and Ethics

Each of the participants spoke of how narrative therapeutic practices were aligned with their values and ethics. Rod spoke of how narrative practice allows him to be consistent with his beliefs and values of treating others with respect and as equals. In practicing narratively he is able to have loving and connected relationships with clients. In none of his therapeutic practices prior to his journeying into narrative therapy had he developed these sorts of relationships. Thus, instead of practicing "at" people, narrative practices allowed him to practice "with" people. Practicing from within a narrative stance has provided Rod with the opportunity to be more intimate in his relationships with clients, and this movement toward intimacy spread to his personal life.

Joe spoke of how he works collaboratively with clients in his narratively orientated practices. This collaborative approach was a sharp contrast to his experience of how a psychodynamic orientation to therapy was practiced. Instead of feeling appalled about how people were discussed in disrespectful ways behind their backs, as he had while training to be a family therapist, the collaborative approach of narrative practice felt better to him.

In her narrative practices Sue is self-respecting because, as a narrative-orientated therapist, she practices in a way that is congruent with her values and ethics of treating others with respect and dignity. With narrative therapy she has been able to bring her values into her practice more because of this congruence. For Sue the most appealing thing about practicing narratively is that she can respect and honour the people who come to her for help for who they are.

For Ian, narrative therapy starts and remains in a place of respect for the client. In his conception, narrative therapy arose from a field of critical thinkers who wanted to shift structures in the world so that people could have reasonable lives. This field of thought led to an analysis of power and the potential for liberation for people, and this aspect of narrative practice resonates with his values.

The sentiments of how narrative practices resonate with the values and ethics of these four participants are reflected by the authors of narrative therapeutic literature. The principles of working collaboratively with clients and in a manner that is empowering, as opposed to working as an expert who objectifies and in that process disempowers people, are core to narrative therapeutic practice (Freedman & Combs, 1996; Monk et al., 1997; Morgan, 2000; White, 1997, 2000; White & Epston, 1990).

Because working in collaboration necessitates a less formal and closer relationship between people, I am not surprised that these participants spoke of how they are more intimate, connected and loving in their therapeutic work with clients. As these participants have reported, the collaborative aspect that narrative therapeutic practices espouse is a part of what attracted them to narrative therapy. And through their study and practices of narrative therapy--through their living in the environment of these narrative therapeutic principles--they have had room to grow in their practices of intimacy, connection and love.

In these participants' stories I can see how the ideas of Foucault coincide with their experiences of how narrative practices are more intimate, connected and loving. In advocating for the recovery of autonomous and disqualified knowledges whose validity is not dependent on the approval of the established regimes of thought--that is, in advocating for the recovery of persons' life experiences instead of applying regulating theories--I see how both Foucault and narrative therapeutic practice advocate for a movement toward intimacy over objectification.

Narrative Practice Made Sense and Fit

In comparison to the ideas and practices that make up psychodynamic theory, narrative therapy felt better to Joe. He felt less like fighting narrative ideas and practices; they made sense to him and they were more in the direction he wanted to go as a therapist. Narrative therapy also supports questioning his own expertise and the power dynamics within the therapeutic relationship, and he likes this aspect of narrative practice.

Joe also spoke of how narrative therapy is more inclusive of clients because, instead of making assumptions about a person and their beliefs and conducting therapy from these assumptions, it looks into these taken-for-granted with clients. In this way narrative practice is collaboratively inclusive of clients and is not a process of operating on

clients. As with Rod, narrative therapy is a practice “with” and not “at” persons. Because Joe feels that people are more likely to take their own advice, by working collaboratively in developing understandings, narrative practices can be more effective in bringing about favoured changes for clients.

Sue spoke of how narrative therapy made sense to her. In her elaboration she spoke of how it seemed a very sensible approach to come alongside a person, to be with them and ask respectful questions, to elicit a story and bring the positive aspects of the story to the front and, in doing so, create a place into which that person could live in a way they found more successful. She also spoke of how narrative therapy gave her permission to be human, to be herself, and to bring her excitement and playfulness into her practice. With this permission to be herself she felt a greater comfort to incorporate her own style into her therapeutic practice.

Ian spoke of how he felt a resonance with Michael White’s idea that people create their identities through stories. From his understanding of the potential for liberation for people through the analysis of power, narrative practice made a lot of sense to him, and so he found his shift into the practice of narrative therapy to be effortless.

Each of these participants spoke of a resonance and an intuitive appeal of narrative therapeutic practices. Narrative practices not only allowed them to practice according to their values and ethics, but it made sense to them. This corresponds with Joe’s earlier statement that, when he thought of himself as a self-story, he felt more fluid and hopeful. I too experience an intuitive resonance with the storying aspect of narrative therapy. The implications of this appeal of the narrative metaphor will be discussed in the section:

Implications for Research of the Narrative Metaphor.

For Joe, the concept of meaning-making within narrative therapy is about how a person is progressing or not progressing, but within a story that can change. Within this paradigm a person’s meaning-making has the potential to change instantly. This optimistic orientation to therapy and life has an intuitive appeal for Joe. In comparison, the concepts of insight and self-actualisation imply that somehow you are not doing it right and that you have not arrived yet or that you are less-than. Within these concepts, change is considered to be a longer, more involved, and prescriptive process. And because narrative therapy is less prescriptive than other approaches it opens up more possibilities and more choices for

clients.

In his comparison between meaning-making within narrative therapeutic practice, and insight and self-actualisation within psychodynamic therapy, and person centred (Rogerian) therapy respectively, Joe finds in favour of meaning-making. For him meaning-making is more optimistic, less prescriptive, offers more possibilities, and does not imply failure. I had not encountered these comparisons before Joe spoke of them and once I heard them I saw their relevance to these therapeutic practices. In narrative therapy meaning-making is the client's meaning-making whereas the concept of self-actualisation is a theoretical construct. While insight and meaning-making are very similar, because they come from different traditions of thought, their meanings are different. The cultural construct of the first is considered to be a long and painful process whereas meaning-making, as Joe says, can happen instantly.

Narrative Practice Worked for Clients

Joe found that while working narratively his clients were more enthusiastic, more involved and less passive. In particular the younger kids seemed to brighten, become more alive, more at ease, less anxious, more involved and more enthusiastic about working with him. Overall, all his clients were working harder during and between sessions and changes were happening.

Sue experienced that narrative therapy was fun, especially for children. She also found that narrative practices are intrinsically resonant with people. Through this resonance the inclusion of other people--communities of support--could easily and naturally become part of a client's process of re-storying their lives.

Ian spoke of how people naturally resonate with narrative practices. For him the idea of talking about stories made sense to people. To this he added that people love to tell their stories. Because he as a therapist does not have to explain to people how to tell their stories, narrative therapy was effortless.

For Ian, narrative therapy also works for people because, through the practice of giving a name to a problem that a client finds painful to talk about, respectful and healing conversations can occur that otherwise might never take place. Generally, Ian has found that narrative practices facilitate clients' therapy to proceed efficiently, quickly and

respectfully.

The intrinsic resonance their clients experienced with narrative practices that Sue and Ian spoke of is something that, I too, have experienced in my practices as a therapist. Further, the narrative therapy literature makes reference to this phenomenon as well. Again, as with the intuitive resonance that these participants experienced with narrative therapeutic practices, the implications of this appeal for their clients and the narrative metaphor warrants further investigation.

Values and Ethics of the Participants

The values and ethics expressed by the four participants were very similar. Rod spoke of how his values of treating others with respect and as equals was a part of who he was, and how narrative therapeutic practices corresponded with these values. He also spoke of how being loving in his therapeutic and personal relationships was one of his guiding principles.

Joe spoke of how he was uncomfortable with the expert status that he was expected to assume when he practiced according to the psychodynamic paradigm. He told of how, while training as a family therapist, he felt that he would be assaulting one of his clients if he had intervened according to the psychodynamic paradigm in which he was being instructed. His choice was to not follow his supervisor's directive. He also told of how he believed his clients would be appalled if they knew how they were being talked about behind their backs, and how they were being pathologised according to the psychodynamic paradigm of therapy. For Joe, the collaborative approach of narrative therapy has been one in which he has been able to practice therapy according to his values of being respectful of his clients.

Treating others with respect and dignity is how Sue operates in the world. For Sue, if a person is not being treated with respect and dignity, a disservice is being done to them. Narrative therapeutic practices fit for her because, through them, she has been able to extend these values into her practice.

For Ian, narrative therapy starts and remains in a place of respect for the client. His therapeutic practice includes his values of practicing ethically and practicing no-harm. In his therapeutic practice his deeper levels of self come into play and these are the

compassionate, non-judgmental, non-analytical, non-demanding and loving aspects of himself.

Based on the four participants' responses it is clear to me that their values and ethics are important to them and that an important factor that drew each of them to narrative therapy was that, in practicing narratively, they could practice according to their values and ethics. The sentiments of these participants are also expressed within the literature on narrative therapy (Freedman & Combs, 1996; Monk et al., 1997; Morgan, 2000; White & Epston, 1990).

I believe that the importance to these participants of practicing therapy with respect, dignity, compassion and love is an integral part of a movement away from the relatively formal therapeutic approaches to therapy, and toward the relatively familiar, relational and intimate modes of practicing therapy. I also believe that this movement away from the formal to the intimate and relational is not confined to the realm of therapeutic ideas and practices, but is, instead, a much more global phenomenon of which therapy is a part. In the case of narrative therapy within the field of therapies, the detached expert has over time been replaced by a helpful community member who has knowledges and skills that can assist people to re-story problemed lives into preferred lives. And in the end, regardless of the domain--whether it be within the domain of therapeutic relationships or life at large--intimate and loving relationships are more preferable, when achieved, than formal relationships.

To this I will add that I can see how Foucault's description of how the vulnerability to criticism of things, institutions, practices and discourses since the early 1960s is associated with this movement away from formal practices and toward relational and intimate practices. In his view, the return of erudite and local popular knowledges proceeded by means of a theme that it was "not theory but life that matters, not knowledge by reality..." (Foucault, 1980, p. 81). In choosing life over theory I interpret Foucault as choosing intimacy over formality.

What it is About Other Therapeutic Practices That Do Not Work

Three of these participants spoke of what they found did not work and what they did not like about the approaches to therapy they had practiced prior to learning of the ideas

and practices that make up narrative therapy. These descriptions were expressed in their comparisons between these other approaches to therapy and narrative therapy. Rod expressed that he had never liked the medical model of therapeutic practice and, because of this, he had been looking for a way to practice that felt respectful of clients. Until he learned of narrative therapy he had unknowingly been practicing “at” and not “with” people and this was incongruent with his wishes to practice in a respectful way.

Joe spoke of how he was uncomfortable with the psychodynamic orientation, where he was positioned as an expert who knew what needed to be done to cure a situation. On a visceral level he did not understand how client transformations were going to happen from within psychodynamically-orientated therapy. The implied message of this orientation to therapy was that clients were somehow doing something wrong; otherwise they would not be having problems, and this did not make sense to him. He recalled one event from his therapeutic training when he felt as if he would be assaulting one of his clients if he followed his psychodynamically-orientated supervisor’s directives. He also recalled how he felt uncomfortable with the ways clients were talked about behind their backs within the psychodynamic approach to therapy. Joe spoke of how the psychodynamic orientation to therapy was relatively disempowering for clients when compared to the narrative orientation. Because it is more prescriptive, it was also more restrictive of possibilities for clients’ change, than is narrative therapy.

Sue spoke of how she felt it was disrespectful to diagnose and label people and how she disliked these practices that were a part of some other approaches to therapy.

The Importance of Community

Two of the participants, Rod and Sue, spoke of their attendance at a narrative therapy conference and workshop being the entry point into their interests in and pursuits of narrative therapeutic ideas and practices. Ian spoke of a narrative therapy workshop opening his eyes to the potentials of narrative therapy. Insofar as conferences and workshops are communities, the importance of community to these participants’ entries into the study and practice of narrative therapy comes into focus.

Perhaps it is because the ideas and practices of narrative therapy are contrary to traditional forms of therapy (Monk et al., 1997) that a supportive learning environment,

such as those which can occur at conferences and workshops, is important or essential to learning and understanding the ideas and practices that make up narrative therapy and realising the potentials of this approach to therapy. Support for this conjecture can be found in Rod's story where he reported that, although he had read about narrative therapy prior to attending the narrative conference, he had taken no steps to pursue it further. It was not until his attendance at the conference that he first experienced the impact of narrative therapeutic ideas on his practices as a therapist and as a person.

The importance of community can be seen in Joe's story as well. His first exposure to the ideas and practices of narrative therapy occurred while he worked as a team member at a residential treatment centre, where he experienced the practice of some of Michael White's ideas. This introduction affirmed for Joe that he wanted to learn more about the ideas and practices of narrative therapy. Although narrative therapy was not a part of the curriculum at the graduate school he attended, Joe became a member of a subgroup of students who shared an interest in narrative ideas. These group members shared articles by White and Epston, implemented narrative ideas in their practicums, and saw favourable results. These two communities were integral to Joe's story of his movement into his study and practice of narrative therapy.

As with these participants, community has been important and, I believe, essential to my interest in and my subsequent pursuit of narrative therapeutic ideas and practices. During my graduate studies I attended an optional course in family therapy where narrative therapy was one of several approaches to therapy that was presented. Although I chose to write a paper on narrative therapy as a part of that course's academic requirements, I retained no interest in it once I had completed the paper. It was several months later at a practicum placement with a supervisor who practiced narrative therapy that my interest in narrative therapy developed and eventually took on a life of its own. While in this practicum I had long conversations with my supervisor about narrative ideas and practices and I witnessed his narrative practice with clients. Since that practicum experience I have attended three narrative therapy trainings and one conference, and my interest in and study of narrative therapy continues to grow. As with Rod's story, it was not until I experienced narrative therapy that it took on meaning. My academic exposure to it did not have this effect.

Monk et al. (1997) report that, because many of the ideas that make up narrative therapy are contrary to the traditional forms of therapy, participants of narrative training often find themselves isolated and unable to tap into support from other therapists. What they suggest to those who have recently completed training in narrative therapy is that they form interest groups to support their ongoing development. These authors also suggest that, as the narrative metaphor gains recognition and becomes incorporated into therapeutic supervision, there will be more support for this type of counselling. To this they add that supervisors experienced in narrative practices are essential to the nurturance of competent and skilled practitioners.

I concur with the points these authors make. My experience at my practicum, where my supervisor was experienced in the ideas and practices of narrative therapy, was integral to my development as a narratively-orientated therapist.

I see my continuing pursuit of training in narrative therapeutic ideas and practices as my professional development as a therapist and as support for the philosophical and political location I find myself in, as a person and a therapist who lives by, or tries to live by, ideals that correspond with and inform narrative therapeutic practices. As Michael White (1995; p. 37) has said, he would not define the work he does as an approach to therapy. Instead he pondered, "Is this work better defined as a world-view? Perhaps, but even that is not enough. Perhaps its an epistemology, a philosophy, a personal commitment, a politics, an ethics, a practice, a life, and so on." Because the ideas that make up narrative therapy are contrary to traditional forms of therapy and traditional practices of living, I have found that a community of support has been integral to sustaining and continuing my therapeutic practices, and my practices of living that inform and correspond with these ideas.

Other aspects of community came to attention through the stories of these participants. Sue spoke of how narrative therapeutic practices could include the support of people who were within her clients' communities. Because she experienced that people easily and spontaneously resonate with narrative practices, Sue found that the involvement of supportive community members had a natural place in her therapeutic practice. The involvement of supportive others in the therapeutic process is an important piece to narrative work. As the literature suggests (Freedman & Combs, 1996; Monk et al., 1997;

White & Epston, 1990), the recruitment of a community of support that can bear witness to, acknowledge and support changes a client is making, is important in validating the client's new descriptions of themselves.

In Rod's story, he came to a realisation that had a new and major impact on him, when he witnessed a group of First Nations women speak of their experiences. It was from this realisation that his reconfiguration as a person and a therapist was initiated. From Rod's experience I interpret that, as a community, these First Nations women became a part of his community, as is evidenced by the impact on his life when he heard them speak. Following this reasoning, one could consider that the sharing of stories is itself a community event. When hearing someone else's story there is always the possibility that change will occur for the person hearing the story, as well as for the person telling their story. Community then comes to include not just one's physically proximal neighbours but also the stories we know of others--past, present and future.

In his consideration of the narrative frame, Joe presented his belief that a person is more likely to get other ideas about themselves, about others and about how things work when they are sharing and collaboratively storying with each other, rather than when in isolation. From his experiences, when he has stayed in his internal dialogues and not co-storied with others, he has noticed that his dialogues are more vague, not as detailed and he does not have to struggle as much to explain, make sense and understand. However, when he has co-storied he has noticed that, in trying to explain to another person, he struggles more and, in doing so, has come to new and greater understandings which in turn have led to more possibilities for change.

Joe's description of how he has arrived, through co-storying, at greater understandings and more possibilities for change, is another perspective from which to consider community. Therapeutic conversations, conversations between colleagues, conversations between friends, books read and cultural tales can all be conceived of as community, in that, through them knowledges and changes can occur. Joe spoke of how he feels more a part of community through narrative therapy because within the community of narrative therapists there are other people who share his desire to question taken-for-granted cultural beliefs.

A final extension to the importance of community can be found in Rod's story.

Through his changes he became a different father. Rather than being guided by cultural ideas of parenthood, his children became his consultants in his relationships with them. Rod's change as a parent--one who asks how he can be a better father rather than imposing culturally-constructed expert knowledges on how to parent--could be considered as a supportive part in the resurrection of children's subjugated knowledges. And through his children, a culture of support for the resurrection of children's knowledges might well have taken root. I can only wonder how Rod's children might parent their children and how the spread of their practices of parenting might influence the ongoing evolution of societies.

Personal Attributes of the Participants

Joe has always considered himself to be a reflexive person. What he likes about narrative therapy is that it supports this questioning of the taken-for-granted beliefs that he lives by and that society presents to us. Through his integration of narrative therapy he has been more able to question his own "sacred cows"--his beliefs about who he is and how he operates in the world--and in doing so he has come to a deeper understanding of himself.

Sue prefers to meet people as who they are and not to come to know people through the diagnostic labels that have been applied to them. In this, Sue could be describing a more relational aspect of her way of being with people.

Ian expressed that as a therapist he is wanting to be curious and understanding of the persons with whom he works. He is not wanting to be analytical nor judgmental.

In each of these stories is an element of curiosity. Because narrative therapy is an approach to helping where therapists offer questions with the intention of engaging clients in their own stories and the meanings within them, curiosity is an essential attitude of this approach to therapy. In correspondence with this, these participants have expressed that, in their therapeutic practices they are inquisitive and wanting to understand more deeply each person's storied meanings. Instead of applying theories to people and, in doing so, applying their understandings to their clients, they listen for their clients' meanings with the intention of bringing their clients' understandings forth. In addition to this, Joe has applied the same practices of questioning to himself and as a result has come to understand himself more deeply. In being curious and wanting to respectfully hear people's stories these participants practice in accordance with the ideals expressed within the literature on

narrative therapy.

To this I will add that, because I believe that curiosity is innate to life, and because curiosity is a central attitude within narrative therapeutic practices, I believe that curiosity is among the reasons that narrative therapy resonates with these participants, as it does with me.

Challenges of Integrating into Practice the Ideas that Make Up Narrative Therapy

Joe spoke of how he occasionally suffers with the over-application of narrative concepts in his practices as a therapist, and how that sometimes lands him in trouble. In elaboration on this, he stated that even in a so-called collaborative approach to therapy, there are times when he has experienced invitations into being an expert. What he noticed was that, within narrative practice, there was a subtle contradiction. The theory of narrative therapy holds that a therapist should not get ahead of their client, and, at the same time, the theory holds that in practicing narratively there was an eventual push on the part of the therapist to direct the client away from problem descriptions and into unique outcome descriptions. This implies that the therapist still has a better map, even though this therapy is supposed to be a collaborative event between persons of equal status.

In his view there is a subtle seduction within any model to become a knowing expert who moves people through a process and, in doing so, objectifies the person. According to Joe, when narrative therapy is practiced in this way, it becomes an oppressive means of getting people through a process that the therapist decides they should go through. Even within the narrative camp there is a slippery slope toward becoming prescriptive and practicing techniques on people. Joe believes that, at the grass roots level of narrative therapy, there is a clear understanding that therapy is not just about technique because, in practicing from technique alone, the therapist is acting as an expert, imposing a technology on persons.

When I attended a training seminar with Steven Madigan, he explained how the training of the narrative practice of externalising problems had changed to include a greater consideration of how discourse influences the conception of problems as being integral to persons. The reason for this change in training was because, when training emphasised externalising problems without a consideration of the influence of discourse, the trainees

tended to use the practice of externalising problems as a technique which, in turn, did not result in clients producing favoured accounts of themselves. Instead of collaboratively re-storying with their clients, those trainees were using the practice of externalising problems as a technique, with the intention of directing their clients toward their preset agenda. This Madigan (S. Madigan, personal communication, May 30, 2003) referred to as “narrative therapy Americano” and “microwaving Michael White” and it corresponds with Joe’s account of how narrative therapy can be practiced as an oppressive means to manipulate people. Because externalisation requires a particular shift in the use of language and a corresponding shift in attitude and orientation in conversations (Morgan, 2000), it is more than a technique.

Freedman and Combs (1996) have expressed an awareness that is similar to Joe’s. They write that because we all are working in a therapy culture dominated by modernist ideas, there are always invitations to objectify people and to identify them by equating them with pathologising labels. And, at the same time, because they are part of a community of people who use narrative ideas in their therapeutic practices, there are also invitations to take up these new ideas as monolithic truths, which, in turn, would be a very modern practice. They support taking neither of these invitations but, instead, to consider narrative ideas and practices as works in progress from an exciting new culture. In correspondence with this stance of not imposing ideas on people, Foucault (1980, p. 85) does not propose alternative ideologies but instead argues for “a reactivation of local knowledges...in opposition to the scientific hierarchisation of knowledges and the effects intrinsic to their power.”

Implications for Research and the Training of Therapists

Narrative therapy is composed of some key practices and the ideas that inform these practices. These practices and ideas include: practicing therapy through the lens of the narrative metaphor; externalising conversations in which problems are considered to be and spoken of as if they are external to persons and their relationships; and some of Michael Foucault’s ideas that are related to the operation and effects of power/knowledge on lives and relationships. Although these key practices and ideas are integrally related to narrative therapy, for the purposes of expedience, they will be considered independently in the

following discussion on the implications for research of these practices and ideas.

Following this discussion, a consideration of the implications for the training of therapists from some of the findings that emerged in this research will be discussed.

Implications for Research of the Narrative Metaphor

The narrative metaphor proposes that people both create stories about themselves and become positioned in stories that others have created about them. People are seen as making sense of their lives by assembling significant life events into a series of dominant plots which collectively form their personal narratives. Unlike metaphors of life that propose that we each have an unchanging essential soul or self as a core that is us and directs us--life, as seen through the lens of the narrative metaphor, unfolds and evolves as a story does.

The participants of this study spoke of their own resonance and clients' resonance with the narrative metaphor. For these participants, the narrative metaphor intuitively made sense and was appealing as a way to conduct therapy, and as a way to consider their lives. For example, Joe spoke of how, when he considered himself as a self-story, he felt more hopeful, because through this conception of himself he could question himself and through this questioning, life became more fluid and more possibilities opened up to him.

I too experienced a shift in how I imagine life to be when I learned to consider life as a story. With life as a story I imagine being seated at a table with pen in hand poised over a blank sheet of paper upon which I can write my life as I choose, at each moment. Regardless of the past I can author my self and my life toward an undefined number of preferred directions. This remains a very hopeful way to consider life.

Regarding research on the narrative metaphor, I have come to consider the possibilities that the lives and life experiences of people who consider life through the lens of the narrative metaphor differ from people who consider life through other metaphors. Some questions that emerge include the following: What are the metaphors that inform lives in the domain of the world's cultures? How have these metaphors changed over time? How do these metaphors differ according to gender, age, religion, position within a family/society, political affiliation, philosophical perspective, professional guild, etc.? Are these metaphors associated with particular knowledges and practices of living, some of

which might be more preferable and, if so, what are these preferred knowledges and practices of living?

Because these participants spoke of how they could more realise and live by the values of respect, compassion, intimacy and love after they had integrated the ideas and practices that make up narrative therapy, I have also considered what the relationship might be between the ideas and practices that make up narrative therapy and these participants' realisations and practices of living. Further to this, because these participants resonated as they did with the narrative metaphor and, because they espoused and lived by these values, I have come to consider that perhaps their resonance with the narrative metaphor and these values and living practices are related. Questions that emerge here are: Does life as seen through the lens of the narrative metaphor instil these values; provide a conceptual space in which these values can emerge; provide a combination of instillation and the provision of conceptual space in which these values can emerge; or are there some other factors or sets of factors?

In following with the idea that life as seen through the lens of the narrative metaphor is related to a person's values and practices of living, I believe that cross-cultural and intercultural surveys of the metaphors that inform lives and people's awarenesses of these metaphors could be a starting place for further research. Beyond this, and specifically to an interest in the narrative metaphor, an inquiry into the lives and life experiences of persons who identify the narrative metaphor as their informing metaphor could provide valuable insight into the effects of living according to this metaphor. Therapists who had studied and practice narrative therapy and who identified their lives as being informed by the narrative metaphor would make ideal candidates for such a study.

Implications for Research of Externalising Conversations

The narrative therapeutic practice of considering and speaking of problems as if they are external to persons is a marked conceptual shift that can support an examination of the dynamics and direction of the interactions between persons and problems. Through this conceptual shift persons can objectify problems, instead of themselves and each other. What this conceptual shift might be related to can then become the subject of inquiry through research into the experiences of persons who engage in externalising

conversations, and consider problems and other characteristics and states of persons as being external and not integral to persons.

In my interpretation of the research findings I suggested that, through his integration of the ideas and practices that make up narrative therapy, one of the participants seemed to have developed a perspective that was less self-centred and more inclusive of the perspectives of others. Here I am proposing that the narrative therapeutic practice of externalising--that is, considering characteristics and states such as happiness, fear and jealousy as being external and not integral to persons--might play a role in a person's development of a greater consideration of the perspectives of others. Research on this possibility could be conducted in a number of ways and with a number of different populations. Persons who have trained in the ideas and practices of narrative therapy might be able to speak of such a shift in their perspectives, and of the factors that contributed to this shift. Cross-cultural studies might also provide some insight here. If there are cultures that conceive of characteristics and states as external and not as integral to people, then these cultures conceptions of self-and-other could provide some elucidation on the phenomenon of being able to consider the perspectives of others.

While this proposition that the practice of externalising might contribute to shifts to include the perspectives of others is tentative, the phenomenon of becoming less self-centred and more inclusive of the perspectives of others, is, I believe, extremely important and worthy of consideration and research. It follows that, if the study and practice of narrative therapy supports the development of a less self-centred and a more other-inclusive perspective, then research into how externalising and other ideas and practices within narrative therapy perhaps related to this, is warranted. It could be, for example, that the practice of externalising within the context of seeing life through the lens of the narrative metaphor is what supports a perspective that is more inclusive of others.

Implications for Research of Some of the Ideas of Foucault

Foucault proposes that since the early 1960s a sense of increasing vulnerability to criticism of things, institutions, practices and discourses--the global, totalitarian theories--has been emerging into cultural discourse. This criticism has been local in character and not dependent on the approval of established regimes of thought. Through this local

criticism, subjugated knowledges framed by life experiences and not scientific theories have been emerging into discourse. Foucault also proposes that it was at the level of local organisations--such as in the family and in the clinic--that these global scientific knowledges are the least concealed and therefore the most available to criticism.

I have proposed that the participants of this study have acted in accordance with Foucault's proposals. As therapists who are located at a local level where the exercise of power/knowledge is least concealed and therefore most visible to criticism, they have seen therapy as framed by therapist as expert, critiqued it, and rejected it. If what I have proposed is what has occurred, then the question that emerges is: What is happening in place of the overthrown theories and practices of therapy?

Foucault does not propose an alternative ideology nor any other unitary knowledge by which to organise our lives. Instead he argues for a resurrection of autonomous and disqualified knowledges. The participants of this study described that, in their departure from other theories of therapeutic practices, they are more respecting, intimate, compassionate and loving in their narrative therapeutic practices. In following Foucault's reasoning it could be that these therapists are drawing from their autonomous and disqualified knowledges--their life experiences--and that these knowledges have resulted in practices of therapy that are respecting, intimate, compassionate and loving.

A question that emerges from this is: Does this indicate that there has been and is a trend in therapeutic practice away from formal objectifying practices and toward life experience-based practices characterised as being more respecting, compassionate, intimate and loving? As I stand back and look at the history and culture of therapeutic practices I see that many of the relatively newer approaches to therapy have, as integral to them, the values these participants spoke of--those of love, respect, compassion and intimacy. Subsequent questions include: What are the experiences of therapists regarding such a movement in therapy? What are the experiences of clients in response to these less formal and more intimate practices?

It could be that because therapeutic practices occur at the local level, where they are the least concealed and the most available to criticism, the practice of therapy is akin to the proverbial canaries in the mine shaft. It could be that the practice of therapy is more sensitive to the subtle yearnings of people and currents within society because they are

practiced at the local level. If this were so, then it would be expected that other practices that occur at the local level would have been undergoing the same changes.

A consideration of if and how the values of respect, compassion, intimacy and love have been manifesting into other cultural practices could prove to be important. Questions here could include: Have these values manifested in cultural practices which occur at the local level? Have these values manifested in cultural practices which do not occur at the local level? The sites and practices of investigation here could include the local practices of families, child care settings and counselling offices, on the one hand, and institutional settings and practices such as banking, business decisions and government bureaucratic operations, on the other. If practicing at more local levels facilitated bringing the values of respect, compassion, intimacy and love into cultural practices, this would make available a means to shift much of how the world operates. By bringing local level practices into cultural practices that have little or no local level involvement, these practices could come to have the values the participants of this study described and experienced in their narrative therapeutic work with clients.

Clients' Experiences of Narrative Therapy

The participants of this research were therapists who had studied and practiced narrative therapy. Because of the affirming nature of their stories of how their studies and practices of narrative therapy affected their practices of living, a next and important step in research would be to inquire into the experiences of clients who have received the support of therapists who practice narrative therapy. The literature on narrative therapy proposes that narrative therapy offers clients results that go beyond solving problems.

Author/therapists suggest that narrative therapy offers clients a means to construct new stories in which they can achieve new self-images, new possibilities for relationships and new futures. Research into the experiences of clients of narrative therapy and how their lives have changed as a result of experiencing narrative therapy could serve to substantiate these claims.

In addition to this, in cases where clients experienced any of these favourable changes in their practices of living, they might be able to speak of what it was about narrative therapy that was important to their process of change. Some possibilities here

would include: the practice of therapy through the lens of the narrative metaphor; the practice of externalising problems through the use of externalising conversations; and therapists' practiced values of respect, collaboration and intimacy.

Implications for the Training of Therapists

Rod spoke of how his awarenesses deepened, and how his self concept and his practices as a therapist and as a person underwent substantial changes through his witnessing of a group of First Nations women speak of their lives. From Rod's story, I realise that hearing the life stories of others, and, in particular, hearing the stories of those whose life experiences are different from our own, has a role to play in the development of perspective. From Rod's story I suggest that the training and development of therapists (and of all persons) could be substantially augmented and improved if it were to include exposure to the life stories and experiences of people who had been subjected to problematic or abusive practices, and who had subsequently storied their lives into more preferred ways of living. For example, upon hearing the stories of people who have recovered from feeling unworthy of love because of the meanings they had constructed through their parents' hits, a parent who uses "corporal punishment" to "teach" their children might realise that it is frustration and not love that supports hitting their children. In like manner, through hearing the stories of clients who have felt diminished and disempowered while in therapy that was informed by therapist as expert, a therapist might realise that, when they assume an expert status, their clients are likely to also feel disempowered.

Joe spoke of how his exposure to White's reference to the idea of the panopticon was helpful in bringing about his deeper understanding of some of the processes he was uncomfortable with in the psychodynamic approach to therapy, and in his becoming more aware of power imbalances within therapeutic practice. Perhaps it is because Bentham's description of the panopticon as an architectural form intended for the transformation and use of docile bodies is not abstract, but, instead, so very concrete that Joe had the realisations that he did.

When comparing the practices of therapy that are informed by "therapist as expert" and "therapist as collaborative partner," the stark concrete description of the design and

intention of the panopticon had a similar effect on me. I realised that a stance of “therapist as collaborative partner” felt right, both ethically as to how relationships ought to be and as a means to positive outcomes in therapeutic practice. My experience on this corresponds with my belief that some of my most impactful changes have come through concrete, not abstract experiences. Regarding the training of therapy, be that narrative therapy and all other forms of therapy, I believe that Bentham’s description of the panopticon could support trainees in developing some awareness around how they might see their practices of therapy, and how they imagine their clients might experience their practices of therapy.

Ian spoke of how, through his studies in postmodern social and political thought, he came to understand how people construct their identities and how power is expressed throughout society. Through these studies his transition to narrative therapeutic practice was effortless. Ian’s experience of ease in taking up the practice of narrative therapy stands in contrast to what McKenzie and Monk (Monk et al., 1997) have reported. Because of this difference I can propose that, as a means to support those who are training in narrative therapy, some theoretical background on postmodern thought and how postmodern ideas are related to modern ways of thinking would be helpful. While I realise that the field of postmodern thought is substantial and beyond the scope of most persons who are wanting to study and practice therapy, I do believe that a “primer on postmodern thought” could prove to be helpful to those who are wanting to consider the study and practice of narrative therapy.

Conclusion

The purpose of this research was to investigate how, or in what ways, the study and practice of narrative therapy affects the development of therapists and their practices of therapy. Because no corresponding research was found within the literature, this research constitutes a unique contribution to the field of counselling psychology and to the affects of the study and practice of narrative therapy on therapists. The following question was investigated: How, or in what ways, does the study and practice of narrative therapy affect the development of therapists and their practices of therapy? A narrative inquiry methodology was used that incorporated individual interviews. The stories of four narratively-orientated therapists were considered as the data of this research. Seven themes

emerged from the participants' verified stories. The most robust emergent theme, changes as a therapist and as a person, was composed of: changes in depth of awareness, changes in practices of therapy and changes in living as persons. The remaining emergent themes included: what it was about narrative therapy that worked, values and ethics of participants, what it is about other therapeutic practices that did not work, the importance of community, personal attributes and challenges of integrating into practice the ideas that make up narrative therapy.

This study reveals that, through their studies and practices of narrative therapy, the therapists experienced substantial changes in their practices of living. Through their studies and practices of narrative therapy, these participants developed more intimate, respectful and caring relationships in their practices as therapists and in all their practices as persons. As researcher, I speculated that a movement towards relationships of intimacy and interpersonal caring and respect in place of relationships that are mediated through theories has been active in the field of counselling psychology. I advanced this speculation and suggested that these practices of living have perhaps been entering into other realms of society as well. In this discussion some of the ideas of Foucault and how these ideas are related to these developments were discussed.

For some of the participants the changes in their practices of living occurred through processes that were personally challenging and demanding. One participant spoke of his reconfigured self-concept and how he has come to practice life "with" rather than "at" people in all of his relationships. Another participant spoke of how his awareness of his identity has changed. Whereas once he identified with fixed labels he now sees himself as an evolving and complex being who feels constrained by labels. His has become a process in which he questions the identities he has constructed about who he is. What this research reveals is that each participant made sense of their study and practice of narrative therapy in their own way and to varying degrees.

The participants also spoke of how the storying aspect of narrative therapy, that is, life as seen through the lens of the narrative metaphor, made intuitive sense to them and their clients, and also how this metaphor facilitated the practice of therapy. The implications of living life through the lens of the narrative metaphor and some possibilities for research directed towards this were discussed.

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APPENDIX A
INTERVIEW GUIDE

Ensure that consent form is signed and understood before beginning the interview.

Convey this information to the interviewee: “The purpose of this interview is for me to gain a description of your experience of how the study and practice of narrative therapy has affected your development as a therapist and your practice of therapy. This includes how you feel, what you think, what you do and how you make meaning out of your study and practice of narrative therapy. It may also include your impressions of how your clients respond in your therapeutic work with them. It is not an evaluation of you or of what you know. Do you have any questions?”

The following questions and statements may be posed and will serve as a guide for each interview.

1. Can you tell me the story of how you came to narrative therapy? and,
How you came to be a narrative therapist? (Do you call yourself a narrative therapist?)
Is there a story there?
2. Is there a relationship between this story and any changes for you as a therapist and as a person?
3. In relation to the concept of identity; (that sense of who we are)
Has your experience of identity changed in relation to your story of coming to narrative therapy?
How do you see identity, what is it? (fixed and unchanging of flowing and evolving)
4. What most drew you to narrative therapy and what keeps you with it?
5. Is there anything else you would like to say that we haven't covered?

APPENDIX B

Participant Consent Form

You are being invited to participate in a study entitled: "How the Study and Practice of Narrative Therapy Affects the Development of the Therapist" that is being conducted by a graduate student, David Mole, as a part of the requirements for a Masters in Counselling Psychology degree at the University of Victoria. If you have any questions or concerns about this research, you may contact the student, David Mole, at (250) 995-1808 (davidwmole@yahoo.com) or his graduate supervisors, Dr. Norah Trace, at (250) 721-7840 (trace@uvic.ca) or Dr. Geoffrey Hett, at (250) 721-7783. You may also contact the Associate Vice-President of Research at the University of Victoria at (250) 472-4362 if you wish to verify the ethical approval of this study or if you have any concerns about the study which the student and supervisors cannot help you. The names of the potential participants will be provided through word of mouth in the professional community and from Dr. Steven Madigan, the director of training of Yaletown Family Therapy in Vancouver, BC. The principle investigator has already established a professional relationship with Dr. Madigan.

The purpose of this study is to provide a description of how the study and practice of narrative therapy affects counsellors development as therapists and their way of practising therapy. The resources for conducting this study are being secured by the primary researcher, David Mole. These resources are an audio tape recorder, a microphone and blank tape cassettes. The potential benefits of participating in this study include the possibility of gaining a deeper understanding of this topic through your participation. It may also enhance your ability to dialogue with others about this topic. In addition, this study may help practitioners better understand what the study and practice of narrative therapy have to offer themselves and their clients. You will receive a summary of the analysis.

To qualify for this study, participants must be self identified as narrative therapists. As with other therapies there is no governing body that designates who is and who is not a narrative therapist. Because of this therapists either identify as being narrative therapists, or not, depending upon their study (including trainings in narrative therapy) in narrative therapy and their practice as therapists. To qualify for this study all participants must have completed some training in narrative therapy. Furthermore, participants must have been practising as narrative therapists for a minimum of two years, or the equivalent amount of time accumulated on a part time basis over a longer period of time. For example, someone who had been working as a narrative therapist for 20 hours/week for four years would qualify. Participants need to have, at a minimum, completed a Master's Degree in either counselling psychology or social work. If more than 4 qualifying people are interested in participating, the principle investigator will first ensure that there are at least one female or one male participant, and then randomly select from among remaining potential participants.

If you agree to participate, you will be asked to do the following: 1. Participate in a one to two hour audiotape interview 2. Take one to two hours to verify the interview transcript and the summary of the interview in order to ensure that it represents your beliefs. The total time required will be 4 hours. The principle researcher will conduct the interview and prepare the transcription and the summary.

Your participation in this study is entirely voluntary and you are free to refuse to participate, to withdraw from it, or to refuse to answer certain questions, without any negative consequences. In the event that you do withdraw from the study, your data will be destroyed immediately, or used as is, depending upon your preference. Whether you participate or choose not to participate will have no bearing on your professional standing.

There are no known or anticipated risks to you by participating in this research. Participants will have to provide their own time for the interview and for the verification. They will also have to travel to their interview location. For those participants who are located in Vancouver, the principle investigator will travel to that city.

All data collected in this study will remain confidential; audiotapes will be erased immediately after transcription, and your name and identifying information will not be recorded on the data. You will be assigned a code name, which is not obviously linked to you, and is identifiable only to the primary researcher. This code name will replace all references to your name in the transcripts. Coded names and signed consent forms will be kept in a locked file cabinet in the office of the researcher's supervisor at the University of Victoria, while the transcripts will be kept in a locked file cabinet at the researcher's home office, in the sole possession of the researcher. Only the primary researcher will have access to the data.

The results of this study will be prepared for presentation at a special meeting with the researcher's supervisors and committee members. In addition, an abstract will be given to all participants, and the results may be published in a scholarly journal. The thesis will be placed in the University of Victoria library.

At the conclusion of the study, the taped interview will have been erased and the transcripts will be destroyed after two years, during which time it will remain locked and secured separately from the code names as described above.

Having understood the above information and having been given the opportunity to have my questions answered, I agree to participate in this study.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher