

## **Narrative Therapy: A brief history and discussion**

### **1.1 Introduction**

This text on narrative therapy lives up to its title, Narrative therapy: a brief history and discussion. It traverses the map of narrative therapy in an attempt to represent the vast territory from which it is drawn, while at the same time forming a work in its own right and not a mere copy of an objective reality. As such this text should be read to the background of Freyfogle's bold statement that a narrative can perform weighty work interpreting the past and enlightening the present (1998).

Following the introduction there will be a discourse on the theory of narrative therapy, subdivided into section son theoretical approaches and more recent narrative theories. This brief literature study places narrative therapy within its wider context of, amongst other things, family therapy.

This is brought to an end with a look at some of the more well-used terms within narrative therapy which, as a therapy dependant on linguistics and read as a whole, should form a synopsis of narrative therapy.

Then follows a brief study into the history of narrative therapy, looking at some of the earliest philosophers who informed the work of Epston and White, right up to some very recent developments. This mini dissertation focuses almost exclusively on Epston and White's careers in narrative psychology, and as such does not delve into the forbidding waters of post modernism as a whole or constructionism as a close relative to narrative therapy. Within the parameters of what this text aims to achieve, Epston and White's work represents the most fundamental as well as the most pervasive, as seen on an evolution in time continuum.

Different facets of narrative therapy is explored next, looking at the philosophy behind it, the method of narrative therapy and a discussion on narrative therapy, ending off with the question, 'Why narrative therapy', which places this exploration into narrative therapy within

the context of a possible scenario for its application - namely narrative therapy in a prison pre-release programme.

What comes thereafter encompasses some explorations into the textual applications of narrative, reflecting on the oral tradition of narrative. The metaphor of a 'clean slate' is investigated and the fictional work, 'The Count of Monte Cristo' has some extracts analyzed to illustrate the use of such a text in a therapeutic setting.

This dissertation is finally brought to completion with the conclusion in which a short synopsis of what has been discussed, will be given.

Firstly, however, this text has to be introduced by a preamble about the method in which the fabric of the text, and not the subject of the text, is woven in a similar fashion to the way in which Johnella Bird (2001) did in her keynote address given at the inaugural Pan Pacific Family Therapy Congress. She stated that she was standing on the edge of what she knew and what she did not know, that she stood on this edge with all the knowledge that she has ever had, yet ready to - when faced with the lived experience of others - have that knowing changed.

Writing a narrative text is a bit like standing on the edge, caught between the stringent demands of the academic world and the narrative world, which requires creativity and 'otherness'. Morgan (2002) put it very well when she said that, 'Maintaining a diversity of ways of writing about narrative therapy seems very important.' (Morgan, 2002).

Epston's style of presenting and writing, has been described by White, as non-academic, while at the same time emphasizing that Epston's style is flowing and fashioned for the facilitation of understanding and meaning (Epston & White, 1990). In the tradition of narrative writing, this text will adhere to the basic academic requirements, while at the same time asserting itself as narrative text - with meaning not just in the words, but in the way that they are expressed, and even in the fact that they were chosen to be expressed, or altogether left out.

Gergen (2000) pointed out that dialogue is a prerequisite for transformation and this insight is embodied in this text in the way that different authors, sometimes reflecting on the same source, have been quoted and referred to here, not in a one-on-one dialogue, but in the closest

approximation of such a dialogue in the context which was available. He goes on to say that claims to reality preclude other possible narratives, limiting what others can say and who can be heard and in that spirit there are no statements of fact in this text – only opinions and perspectives (Gergen, 2000).

There are also no dominant voices here which will limit what others can say, and in that drift the author's voice has also been given space here, being well informed of those who have gone before, she contributes insights in the form of a short essay on narrative as well as a narrative text analysis, based on the *Count of Monte Cristo*. The *Count of Monte Cristo* is a classic fictional work written originally in French by Alexander Dumas. It deals with the life of a man who is falsely imprisoned and escapes (Dumas, 1997).

This work of fiction has been chosen as a narrative text as it deals with themes that I will need to work with in possible later research with prisoners. As discussed later on in this dissertation, the *Count of Monte Cristo* deals with imprisonment, escape, guilt, retribution and forgiveness, as well as a whole host of intertwined and twisted themes represented in the epic journey of one man's life, realistically representing the complexity of life narratives. A story with a more simplistic antagonist or maybe fewer themes or less tangled plots and subplots, would not have been the metaphor for the involved and often convoluted life, that I needed to act as representation of the lives of most prisoners.

It is hoped that these new representations will be read with Gergen's (2000) intentions in mind, when he said that we need accounts of our world that challenge the taken-for-granted conventions of understanding, and simultaneously invite us into new worlds of meaning and action (p.116). In a sense there are no new thoughts or new narratives, as from the moment we are assigned a gender and given our names at birth, our existence as individual people begin to figure in a communal ontology, and as such an individual is continuously informed by the culture by which she /he is surrounded, in fact, immersed (Gergen, 2000). Seen in this light the accounts given of narrative therapy further on in this text should not be perceived as a new species of rose, but rather as the tiny off-shoots of an already existing and well established bush.

## **1.2 Narrative therapy: the theory**

Morgan (2002), says that when you hear someone refer to ‘narrative therapy’ they might be referring to particular ways of understanding people’s identities. Alternatively, they might be referring to certain ways of understanding problems and their effects on people’s lives. They might also be speaking about particular ways of talking with people about their lives and problems they may be experiencing, or particular ways of understanding therapeutic relationships and the ethics or politics of therapy. The theoretical approaches underlying these different perspectives of narrative therapy, are briefly discussed here by means of a literature survey for which purpose, the works of Epston and White have been selected as fundamental texts for discussion, supplemented by texts of others, drawing from or working parallel to them.

### **1.2.1 Theoretical approaches**

The narrative paradigm of knowledge emerged in the 1980’s with the social constructionist movement and other interpretive approaches to the social sciences and received support from the Hermeneutic tradition and the psychology of narrative knowing (Gergen, in Kazdim, 2000). In narrative therapy implicit assumptions are made about the social nature of the mind as well as the role of language in establishing intersubjective understanding (Kazdim, 2000).

Narrative therapy developed within the family therapy tradition such as the work done by the Californian therapists of Palo Alto who modified their work on family structures to incorporate meanings that families give to life events (Kazdim, 2000). Narrative modes of inquiry have contributed to a renewed interest in ideographic approaches, namely the case study approach and the use of information from personal life histories and have been helpful in generating hypotheses in discovery research and in building inductive patterns in theory development. Due to the inclusion of context, particularly in connection with case studies, these methods have high yields in meaning. For this reason, they are considered to be more suited to understanding human experience (Kazdim, 2000).

Relating narrative therapy to the broader context of family therapy traditions, it is seen as one of the various schools of family therapy, along with structural family therapy, systemic family

therapy, constructivist family therapy, brief therapy, solution-focused therapy, linguistic systems approach and various others. Although these schools of thought all share common themes, there are also many significant differences between them (Morgan, 2002). Not only is there diversity within the field of family therapy, it seems relevant to note that there is also a considerable variety in the ways in which people have taken up the narrative metaphor in therapy. Some writers have explored the potential for postmodern ideas to influence therapeutic conversations, while others have explored poststructuralist ideas (Morgan, 2002). Some other therapists are now referring to themselves as discursive therapists (they have much in common with critical psychology). Just as there are differences in the ways in which people have engaged with the narrative metaphor in therapy, so too do people engage differently with specific narrative practices. There seems a continually evolving diversity of thought and practice in the field (Morgan, 2002).

### 1.2.2 Recent narrative theories

Narrative therapy is a new field within the broader psychological framework and thus this section on 'recent' theories, might well encompass references to *all* narrative theories - from its inception to its current theories.

Narrative inquiry is associated with ethnographic grounded theory and phenomenological methods as they share a narrative logic of argumentation, rich in inductive description and a process of interpretive analysis based on part to whole relationships (Kazdim, 2000). They are also similar in assuming collaborative relationships between the researcher or inquirer and the human subject who is the source of self-interpreted meanings (Kazdim, 2000). There have been, and continue to be, a great range of traditions with which narrative therapy is linked. Various narrative practices are linked to developments within other family therapy traditions. Family therapy has provided a context for asking questions about what is not often questioned. This is particularly true in relation to taking into consideration issues of context and social fabric (for example Salvador Minuchin's work in relation to the lives of families in poverty) (Morgan, 2002).

The emphasis on curiosity within narrative practices (see Hedtje's work) is linked to developments that occurred previously in the Milan family therapy model. The use of

reflecting teams within narrative therapy is linked to the work of Andersen (in Morgan, 2002). Many narrative therapists started out working from systemic or interactional family therapy perspectives (Morgan, 2002).

There have however also been many alternative sources that have informed narrative practices, from anthropology, literary theory, post-structuralist philosophy and feminist writings and explorations. More recently, work in partnership with indigenous Australian communities has contributed to the development of narrative ways of working in community gatherings (Morgan, 2002). Many of the ideas and practices of narrative therapy have been developed through conversations with those who have consulted narrative therapists /community workers. It seems important to acknowledge these people's contributions to many of the ideas, practices and ways of working that have come to be known as narrative therapy (Epston & White, 1990).

The idea that therapy is a conversational art concerning itself with the recording and careful widening of the narrative accounts of clients has begun to receive more attention in both the field of family therapy (Anderson & Goolishian, 1988; Hoffman, 1990 & Epston & White, 1990) and individual psychology (Sarbin, 1986). In a discussion with Keeney, Morgan discovered that they shared common interests. This was especially prevalent in the ways they viewed ethnography, which seemed to be informing new directions in family therapy. Keeney described his interests in a narrative approach to therapy - especially in his current work in creating galleries and frames within which to frame discourse in therapy (Keeney, 1991). In discussing how these ideas might be applied to qualitative research, Keeney shared with Morgan an article that he and Bobele had written on discourse in family violence (Keeney & Bobele, 1989). In this fashion the narrative therapy and family therapy fields keep on informing each other in what might be called and international and continuous discourse.

Keeney and Bobele's 'A brief note on family violence' reports on their study which offered an analysis of the words professionals used to describe their clients who were involved in situations of domestic violence. These words were clustered into categories with a brief discussion about the meaning of these categories (Keeney & Bobele, 1989). Such studies are perpetually occurring in the narrative field, which, within the context of qualitative research, often makes use of even the single case study design in which a brief encounter can be meaningful. This type of research often informs other studies, like Stewart and Valentine's

(1990) response in the form of asking, not just the professionals, but the victims and offenders themselves, about the words that they would use to describe themselves; their relationships with their partners; the process of getting help and so on. Stewart and Valentine's study was a response jointly based on Keeny and Bobele's study as well as the premises of Anderson and Goolishian's (1988) that psychotherapy is essentially a 'linguistic event' where 'new descriptions arise, new meanings are generated, and therefore, new social organization will occur around different narratives' (p. 384).

Narrative therapy resides, at least in part, within the genre of family therapy, but is also informed by people from a wide range of professions and perspectives, from community workers, teachers and school counsellors, academics, anthropologists, community cultural development workers to film and video documentary makers. As these engagements occur they lead to further creative developments in narrative thinking and practices.

Many disciplines (anthropology, literary theory, cultural studies, philosophy and the arts) have been engaging for some years with post-modern and post-structuralist ideas. As narrative therapy is also significantly informed by post-structuralist thinking, this is leading to many generative connections and conversations across these fields of thought (Morgan, 2002). Post structuralism is discussed fleetingly later on, but forms such a big field of study that, along with post modernism, will not be elaborated on here. (For more on post structuralism, consult Kazdim, 2000).

## **2.1 All is not what it seems – definitions of narrative terms**

### **2.1.1 This thing called narrative**

Kazdim (2000) refers to narrative therapy as a novel approach to psychotherapy devised along constructivist lines. This basic understanding of narrative as something that is constructed is accurate only to the extent that people are said to author their own stories, or construct their own realities. In the brief definition of narrative therapy that follows, as well as the discussion of narrative therapy later on in this text, Kazdim's (2000) supposition will be expanded alongside a more comprehensive representation of what narrative therapy is and how it works.

Narrative therapy started as an approach to counselling and community work and is now used in almost all types of therapeutic settings. Narrative therapists do not see themselves as experts, but rather centres people as the experts in their own lives and view problems as separate from people. Narrative therapy assumes that its clients are skillful and competent and that they have many beliefs, values, commitments and abilities that can help them to manage the problems that they face in their lives (Morgan, 2002).

The word 'narrative' refers to the importance of people's life stories and the therapeutic value that can be gained from the tellings and re-tellings of these stories. Stories are defined by Brown as 'a narrative sense-making form that relates a sequence of events' (in Rhodes, 1996). The therapeutic process seeks to gain insight into people's stories which will allow the therapist to help the client re-author these stories. It has an interest in history and the broader context that is affecting people's lives as well as the ethics or politics of therapy (Morgan, 2002).

Narrative therapy is based on the supposition that the lives and the relationships of persons are shaped by the knowledges and stories that communities of people negotiate and engage in to give meaning to their experiences and certain practices of self and of relationship that make up ways of life associated with these knowledges and stories (Morgan, 2002).

Problems are resolved by enabling clients to separate their lives and relationships from those narratives that the clients identify as impoverishing and then assisting the client in challenging defeating narratives. Clients are encouraged to re-author their own lives according to alternative and preferred stories of identity and preferred ways of life (Morgan, 2002).

In the broader theoretical framework, narrative therapy has particular links with Family Therapy and those therapies which have a common ethos of respect for the client, and an acknowledgement of the importance of context, interaction, and the social construction of meaning (Morgan, 2002). White, as co-founder of narrative therapy, draws on a range of theoretical views as to the nature of language, discourse and the way people come to make sense of their 'being-in-the-world' in his construction of narrative therapy (White, in Morgan, 2002).



A basic tenet of narrative knowledge is that the author of a narrative account and the interpreter or evaluator of the account shares a common space of understanding. The question of authority (who is the expert?) in interpretation remains the main issue in hermeneutics and all narrative disciplines, while truth is seen as a union between the self interpreted narrative and a social construction (Kazdim, 2000). The question of who the expert is, forms the basis for the distribution of power as the implication of the title ‘expert’ and the role which it implies indicates a position of status higher than that of the ‘non-expert’. Narrative theory acknowledges this socially constructed ‘truth’ that power does exist in knowledge, the knowledge here being who the expert is. In this way the expert gets to have ‘authority’ over the other party. In other forms of therapy the therapists is mostly seen to be the expert, but in narrative therapy the client is seen as the expert in her/his own life, and the therapist thereby assigns authority to the client – an empowering exercise which is instrumental in the client taking responsibility in the writing of their own narratives (Kazdim 2000).

As can be seen in this extrapolation on ‘authority’, narrative therapy tends to make use of words in a unique, but sometimes confusing way for the uninitiated. As with the old English of Chaucer, one cannot assume that that which seems like a familiar word, has the same meaning that we normally ascribe to it! The following definitions will serve to elucidate some more common narrative terminology.

## **2.1.2 One language – many meanings: additional definitions in the narrative context**

### 2.1.2.1 Stories

Narrative. The word is synonymized with ‘story’. Stories are built out of words. If one does not understand the words, the story is unintelligible. Narrative therapy uses words. It uses words in a different way from that in which they are used in every day language. It stands to reason then that, without a guide to the meaning of the words used in narrative therapy, narrative therapy itself will be unintelligible. Narrative therapy does not only make use of words or language, but relies solely on language for its existence (Epston & White, 1990). Therefore this section does not only represent narrative therapy terminology, but narrative therapy itself. The list of terms below has been taken from a very wide range of sources to ensure a broad coverage of

the narrative field. They have been organized as to facilitate a discussion rather than resemble a list.

In narrative therapy, *stories* (or *narratives*) refers specifically to the stories that people tell about themselves. They represent what people remember and think about events. Taken as a whole – the novel of a life – they eventually represent what people think about themselves. They are not representational of life and their affects are not imagined – these stories are shaping of the structure of life (White, 1995). People live more than one story at a time, as their multi-faceted lives includes the theatres of work, family, sport and so on. The existence of more than one story, is referred to as *multiple stories* (White, 1995). *Alternative stories*, on the other hand, refers to other versions of life as lived (White, 1995). In other words, a different story about the same lived experience, as told by the person whose life is being narrated. The significance of alternative stories is that they guide a client into recognizing that there have been times when they have experienced themselves and events in a different way to that which they are accustomed to. Alternative stories opens up avenues for *preferred stories* - a preferred destination or status in life. Preferred stories can only become available once alternative stories are recognized and identified as preferable to the original narratives (White, 1995).

Finding alternative and preferred stories are necessary in narrative therapy because the meanings that a client ascribes to the first or original narrative (often meanings reached in the face of adversity) mostly consist of what narrative therapists call *thin description* (Geertz, in White, 2002). Descriptions of this kind are called ‘thin’ because the person who has allowed the description to become meaningful to themselves, have not allowed space for the complexities and contradictions of life, and of themselves (Morgan, 2002) . Thin descriptions do not allow people to voice their own particular meanings of their actions and the context within which they occurred. Often thin descriptions of people’s actions/identities are created by others – particularly those who hold the power to the definition at a given point in time in a person’s life, such as a parent, spouse or health care professional. As with other narratives, these thin descriptions become the way in which a person understands her/himself and thus the understanding of self, becomes thin – or without depth. But sometimes people come to understand their own actions through thin descriptions. As such thin descriptions can make a very large impact, albeit often negative, on an individual (Morgan, 2002).

### 2.1.2.2 Meanings and culture

The meaning that a person derives from a narrative like the thin description is not an instantaneous or once-off event. It should rather be conceived as a process. A process of *meaning-making*. When narrative therapists refer to meaning-making they are at once referring to both the constructivist idea that one creates their own reality and takes meaning from it and to the social constructionist idea that meaning is socially constructed (Kazdim, 2000). As in the thin description, the meanings that we experience are hardly ever created just by ourselves, there are almost always elements of others in our understanding of ourselves. These others who inform our meanings, do so through what is referred to as the *dominant culture* (Kazdim, 2000).

Dominant culture is understood as the ideas, generationally passed on and socially maintained, that become so prevalent in our thinking and being, that our very reality, the way we make meaning of the world around and in us, is dominated by these ideas, or as Gergen (2000) puts it, 'The very shape of our lives - the rough and perpetually changing draft of the autobiography we carry in our minds, is understandable to ourselves and to others only by virtue of cultural systems of interpretation.' (p.126). White (Epston & White, 1990), almost a decade before Gergen (2000), suggested that cultural stories determine the form that our individual life narratives take and that people make sense of their lives through stories, both the cultural narratives they are born into and the personal narratives they construct in relation to those which are dominant in our culture (Epston & White, 1990).

Dominant culture in its smallest form, breaks down into discourse dyads. A dyad is a two person group who engage predominantly in face-to-face encounters (Reber, 1995). Wherever two people communicate, a discourse is created in their dyad. These are referred to as *external discourses* – taking place outside of the client, as opposed to *internal discourses* – taking place inside the client (White, 1995). When enough dyads are sharing the same discourse, this discourse becomes dominant (Weingarten, 2001). *Dominant discourses* can be at work from the simplest system level (like the family) all the way to one of the greatest system levels - a society where the dominant discourse becomes part of the dominant culture as the dominant culture also informs the dominant discourses. The dominant cultural story marginalizes other forms of meaning and keeps them out of the mainstream (White, 1995).

### 2.1.2.3 Re-thinking stories

It is only through a process of *re-authoring* that dominant discourses and cultures can be overcome by authentic narratives that are not thin and damaging to the individual. Understanding narrative therapy as a metaphor, facilitates the comprehension of authoring or re-authoring as a process whereby the individual is able to 'articulate and experience other ways of being and thinking that are available to them as they experience some of the purposes, values, beliefs, commitments and so on that are associated with these alternative accounts of life' (White, 1995, p.20). Re-authoring is achieved through a process of *re-authoring conversations* during which the therapist invites the client to do what they routinely do, namely, to link events of their lives in sequences through time according to a theme/plot. The therapist then assists the client in finding the more neglected events of their lives, or the stories that are not often told. These stories, which are exceptions to the generally conceived theme of the client's life, are called *unique outcomes* (Epston & White, 1992).

Unique outcomes are similar to alternative knowledges of self, news of difference and positive outcomes in that they represent thoughts about self, other and environment that are different from the standard narratives (Epston & White, 1990). The client is then encouraged to absorb these exceptions into alternative story lines. Re-authoring conversations energizes clients' efforts to understand what it is that is happening in their lives, present and past, as well as how it happened, and eventually to make some sense (or meaning) of the events. In this way, these conversations encourage a radical re-engagement with life and with personal history, and provides options for clients to more fully inhabit their lives and their relationships. It is in this dramatic re-engagement that the gaps in the 'thin' story line are filled, and the reader lives the story by taking it over as their own (White, 2002).

The re-engagement that White refers to implies a new vigour in partaking in life which is captured in the narrative principle of *remembering conversations* (2002). The basic premise of re-membering is based on the metaphor that life is a club with members, and that clients who had gotten stuck in old narratives, have neglected their membership. During therapy then, clients are invited to re-member, or renew membership to the club of life (White, 2002). By becoming a member of life, the individual becomes able to contribute to a multi-voiced sense

of identity, rather than the single-voiced sense of identity he was accustomed to. Through being a member the client is able to choose who else in his 'life-club' should become honoured members, who should be downgraded and whose memberships should be allowed to lapse.

The client can now decide whose voices he will give authority to and can share in the voices, and thus the knowledges and skills, of the other members (White, 2002). The sense of becoming knowledged in this fashion will empower the client to develop specific ideas about how he wants to proceed with his life. As with all metaphors in narrative therapy, remembering conversations are not aimed at passive recollection, but at purposive engagements with the significant figures of one's history, and with the identities of one's present life who are significant or potentially significant, whether direct acquaintances or not (White, 2002).

#### 2.1.2.4 Externalizing, internalizing and deconstructing

It is sometimes difficult for clients to adopt alternative narratives as they feel blocked by the perceptions of themselves in their current narratives. In such cases *externalizing* conversations is an effective way of creating movement in a stuck process. In Externalizing conversations the client experiences an identity that is distinct or separate from the problem. Through externalizing conversations, the problem is disempowered. It no longer speaks of who they are as people or about the nature of their relationships (White, 1995). Bird (2001) reports that she discovered that the concept of identifying the problem became problematic when the identity or self was regarded or known as the problem, for example: I'm bad, mad, dirty, wrong, responsible for the abuse, crazy, ungrateful, weak, sick, deserving of punishment, seductive (Bird, 2001). Externalising is a concept that was first introduced to the field of family therapy in the early 1980s. Although externalizing was initially developed from work with children and therefore has always contained elements of humour and playfulness, it needs to be practiced with thoughtfulness and skill. There are many ways of understanding the process of externalising, but perhaps it is best summed up in the phrase, 'the person is not the problem, the problem is the problem' (Carey & Russell, 2002).

Externalizing is an alternative to *internalizing* and as such locates problems outside of individuals, labeling them as products of culture and history. As was illustrated above

problems are understood to have been socially constructed and created over time. Probably the best known device in externalizing, is what is referred to as the personification of the problem (Epston & White, 1992). A tantruming child can call her/his tantrums ‘Mr. Tantrum’ and adults experience success in personifying anything from eating disorders to anxiety attacks. Through this kind of personification, some space is created between the person and the problem, and this enables the person to begin to revise their relationship with the problem. After externalizing, the therapist proceeds with an exploration of the relationship between the client and her/his problem to help the client discover how the problem has been affecting the client, how long it has lasted, and so on. Personal qualities, such as strengths, confidence and self-esteem which are commonly internalised (viewed as if they are inherent or internal to individuals) are also externalised in narrative therapeutic conversations (Carey & Russell, 2002).

Externalizing is viewed by White (2002) as the beginning of *deconstruction*. According to White’s (2002) definition, deconstruction has to do with procedures that subvert taken-for-granted realities and practices (so-called truths that are split off from the conditions and the context of their production) as well as disembodied ways of speaking that hide their biases and prejudices, and those familiar practices of self and of relationship that are subjugating to people’s lives. Many of the methods of deconstruction render strange these familiar and everyday taken-for-granted realities and practices by objectifying them. Epston and White (1990) refer to deconstruction as the process through which a person needs to take a whole new look at things which have become so mundane as to be almost invisible. Bourdieu (1998) describes this tactic as, ‘exotocizing the domestic’ (Epston & White 1992). Bird emphasizes the deconstruction of even language, as she believes it both ‘describes and shapes lived experience’ (Bird, 2001).

#### 2.1.2.5 Ceremonies and metaphors

During deconstruction unauthentic narratives can be abandoned and authentic narratives embraced. White uses *definitional ceremonies* as an space of authentication for clients who need acknowledgement and regarding, as opposed to the degrading and judging that he believes is prevalent in modern culture. He sees the definitional ceremony, which he drew from the work of Barbara Meyerhoff (1982, 1986), as a context for the rich description of

people's lives, identities and relationships (White 2002). People are provided with the option of telling/performing the stories of their lives before an audience of outsider witnesses. The outsider witnesses respond to these tellings with multi-layered retellings of certain aspects of what has been heard. These retellings are shaped by specific traditions of acknowledgement. The retellings of definitional ceremony structures are authenticating of people's preferred claims about their lives and their identities, 'and have the effect of pushing forward the counter-plots of people's lives - they contribute to options for action in people's lives that would not otherwise be available to them' (White, 2002). As with other narrative therapeutic constructions where more than one individual is involved, White states that participation in this ceremony and its rituals is about being moved in the sense of being transported, 'in the sense of being elsewhere in life on account of this participation' (White, 2002).

New narratives, as those experienced in the definitional ceremony, often need new words to express the client's new ideas and perceptions. For many people (including children), words are and have been meagre representations of their experience. Through a process of *linguaging*, therapists and clients are provided with an opportunity to negotiate and re-negotiate the language that more closely represents lived experience (Bird, 2001). When the client relates to and with the descriptions that are shaping her/his life, she/he has an opportunity to reinvent these descriptions while exposing the benefits of one description over another, thus creating multiple linguistic possibilities versus the 'binary or middle way' (Bird, 2001).

Linguaging can then be seen as a narrative skill derived at through therapy and making extensive use of *metaphors*. Epston and White (1990) started using metaphors early on in the narrative process, recognizing metaphors as unique linguistic devices which enable the client to literally see and hear her/himself, their problems, their lives or any other presenting factors in a completely new and different way. Since then narrative therapy and metaphors have become synonymous and can be used in any form from the most elementary to the most elevated, as can be found in the use of a novel as metaphor.

#### 2.1.2.6 Personal agency

Narrative therapy highlights *personal agency* in therapy as the narrative therapeutic process,



through the use of techniques such as metaphor, languaging, externalizing and so on relies on the client being the active realiser of his own therapeutic aims. Personal agency refers to the client's ability in shaping her/his own life and possessing the capacity to influence developments in her/his life to the extent of bringing about preferred outcomes (Epston & White, 1990). With a higher degree of personal agency, a client can identify the *perceived locus of any problem* more accurately, realizing that she/he has been made voiceless by dominant discourses for example and are not, as previously thought, severely introverted. The perceived locus of a problem is the place or person that the client identifies as being the originator of a problem.

As background to the cognitive and emotional processes that inform the client's involvement in narrative therapy, some theorists have suggested a vivid metaphor. Griemas and Courtes in Epston & White (1990) proposed that all stories exist in the *landscape of action* and the *landscape of consciousness*. People's stories of life and of personal identity can be considered to compose 'landscapes of the mind' (Bruner, in White, 2002), which are constituted of landscapes of action (composing events, linked in sequence through time, and according to a theme/plot) and landscapes of identity (composing identity conclusions that are shaped by contemporary identity categories of culture) (White, 2002).

As an end goal of any narrative therapeutic intervention it is the aim of the therapist, and should be the aim of the client that she/he experiences profound philosophic changes in the their thinking, termed 'elegant solution' in narrative therapy (Weinrach, Ellis, MacLaren, DiGiuseppe, Vernon, Wolfe, Malkinson, & Backx, 2001).

But where do these aims comes from and how did narrative therapy get structured around such novel concepts as philosophic changes and elegant solutions? The following section deals with the history of narrative therapy, looking into the origins of these concepts that might seem quite foreign to the uninitiated reader.

### **3.1 Narrative therapy: a brief history**

#### **3.1.1 Introduction**



Michael White, then a senior social worker in a psychiatric hospital in Adelaide, attended the Second Australian Family Therapy Conference in Adelaide in 1981 (Monk, 1996; Epston & White, 1990). There he met David Epston (a Canadian living in Auckland) for the first time, even though the two men had been corresponding on previous occasions (Epston & White, 1990). Epston was presenting a workshop and White attended. They spoke afterwards and found that they shared many ideas and practices (Epston & White, 1990). In this way, the narrative therapeutic movement was born and placed, at least initially, firmly within the family therapy tradition. From 1981 onwards Epston and White, even though geographically separated have collaborated and come together to host workshops around the world. Epston's trademark was, even then, his singular technique of writing letters to the clients after each session, and then giving these letters to his clients - keeping only the carbon copies (Tomm, in Monk, 1996). Tomm (1993) describes this method of record keeping as a tool to egalitarianism, a concept new to psychology, in which the client and therapist both work together, from Epston's view on an equal footing (in Monk, 1996). Epston's most outstanding character trait, that of story-teller has informed the basis and development of narrative therapy, while White has added the dimension of deconstructing the complexities of language in the narrative process, focussing especially on the differences between spoken and written languages (Epston & White, 1990).



Neither man, however, came to their life work uninformed. By their own admission, their work rests heavily on theories and theorists who have gone before (Epston & White, 1990). The following brief history contextualizes their work by remarking on the various influences that has informed and keeps on informing, their work:

### **3.1.2 Pre-history and an overview of some more recent influences**

Although narrative therapy is said to be a very recent development in the field of psychology, the principles and ideas on which the therapy is founded, have some very early beginnings.

Immanuel Kant (1724-1804) emphasized the transformative character of the mind over two centuries ago (Kazdim, 2000). He philosophized that the human mind imposes spatial, temporal, and causal order on the phenomena of experience and so implied that knowledge is an active structuring process. These concepts were the forerunners of a constructivist line of

thought where the human being plays an active role in creating her/his own reality. Later narrative therapists would rely on their clients' abilities to construct (or author) their own narratives (Kazdim, 2000).

Almost a century later Alfred Korzybski (1879-1950) was the first person to come up with the idea of a linguistic map of experience of the territory of the world (Kazdim, 2000). This now famous metaphor explains the role of language in narrative theory. It is said that language does not merely describe or represent (map) what we experience (the world), but that language plays an active part in constructing our experiences (the world). The role of the speaker in assigning meaning to events is emphasized. From Korzybski's work constructivists drew the implication that human beings operate on the basis of symbolic or linguistic constructs that help them navigate in the world without contacting it in any simple, direct way (Kazdim, 2000).

The first thoroughgoing theory of psychotherapy along constructivist lines came from George Kelly somewhat later on in the 20<sup>th</sup> century. Kelly postulated that the client's sense of self and social world were provisional constructions that might be lived out quite differently if viewed in alternative ways. From here the leap to narrative therapy was not a huge one (Kazdim, 2000).

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Figure 3.1 serves to illustrate the integration of some earlier as well as more recent influences in the field of narrative therapy it is a visual representation of what can be seen as a contextualization of the work of Epston and White.

The discussion in 'Pre-history' refers to the very original inspirations for their work, placed at the top or beginning of the figure, whereas the discussion that follows in the next section aims to expand on the work of some of the theorists who made a more substantial contribution to, specifically, the work of Epston and White in the narrative field.

Those individuals who are mentioned in the figure, but not elaborated on in the text, have been adequately contextualized according to the weight of their contributions in the influence on the work of Epston and White.





### 3.1.3 More recently

#### 3.1.3.1 Gregory Bateson

*Gregory Bateson's* theorising had a significant influence on the *strategic and systemic fields* of family therapy (Monk, 1996). As mentioned above, the work of Epston and White grew initially from within the field of family therapy, to such an extent, that Epston's first 'narrative' publications, were articles posted under the 'Story Corner' section of the Australian and New Zealand Journal of Family Therapy (Epston & White, 1990). White, after having been interested in Bateson's epistemology for some time, applied Bateson's ideas of *negative explanation, restraint and news of difference* in his work with clients as well as in the construction of his own theories (Epston & White, 1990). During the early to mid eighties, White and Epston presented a series of workshops in Australia and New Zealand, and later internationally, to illustrate how Bateson's concepts could be applied in therapy (Monk, 1996).

The observer's assumptions influences the ability of that person to select out the differences and distinctions between one thing and another (Bateson in Monk, 1996). Bateson (1972) suggested that these assumptions curb the person from seeing one phenomenon while observing another (in Monk, 1996). Because learning results from the distinctions that humans draw between one observed event and another, these assumptions that curb a person's 'seeing' one phenomenon while observing another, causes sensory limitations in the observer.

These sensory limitations then become part of what Bateson describes as people's '*maps of the world*' (in Monk, 1996). These maps are made up from a network of premises and establish rules for the selection of information about events (Bateson in Monk, 1996). White used these ideas of 'not seeing', to understand some of the difficulties that families experience (in Monk, 1996).

#### a.) Negative explanation

'Not seeing' in families, often refers to not seeing alternative ways of behaving or dealing with problems. White traced the origins of the 'not seeing alternatives' to the 'being *restrained*

from' seeing alternatives, an idea that is based on Bateson's principle of *negative explanation*, namely that events take their course because they are restrained from taking alternative courses. (As opposed to the positive explanation of learning according to which events take their course because they are driven or propelled in that direction) (Bateson, in Monk, 1996).

White (2002) opted for the utilization of negative explanation as using the principle of positive explanation would put the therapist into a position of having to identify what and who is contributing to the problem. This approach leads very easily to a blaming model of helping as the focus is driven towards finding a cause – what, or more appropriately whom, is causing this problem. This linear approach is in direct opposition to the family therapy tradition and cybernetics, where a circular modality is seen as a more apt description of family dynamics (Becvar & Becvar, 2000).

Looking at the problem from a position of negative explanation, on the other hand, the family is seen as restrained from coming to other solutions because of a network of presuppositions and beliefs held by family members. Working with the ideas of negative explanation, the therapist endeavours to identify the underlying beliefs that restrain the family from producing the solutions they are seeking rather than staying stuck in their usual patterns of behaviour or dealing with problems (Monk, 1996).

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Similar to the concept of negative feedback in family therapy, where the therapist aims to perturb the system so that it might take on new ideas (about dealing with itself), the narrative therapist uses the principle of negative explanation. The therapist does this so that she/he might find ways of overcoming the sensory limitations that restraints produce so that new information can be taken on board by the family to usher in a more satisfactory approach to the problem (Becvar & Becvar, 2000 and Monk, 1996).

#### b.) Restraint and news of difference

As always this narrative theory was transcribed into narrative practice, this time through the employment of the terms *news of difference* and *relative influence* (Monk, 1996). The 'not seeing' metaphor was applied to the family members becoming blind to the contributions that they made to the presence of a problem (White, in Monk, 1996). Metaphors, always a

cornerstone in narrative therapy was introduced by Sarbin into psychological theorizing in the mid-eighties (Sarbin, in Kazdim, 2000).

Therapists identify problems in the family that are part of trends or themes and then ask family members to remember a time before the trend, when things were different. This relates to Bateson's principle that coding of a problem has to happen in time in order for it to be perceptible (Monk, 1996). Uren uses the now well-known analogy of the frog who is eventually cooked in boiling water because the change in water temperature happened imperceptibly, to illustrate how families are restrained from noticing their problems due to a lack of *news of difference* (in Monk, 1996).

White stated that, 'restraints establish a threshold or bias for the selection of information about difference and limit the family's ability to undertake the necessary trial-and-error search for new ideas that could lead to the discovery of new solutions. Old ideas endure; new information becomes blurred.' (in Monk, 1996, p.86) The therapist takes part in a process wherein she/he assists the family in 'seeing' news of difference, or termed differently - new information and responding to this new information by using it as contradictions to old information. In so doing the therapist utilizes the new information to come up with new solutions to their problems (White, in Monk, 1996).

In Epston and White's (1990) move, not so much away from family therapy, as towards an independent therapeutic tradition, they have evolved away from these initial ideas on restraint, retaining '*relative influence*' as a more recent incarnation. In using questions of relative influence, the extent to which the problem is influencing the lives of the family members, is mapped out. In the individual member's telling of the *problem story*, and (after some prompting) how they managed to survive such a problem-filled story, a narrative takes shape. The therapist assists the family members in remembering occasions when they showed competence and strength and these *unique outcomes* eventually become the basis for a more positive narrative.

### 3.1.3.2 Bruner and Geertz

During 1988 the emphasis in Epston and White's therapeutic work moved to the use of story or narrative (White, in Monk, 1996). This shift away from Bateson's map of presuppositions and assumptions (White, in Monk, 1996) and the broader family themes of the analysis of systems, was largely due to the influential work of *Edward Bruner* (Monk, 1996). Bruner, also an anthropologist (although specializing in ethnography), noticed that the knowledge people have are born of their own experiences, but that the understanding of these experiences comes about through the telling of these experiences in the format of stories (Bruner, in Monk, 1996). It is through these stories that they encounter *meaning*. Individual stories link up in an arranged sequence across time to form a life or self narrative.

What influenced White's work the most, however, was Bruner and Geertz' insight that these life stories, or narratives about self, could never fully encompass the richness of the lived experience, yet remained the individual's only way of making sense of lived experiences (in Monk, 1996). Over time and through the re-telling of these stories they became very accessible and weak but still determined what was to count as a recorded event. White described how these stories then restricted the meanings they gave to experience as well as the aspects that were chosen for expression (in Monk, 1996). Following this chain of thought, Bruner's major contribution can be interpreted as recognizing that narratives were not apart or merely descriptive of lived experiences, they had real effects in shaping lives and experiences (Monk, 1996).

White (1992) saw that the evolution of a narrative was a process of picking up shells at the beach. The selected shells are the dominant, often problem-saturated life narrative, while the shells that were cast aside represent events that go unstoried, possibly even unnoticed and so never understood. Because these cast aside shells are the ones that do not 'fit' with the collected shells, they can be understood to contradict the collected shells. These are shells that are different from the dominant narratives. As the dominant narratives are problem-saturated, these rejected shells are the ones which hold the key to alternative stories. White developed



questions that would help the client to collect these rejected shells and use them to develop an alternative or more preferred story (in Monk, 1996).

### 3.1.3.3 Steve De Shazer

It is worthwhile to note that other theorists/therapists have taken up similar ideas to that of Epston & White, particularly since narrative therapy, especially, holds that parallel narratives will inform each other in some way or another. *Steve de Shazer's* approach to therapy, Solution Oriented psychotherapy, for example, also focusses on identifying exceptions that stand apart from the problem story (in Monk, 1996). De Shazer, however, is apolitical and pragmatic, choosing not to consider broader socio-political and socio-cultural contexts (Chang & Phillips in Monk, 1996).

### 3.1.3.4 Michel Foucault

Epston and White (1992) on the other hand have drawn upon feminist critiques in relation to patriarchal influences and have explored these issues in relation to their impact on clients and therapists alike (Zimmerman and Dickerson, in Monk, 1996). However, the strongest theoretical underpinning for White's work in recent times comes from the French philosopher, *Michel Foucault* (in Monk, 1996 and Epston & White, 1990).

White, based on his readings of Foucault has suggested that narratives are framed by *dominant cultural knowledges* which specify a particular image of who you are and what your relationships will be like (Epston & White, 1990). Foucault (in Epston & White, 1990) suggests that individual modes of expression, which is understood by the general population as 'free will', is more likely a result of complicity with the dominant knowledges of our culture. The social *constructionist* ideas of Foucault has contributed to a great extent to Epston and White's concepts of dominant culture and dominant narrative when understood as ideas that are co-constructed in society and become so strong that they inform individual narrative on a mostly unconscious level with the result that the individual is unaware of the fact that his thoughts and perceptions are not his original constructions (Kazdim, 2000).

From this deduction, it becomes easier to understand why Foucault suggests that *knowledge and power* are synonymous (in Monk, 1996). The individual who ‘possesses the knowledge’ that his perceptions are informed by society, also ‘possesses the power’ to change his perceptions (Foucault, in Monk, 1996). White sees this knowledge as necessary when he considers Foucault’s insight that knowledge/power can take the shape of ‘normalizing truths’ which form people’s desires, habits and thoughts about their bodies (Foucault in Epston & White, 1990). In this epistemology, Foucault views cultural knowledge as power which manifests in cultural practices, such as the western practice of torturing the body to fit a certain culturally designated shape (Foucault, in Monk, 1996).

White (1992) addresses power issues according to his interpretation of Foucault’s ‘knowledge at local sites’ hypothesis. The above extrapolation on knowledge and power might have left the reader with a sinking feeling of powerlessness, as all power seems to be beyond the individual reach, and even more so, takes control of us from within - without you even being aware of it! Foucault’s view of power relationships, however, is that we are all undergoing the effects of power and exercising this power in relation to ourselves and others (Foucault, in Monk, 1996).

White adopts Foucault’s views exactly because they are empowering, not disempowering. He holds that efforts to transform power relations in society must address the dominant practices of power at the local level - the level of the every-day-taken-for-granted social practices, like, for example, the practices of a family (Foucault, in Monk, 1996).

### 3.1.3.5 Bourdieu, Derrida, Andersen and Goolishian

Foucault’s philosophy leads to the construction of a practical therapeutic approach to challenging family practices, called, deconstruction. But Foucault’s theory was only the wood to the fire. The fire and flame were added by Bourdieu (in Monk, 1996) with his ideas on ‘exoticising the domestic’ (see definition of deconstruction in section 1.3.2) as well as the deconstructivist philosophers Derrida (in Monk, 1996) and Anderson and Goolishian (in Monk, 1996). Jacques and Derrida used to critique texts so that clients can overcome the domination that inadequate, socially derived stories have over their lives (Kazdim, 2000).

### 3.1.3.6 Dulwich Centre

Narrative therapy continues to evolve and take up more space in psychological and therapeutic circles, especially through the work of Dulwich Centre, in Adelaide and the workshops of Michael White and David Epston.

## 4.1 Narrative philosophy and method

### 4.1.1 The philosophy of Narrative therapy

This section is by no means a comprehensive discussion of the very complex and diverse philosophies of narrative theory, but rather an economic reference point as expository background to the more practical therapeutic issues reviewed in the rest of this text.

Narrative theory, as can be seen from the section on its history or origins, leans heavily on philosophical underpinnings. As a philosophy of knowledge or epistemic perspective, narrative metatheory requires all theoretical accounts to be deconstructed and critiqued in terms of underlying assumptions. Whereas narrative theory focuses on cognition versus narrative, narrative metatheory holds that everything is narrative and must be deconstructed, a second order perspective. Therefore narrative theory is equated to the hermeneutic approach that treats knowledge as textual accounts to be interpreted and deconstructed for limiting assumptions or questionable analytical frames (Kazdim, 2000).

In addition to these philosophical underpinnings of social constructionism, the narrative approach to knowledge also emphasizes the role of the person in interpretation and the assumption of personal ageing in enacting story-form knowledge. This 'self in conversation with self' which creates its own knowledge in its re-storying is regarded as an evolving psychological phenomenon, that results from self interpretation in a sociocultural context (Freedman & Combs in Walsh, 1998). Narrative theory places great emphasis on the social processes of creating knowledge and validating knowledge claims which are made possible through communal discourse and shared horizons of interpretation (Kazdim, 2000).

Communal discourse as well as dominant narratives and dominant cultures highlights human beings as products of culture who subject to both the possibilities and constraints of social living, thus individual ontology or psychological being is co-constituted by social ontology or the nature of human society. Personal knowing and self interpretation are expected to interact with intersubjective knowing and social interpretation of self and others in dialogue. In its elevated form, at the level of research and practice, narrative psychology is premised on social discourse and attention to the social processes of establishing epistemic and social value. In the research field, where its post modern paradigm determines qualitative methodology, narrative psychology favours a cultural view of psychology as an interpretive science and social practice. As such narrative psychology is juxtaposed to the logico-scientific methodologies and its efforts to view the world objectively and individuals as separate from their cultures (Kazdim, 2000).

In opposition to these views narrative theory presupposes that culture influences such so-called intrinsic values as that of gender and the developing self over the life course. In this view individuals are not static and unchanging, but dynamic and susceptible to their own and others' accounts of who they are and how they should be. In view of the centrality of narrative in human action and identity development through the cultural appropriation of personal motives and life scripts, narrative psychology has been used in developing a conceptual framework for understanding the psychology of moral identity, existential creativity and commitment to the extent that narrative knowing is viewed as an alternative mode of inquiry. This alternative mode of inquiry is thought to ask questions that have not been asked before, in a novel way to attain answers previously undiscovered (Kazdim, 2000).

This is true of both narrative theory and practice so that, at the level of the individual, narrative therapy exposes the human being as reflexive or self referencing and thus finds the nature of human knowing to be self-directed. This is why it is said that narrative theory is premised on the storied nature of human knowledge (Kazdim, 2000).

Issues in narrative theory deal with, amongst other things, ontological assumptions about nature rather than epistemological assumptions about how we know as well as individual or social conceptions of human nature. These issues around our very existence are reflected in questions regarding whether the personality concepts and developmental theories stemming

from a trait conception can be re-interpreted in terms of narrative psychology. The issue can be avoided by viewing cognition and culture as co-constituted and by seeing narrative as the dialogical organizing principle in the study of culture, mind and person (Kazdim, 2000).

The issue of interpretive authority is also prevalent in narrative theoretical debates, and is closely linked with the issue of voice. The author's voice, which is primary in the construction of a narrative account, should be exercised with a certain degree of freedom. Constraints on voice have implications for power (see discussion on Foucault in 2.1.3) in relationships. Hermans (in Kazdim, 2000) placed some emphasis on the relevance of collective voices for contemporary psychology. The consideration of voice in dialogical exchange is regarded as crucial to self organization and is said to have both socio-political and psychological significance (Kazdim, 2000).

At the very highest level of metatheory, where all subject areas and ways of socializing and politicizing can be contemplated, a broadened perspective may emerge of a less polarized and more complete psychology that can account for our self interpreting, story-form approach to life as cultural beings, as well as the dialectical interaction of cultural forces with biological and ecological factors in human development. At this level postmodern learning constructs pluralistic participation through multi-voiced dialogue to question grand, totalising and essentialising claims, disempowering the grand narratives to allow for a more free future (Boje, in Rhodes, 1996).

#### **4.1.2 The method of Narrative therapy**

It has been said that there are as many narrative therapies as there are narrative therapists (Carey & Russell, 2002) and the therapeutic strategies as well as principles of narrative therapy have been discussed in a sequential fashion in different sections of this text. This section then, serves to highlight the common ground as well as point out the distinctions between what is thought to be more or less central to the therapy and what not.

On the theme of common ground, the following principles seem to be more or less pervasive. Narrative therapy is characterized by the following values which is reflected in its execution: therapist reflexivity, egalitarian attitudes and empowerment of the client as the author of his or

her own experience narrated plus self interpreted, the social process of facilitating the construction of personal meanings, as well as sensitivity to the political and moral implications of such construction (Kazdim, 2000). In narrative therapy the therapist assumes that people can revise their life scripts and enable new possibilities for living through narrative reconstruction (Epston & White, 1990).

In addition to these values, understanding of the client develops in psychological practice through: narrative knowing by story-form self interpretation; processes of intersubjective exchange and the discerning of patterns and part whole relationships. This intersubjectivity, along with a social embeddedness of practice has been made possible by the philosophical underpinnings of narrative paradigm (see section 2.2 for a discussion on narrative philosophy). These underpinnings have also made it possible for narrative therapy not to be based in theory but to be validated pragmatically in action through the reflective practice of the self by practitioners in interactions with clients (Kazdim, 2000).

During this interaction with the client, narratives are evaluated for epistemic value and social, political and moral implications. In all cases, in whichever preferred form it takes, narrative epistemology is central to the epistemology of practice (Kazdim, 2002).

So much for common ground, it seems like the repertoire of the narrative performance offers something for every taste, as Christopher Behan confirms when he expresses, quite emphatically, that he believes definitional ceremony, as proposed by Barbara Myerhoff (1978) and expanded on by Michael White (1995), is at the centre of narrative therapy (both in Behan,

2002). Both writers talk about how authenticity is the outcome of a social process where one's preferred identity claims are acknowledged. Meyerhoff seems to be attracted to the emotion and energy that definitional ceremonies elicit, writing of one client who was working on an autobiography, 'Through the heightened awareness and consciousness provided by self-reflection, he was crossing the delicate threshold between merely being and being a man, a sentient human being, knowing himself to be. In order to accomplish this one needs reflecting surfaces ... Audiences, listeners, witnesses are essential for self awareness.' (p. 221-222, in Behan, 2002). Through definitional ceremonies, peoples' stories are linked around shared beliefs, commitments and purposes. White (1995) has outlined how reflecting team methodology can be applied for this purpose of linking lives around shared themes (Behan,

2002). Madigan and Epston (1995) pre-empts Behan (2002) on the issue of the reflecting team, stating that it allows a therapy group to become a community of concern.

Behan refers to how such a community assists its members in making meaning of their identity by seeing themselves and the world through what he calls (and what has indeed become a well known metaphor in narrative therapy) multiple lenses (Behan, 2002). Lynn Hoffman (p.7, in Behan, 2002) talks about the idea of therapy as a 'kind of collective social weaving, like the Bayeux tapestry' where 'natural assemblies of people' are called together to create 'a more richly nuanced picture' of those present (p.7). In this way, the common narrative of 'finding your own voice' is a communal achievement (Behan, 2002).

Behan speaks out against other, fairly revered psychological voices when he says of Yalom's ideas around the group as an isolated social microcosm used to create a 'corrective emotional experience' that they just had to, 'go out the window' (Behan, 2002). He believes in incorporating the group existence with the out of group existence and evolves his knowledge of narrative therapy through feedback from his group members. Behan quotes Sharon Welch (1990) as supporting his narrative therapeutic understanding of eliciting stories as means to arriving at alternative narratives, not in finding the 'one true story' and then expands on his role as facilitator, stating that he creates a scaffolding on which the expert knowledges of the group members may be confirmed. Although both the 'alternative narratives' and 'client as expert' principles are generalized themes in narrative therapy, Behan is outspoken about the fact that he sees his role in the group as central and that he does not deny his special knowledge as a facilitator, a view which varies somewhat from the implied humility inherent in the therapist working from a 'not knowing/not an expert' position generally assumed in narrative therapy.

Alice Morgan (2002) emphasizes collaboration in her work as narrative therapist. This means that the client plays a significant role in mapping the direction of the therapy, as narrative conversations are interactive. The therapist tries to find out what is of interest to the client and how they would prefer therapy to progress. She mentions that narrative therapists will often be heard asking their clients questions such as, is this interesting to you, or is this what we should spend our time talking about? Morgan says that there are various principles which inform narrative ways of working, but that, in her opinion, two are particularly significant: always

maintaining a stance of curiosity, and always asking questions to which you genuinely do not know the answers (Morgan, 2002).

Morgan describes her understanding of narrative therapy as a type of therapy known as involving 're-authoring' or 're-storying' conversations. As these descriptions suggest, stories are central to an understanding of narrative ways of working. The word 'story' has different associations and understandings for different people. For narrative therapists, stories consist of: events, linked in sequence, across time - according to a plot.

Kazdim (2000), places emphasis on narrative therapy as social conversation while Van Buskirk and McGrath (in Rhodes, 1996) relate how using stories is convenient because they are easy to collect and reduce complexity. They emphasize the utility of stories as, rather than discussing directly people's attitudes and beliefs, stories are said to embody them (Rhodes, 1996).

Lorraine Hedtke embodies the empathetic approach which is so highly ascribed to in narrative therapy, when she reports of a recent encounter with a client, in her article, *Dancing with death* (2002). During this experience with a client who had lost two children and a husband (in separate incidents), all within a year, Hedtke describes how she thought of this woman, 'How does she think of herself as responding to extreme challenges?' and then adds, 'I was curious too, to know more about her community and spiritual resources. How has she utilised these things in other times and might they be of assistance in what lies ahead for her life.' (Hedtke, 2002). It is sometimes difficult to envision narrative text as narrative therapy, especially when a social norm informs us that what we are about to do could not possibly be labeled as 'therapeutic'.

These few lines by Hedtke, convinces that narrative therapeutic techniques, however strange they might seem on paper, can work very well in real life situations. One often reads about how 'curiosity' is a key ingredient in narrative therapy, but it takes some understanding before the concept is finally embraced. Curiosity, founded in an honest interest and expressed with sincerity with the aim of healing and not hurting is a functional counter-measure to never making assumptions about what clients know, prefer or want (Hedtke, 2002).



## **5.1 Narrative therapy: a discussion**

### **5.1.1 In perspective: a discourse on narrative therapy**

Alice Morgan describes the basic tenets of narrative therapy when she says that when you hear someone refer to 'narrative therapy' they might be referring to particular ways of understanding people's identities (Morgan, 2002). Alternatively, they might be referring to certain ways of understanding problems and their effects on people's lives. They might also be speaking about particular ways of talking with people about their lives and problems they may be experiencing, or particular ways of understanding therapeutic relationships and the ethics or politics of therapy (Epston & White, 1990).

Narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives (Morgan, 2002). Some of these principles come from the family therapy tradition and understands therapy to be a co-constructive undertaking between clients and therapists (Kazdim, 2000).

Human beings, interpret their experiences by nature and seek to make even their daily events, meaningful. Through linking particular experiences together in a sequence and over a period of time, we create stories about our lives. We are constantly making meaning of our experiences and these make up the plot of the story (Morgan, 2002). As some experiences are selected and woven into the dominant plot, other experiences are discarded. Experiences are selected from the multitude of life's actions and happenings and are assigned meaning according to their contributions to their story theme (Kazdim, 2000). In time the plot thickens and the discarded experiences become less and less visible. When the stories are re-told these discarded experiences are not mentioned. This choosing of some experiences and discarding of others are influenced by people other than the author. Stories are never produced in isolation from the broader world (Morgan, 2002). The experiences that are woven into the plot become known as the dominant stories or narratives, and will not just have an effect on the way the past is remembered, but on the way the present is lived and the future will be lived. This is due

to the fact that the experiences are given meaning and are not just recollections, or rememberings, but real experiences (Hedtke, 2002).

To complicate matters, many stories are happening at once and the way we have evolved the stories will be determined by the way we have linked them together and the meaning we have given them (Epston & White, 1992). This is referred to as being multistoried (Morgan, 2002). There are many stories occurring at the same time and different stories can be told about the same events and events, as they occur, will be interpreted according to the meaning (plot) that is dominant at that time. No single story can be free of ambiguity or contradiction and no single story can encapsulate or handle all the contingencies of life (Morgan, 2002).

In this manner, life requires that we are engaged in the mediation between the dominant stories and the alternative stories (discarded experiences) of our lives. Experiences are constantly negotiated and interpreted. The ways in which we understand our lives are influenced by the broader stories of the culture in which we live because there is always a context in which our life stories are formed. The context of gender, class, race, culture and sexual preference are powerful contributors to the plot of the stories by which we live. Some of the stories we have about our lives will have positive effects and some will have negative effects on life in the past, present and future (Morgan, 2002).

The theory is that these discarded (or alternative) narratives offer alternate interpretations of situations or people's behaviour. The source of people's behaviour is the interpreted meanings they give to events and people's behaviour and when these interpretations are altered - behaviour changes. This change is due to narrative theory's premise that people organize their lives into narratives, or stories and that one's self is analogous with a text and not an unchanging essence or object. Techniques that reflect this change are known as reframing (Kazdim, 2000). People are motivated to seek therapy when their own life stories become restrictive and they feel that they are unable to effect such a change on their own. Narrative therapists believe that people have the capacity to make changes (Kazdim, 2000).

Weingarten extrapolates on the construction of the narrative in the process of therapeutic change. What she refers to as narrative coherence, is coherence as established by the interrelationships between plot, character roles, and themes or values (Weingarten, 2001). People's narratives about themselves provide their lives with a sense of continuity and congruence (Kazdim, 2000). Weingarten also places emphasis on the context or culture

surrounding the life story and refers to the degree in which one finds endorsement and support from those around you, as cultural resonance. Whereas some narrative therapists tend to view the cultural contributions to the story of self as mostly negative, in that it tends to quieten alternative narratives and fuel dominant ones, Weingarten points out that resonance, representing social support, can be a very positive experience (Morgan, 2002 and Weingarten, 2001). She uses the term narrative interdependence to describe the interrelatedness of one person's narrative to another's, such as the high amount of interrelatedness that might be found in families (Weingarten, 2001).

Kazdim recognizes that people's familiar notion of who they are is constituted by the cultural structures and values in which they are imbedded and that it is clear in the language we employ to label, classify, and evaluate self and others. His comments contain the notion that such embededness can be detrimental to the individual as the stories people internalize give definition to their selves and are framed by the dominant culture's assumptions, but may not always be congruent with the self of the author who takes these cultural assumptions as truth and weaves it into their narrative tapestry (Kazdim, 2000). He goes on to explain that narrative therapy was designed to assist people in separating from those cultural stories that are permeated by cultural assumptions (into which they are recruited) and to re-author a self-interpretation that is more open and can display 'the full range of their selfhood'. On a wider societal level, culture distributes power to some groups and subjugates others. Living it out sustains the narratives and so also, the imbalances (Kazdim, 2000).

Kazdim summarizes the strategy behind narrative practice as follows: first - help clients in deconstructing their inherently problematic culturally provided identity stories; second - assist in reconstructing an alternate and preferred interpretation of who they are and who they will be. In other words, deconstruction and reconstruction. The following graph illustrates the basic therapeutic process as visualized by Kazdim (2000).

Figure 5.1 is a flow diagram representing, in very concrete terms, that which is visualized by Kazdim (2000) as the process of construction and deconstruction in narrative therapy. Although such a representation is far too rigid to capture the essence of the techniques used, it does provide a simplistic overview of the process.

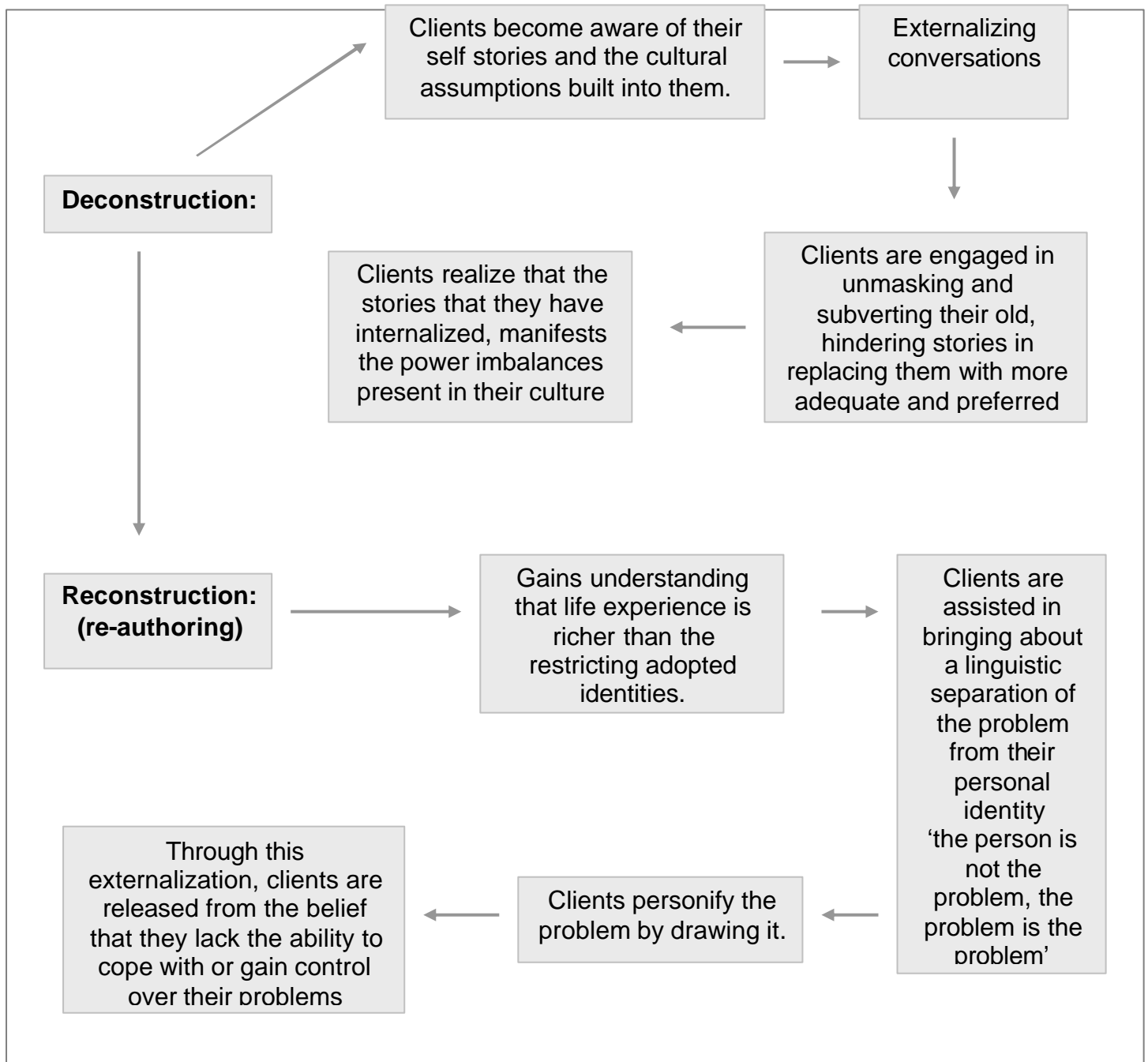


Figure 5.1 A graphic representation of construction and deconstruction in narrative therapy as envisioned by Kazdim (2000)

The step by step strategy outlined here is strictly meant for purposes of elucidation, as narrative therapy cannot be wrenched from the post modern cradle in which it was hatched, thus opposing such rigid outlines and 'rules' vehemently.

In Narrative means to therapeutic ends Epston and White (1990) propose the analogy of therapy as a process of 'storying' and/or 're-storying' the lives and experiences of persons who present with problems. This concept forms the heart of what has come to be known as narrative therapy. The word 'narrative' is synonymized in 'story', where the semantic manifests as the relation of one's experiences from the earliest memories, not just verbally and to others, but non-verbally and to the self.

In the socially construed understanding of how we are, the life which a person has lived becomes the story, or perception of the life which he has lived. He re-tells the story over and over again as time passes and the story becomes an ultimate truth, an unchangeable reality. Epston and White challenge this social construction, believing that what is socially constructed can be de-constructed by the individual and a new story created (1990). The new story or narrative replaces the old story and becomes the individual's life. This new story, or life, should, if therapeutically guided, be a more positive representation of the individual's past and possible futures. These new stories are liberating in that they make available to the individual ideas that could not exist in the repertoire of the old lived narrative. New ideas bring with them new opportunities, making new outcomes possible.

These ideas are expressed eloquently and concisely by White (Epston & White, 1990, p.13) when he states:

The particular story that prevails or dominates in giving meaning to the events of our lives, determines, to a large extent, the nature of our lived experience and our patterns of interaction. When a problem-saturated story predominates, we are repeatedly invited into disappointment and misery. Given the natural conservative drifting that we are subject to, it becomes increasingly difficult to liberate ourselves from habitually re-performing the same old problematic story.

If such a story could be challenged and changed, it follows that the meaning an individual gives to the events of his life (past, present and future) can change, along with the nature of his lived experience and his patterns of interaction (Epston & White, 1990). This word 'meaning' holds the key to the door of change that opens up a new life. Any given event has no intrinsic meaning whatsoever, other than that which we ascribe to it. This is illustrated in our every ritual and illuminated by the contrast between the rituals of different cultures. We see that

death can mean loss and mourning, release and a time for celebrations or another life journey which is desired and welcomed. In this way we organize our lives around specific meanings and in so doing, contribute to the strengthening of such meanings (Epston & White, 1990). Meanings that might have a positive influence on our behaviour survive alongside those that are detrimental to our existence (DeLeon, 1998).

Once the cardinal position of attribution of meaning is understood and can be manipulated, an individual becomes free to follow the principles of narrative therapy - to re-author his life according to stories that have healing potential (Epston & White, 1990).

### **5.1.2 Why Narrative Therapy?**

In answering the question – why narrative therapy, the reader has to envisage the application of narrative therapy within the context in which the researcher eventually sees its possible application. Although this text can stand on its own as a discussion and brief history of narrative therapy, the motivation for choosing narrative therapy, rests in its importance for future research in the area of prison programming.

As such the first part of the discussion in this section will explain why narrative therapy is chosen as area of study, within this wider framework of programme design for incarcerated individuals.

During the literature search pre-empting this text, the following question was stumbled upon, ‘What about when someone is acting badly to others - bullying, teasing or using violence? Can you use externalising conversations in situations like this?’ (Carey & Russell, 2002). In reading the answer and eventually supplementing this original response with other narrative texts relating to the issue, it was found that narrative therapy seems particularly well suited to working with individuals who might be unwilling and/or violent.

When working with people who may have used bullying, teasing, violence or abuse against others, it’s important that therapists don’t excuse people of responsibility for their actions. There are ways of using externalising conversations that can make it much more possible for people to take responsibility for addressing and preventing the effects of the problem because externalizing is not about segregating people from their actions (Carey & Russell, 2002). By

externalizing a problem the client, in this case the unwilling or violent person, is able to take a position in relation to the problem and engage with others, possibly the victim/s in addressing the effects of the problem and ultimately in reducing its influence (Merscham, 2000).

In working with people who have used violence, the therapist does not externalise violence and assume that this will encourage responsibility and reduce the effects of the problem. As seen in section 1.3.2 - definitions of narrative terms, a key element of externalising conversations involves exploring the particular ideas, beliefs and practices that sustain a problem. The particular practices of violence is deconstructed and might include judgment of others; acts of diminishment; acts of power; being careless; acts of control; detaching; acts of cruelty; notions of superiority and so on (Carey & Russell, 2002). Deconstructing a problem of violence can enable the person to become more aware of the origins and consequences of this problem in their life. During therapy the therapist will attempt to help the client find the real effects of these ideas and practices on this person's life and relationships. The client and therapist will proceed to trace the history of these ideas and practices in their life and articulate (narrate) them so that links can be made between the individual's constructions and how these practices may be supported and sustained by broader constructions of gender, power and other culturally embedded notions. Through this process of discovery it can become more possible for the person to take a position in relation to these ideas and practices of power and control, and to take responsible action (Carey & Russell, 2002).

During this process, unique outcomes can be identified in which the person concerned has been less under the influence of the ideas and practices that support violence, power and control and these unique outcomes can be openings to alternative stories of responsible actions of redress, care and compassion (Carey & Russell, 2002). In the context of crime, prison and the power struggles and politics of minority groups, poverty and gang subculture, narrative therapy seems to offer therapeutic options which does not just address the offender in isolation, but the whole socio-economic circle which has maintained his position as criminal.

Carey and Russell (2002) also address the issue of involuntary clients. They point out that many of the ways of working that are referred to as narrative therapy originated from work with people who had no choice but to attend therapy, who were living in situations in which they had little choice over aspects of their lives, or who initially were unwilling to join a conversation with a therapist. Although many prisoners, from the researcher's practical

experience at Diepkloof Medium B prison in Johannesburg, are quite willing to attend literally any class, workshop or session just for the sake of diversion, this prison's records indicate that it tends to be the same group that takes part in almost all offered activities. Most prisoners, therefore, are fairly unwilling participants in any compulsory activity.

The last issue which Carey and Russell addressed and which is particularly prevalent in the context of working with prisoners, is whether narrative therapy can only be used with people who are eloquent and articulate. They state that narrative therapy always involves conveying meaning and the telling of stories but the ways in which this occurs differ greatly depending on who the clients are. Even though some of the interviews in Epston & White's work might lead one to think that a high degree of eloquence is needed in narrative therapy, Carey and Russell calls to mind that some of the earliest work in the narrative therapy field was done with children and clients in institutions, who often had very few linguistic resources available to them (Epston & White, 1992 & Carey & Russell, 2002). There is a great diversity of ways in which stories can be told and conveyed that do not require what is generally considered to be eloquence or literacy, or for that matter any formal education. People try to make themselves understood in a great variety of ways. It is the therapist's role to engage with the experience and meaning of the person who is consulting them in whichever way or shape the expressions of this meaning occurs, including methods such as drawing and making music (Carey & Russell, 2002).

Narrative therapy also seems to be well suited to the South African context, as it is transferable across cultures. As always in therapeutic circumstances where the therapist works cross-culturally, or with a multi-cultured group, issues such as whether the culture is informed by oral or written traditions, whether or not direct questions are appropriate, variation in ideas about family and community life and so on, has to be explored and dealt with sensitively (Morgan, 2002).

Cognitive behavioural programmes have been used with some success in rehabilitation programmes (Pearson & Hardaway, 2000). Cognitive methods in attaining the ability or skills to solve problems, is essential to released inmates, mostly because they have showed through their criminal behaviour, that their behavioural repertoire - the life options they give themselves, are limited to activities which bring with them problems for the individual - incarceration for example. Though cognitive-behavioural therapy is valued, in fact essential to



this programme, the acquisition of skills is not enough to inspire an individual to break with a pattern of living to which they have become accustomed over at least two decades, possibly over three, four, five or more of living such a life.

Through acting and reinforcement, a behaviour becomes a pattern and patterns become the comfortable ruts we all follow in daily living. We do what is familiar, rather than what is new (Epston & White 1990). New behaviours are challenging, often frightening and take a lot of energy to exact. We all know, cognitively, that spinach is better for us than chocolate, why then do we not eat spinach when we are lonely, depressed or exhilarated? Cognition is not always our strongest internal force.

We have experiences every second of every day that form in us patterns of thinking, patterns of feeling, patterns of behaving and patterns of believing. Our responses become to an extent, typical of these patterns, because they are based on what we believe (Epston & White, 1990). They are based on what we perceive as reality (Gergen, 2000). If an individual's reality is that he is uneducated, unemployable and poverty stricken and that taking from someone else, even if he has to harm the person in the process, is completely just, then that is the way this person will act, and keep on acting.

That is, until, if ever, it happens that the individual is brought to question his perception of his own story. In this process he will re-examine his patterns of thinking, patterns of feeling, patterns of behaving. This scenario plays itself off in the minds of very few, but not one of the inmates that are released around the world every day. These are the individuals who will not commit further crimes.

The above description shows us how a person can arrive at this change in thinking, but how can therapists get clients who behave in a manner endangering others to change the way they think and ultimately, behave? The researcher believes that narrative therapy holds the answer.

In narrative therapy the individual is brought to understand that his experience of life is an idiosyncratic perception of reality. He is guided through a process that allows him to recognize that his life consists of many stories and that he is the author of those stories. He ideally begins to realize that his perception of the future, but also of the past, can change (Lindforss & Magnusson, 1997). His story is not written in stone. He can change the way he looks at his life,

the way he read and remembers his story. Instead of the book having a hold on him, he becomes the author - the creator of his own life story. This process is referred to as the re-generation of alternative stories.

Through the process of narrative therapy an individual can see their lives in a different light and this new perspective allows them options and alternatives they did not have previously (Lindforss & Magnusson, 1997). If the narrative is strong enough and penetrates to the level of belief, then the individual will believe that previous options are no longer valid and that the new alternatives are achievable.

This then is the ultimate goal of narrative therapy - literally giving an inmate a second (chance at) life by allowing them to re-author their lives. David Eddings, through his wise boy-character, Gher, arrives at the same ideas when Brother Bheid asks, 'Are you talking about 'story' or 'reality' here?' and Gher replies, 'Aren't they the same thing, Mr Bheid?' (Eddings & Eddings, 2001).

## 6.1 **And so the story goes: excavations of the past and explorations for the future**

The field of narrative therapy is continually expanding as therapy evolves in practice and is researched by academics. In the tradition of narrative therapy, this last section is dedicated to some 'new ground' or insights into where narratives come from and where it might be headed in the future. The history of narratives takes the journey of this text right around the world, from the Native American trickster and the Seahenge at ... to the schwanks of North Carolina and Zizi and !Xau here in Africa.

### 6.1.1 **Ghosts from the past: the origins of narrative**

Narrative therapy is based on the telling and re-telling of stories, which, as has been seen, not only reflects the past, but plays an active part in the present and the future. This story-telling tradition or oral tradition, goes back to pre-historic times when knowledge, now equated with power, was passed on verbally, as no other means existed, at least initially, for, passing on experiences. This section takes a quick glimpse at some surviving oral traditions as a reminder of how deeply rooted narratives are in human history.

James Olney, in his article, 'Memory and Narrative: The Weave of Life Writing' (1998) looks at such issues as narrative theory and the relationship of the act of recollecting to the act of narrating. He explores the mutual relationship of memory and narrative as a means toward defining autobiography as a literary mode for the late twentieth century and, thus bringing together in his work the ideas captured in this text - the ancient oral traditions and the post modern narrative techniques. Olney looks into the essential paradox of a modern drive to search for our 'true' selves even while agonizing over the impossibility of successful completion of such a task, thoughts that are reflected even in the very earliest cave drawings of pre-historic man (Olney, 1998).

Just such a search is manifested in the Native American Trickster tales in which the vulgar but sacred Trickster, assumes many forms: he can be Old-Man Coyote among the Crow tribes, Raven in northwestern Indian lore, or, more generically, 'The Tricky One' (such as Wakdjunkaga among the Winnebago or Manabozho among the Menomini), to mention just a few. Eternally scavenging for food, he represents the most basic instincts, but in other narratives, he is also the father of the Indian people and a potent conductor of spiritual forces in the form of sacred dreams (Nichols, n.d.).

The search for self as reflected in the search for narrative and meaning, such as the search of Stadter (1997) to gain some insight into the Greek tales of Herodotus, mostly lead to unexplored and unexpected places. Stadter discovered a North Carolina Backwater mountain where the 'Jack stories' (such as Jack and the beanstalk) are still told to this day - going back as far as the 1500's. Almost 200 such tales exist and are told alongside personal narratives, called schwanks. From these storytellers and their stories much can be learnt about the nature of oral performance and the nature of storytelling (Stadter, 1998).

But narratives are not limited to any particular culture, part of the world or religion, as can be seen by 'A Pre-History of Indian Secularism and Questioning Ramayanas, a South Asian Tradition: Using a narrative mode (1991) and Tuckett's theological explorations (n.d.). He attempts to show the importance of treating the gospels as historical documents in the sense that they should be read as texts emanating from a particular historical context (Tuckett, n.d.). This theological document shows that that narrative prevails everywhere, and that all narratives should be seen in context, as such prisoners too, should read their life stories in the context of their backgrounds and not as a history leading to the condemnation of the self.

The Seahenge debacle, where a 4000 year-old site in an area not known for its prehistoric remains, was moved by archeologists in order to preserve a site which would otherwise have been washed away by the sea, illustrates how narratives from ancient times can still have a bearing on people today. During this episode a timber structure at Holme-next-the-Sea, Norfolk became a point of dispute between the scientific community, the local community of Holme and the local esoteric community which claimed the site as a heritage for modern practitioners of witchcraft. Billingsley reports that, to him, the crux of the whole thing was very much around the point that people need to see significant places not as entities in themselves, but as foci of narratives. In other words, different people have different requirements of a place and tell different stories. A place thus becomes the subject of competing narratives, and the Seahenge debate was very clearly one of competing narratives (Billingsley, n.d.).

He goes on to explain that the narrative in this case is functional - it does not have to be right, it just has to explain or describe, it locates the place in the community geography and history. In this context the archaeologist was seen as the typical expert, descending from the ivory tower in a far town to pronounce on a place that, whatever it may be in the archaeological scheme of things, is always more a part of the local community than the academic community. He says that today, we have a whole host of experts, and that means a host of narratives. People will tend, rightly, to defer to someone who should know better, by virtue of their greater study of something. This creates a hierarchy of opinion, which may not be so right. Seahenge was a highly visible victim of competing hierarchical narratives and the problem is the comparative weakness of the local narrative, because the more it gets marginalised by any of the experts, and the more the expert view demands precedence over others, the less relevance that place has for the local community. Accordingly, it loses even the tenuous function that folklore had provided, and with it the innate protection afforded by being part of the local narrative. This is a process that has happened many times in the past, and the result then has been no different from what is likely now - the site, drained of meaning, is lost (Billingsley, n.d.). Billingsley's report, a narrative in itself, is a sad one. Holme's archeological site was literally taken away from the community without their due consultation – their narrative was overshadowed by the dominant narrative of the 'Westernized-scientific' experts (n.d.). This event is a striking metaphor for the therapeutic context in which the narrative therapist does not position her/himself as expert, but allows the client to play that role within the context of the client's life.

In his work, 'The Nordeste tradition: Innovation and continuity in Brazilian rock art', Morales explains how, for him, analogy is the method by which verbal narrative traditions may be brought to bear on ancient forms. He states that the modesty of the claim for analogy is worth pointing out: it merely states a comparison, following on by saying that the observer usually has a narrative tradition for which he can only imagine a possible material form, and a set of ancient symbols in material form for which he can only imagine a possible narrative (Morales, 2002). Morales' work indicate once again, the extent of the history of narrative as well as its wide application in so many different fields.

### **6.1.2 A clean slate: a narrative interpretation**

Extensive use is made of metaphor in narrative therapy as these linguistic devices serve as vehicles for externalizing and visualizing people and problems from fresh perspectives. The following brief extrapolation on the metaphor, 'a clean slate', will provide some insight into metaphor.

A clean slate. Possibly this mirage of new beginnings, the eradication of a past which they much desire to be forgotten, is the panacea of most convicted criminals. As much as 80% of released criminals will (in SA) commit another crime, it is, at least while in prison, their sincere wish that they had never committed any crime and that they will never have to commit another (Emmett & Butchart, 2000). It is hardly surprising, however, that they do, if one considers that when they leave prison, they will continue with the very life stories that brought them to prison in the first place. In pre-school, as in group therapy, the game where one person starts telling a story, and the story is then taken up by the next person, and the next, until the last person takes her/his turn and the story comes to an end, is often played. The prisoner's narrative can be equated to this narrative, which races towards an almost inevitable end at great speed. Without creative intervention - the mind of someone who will willfully and knowledgeably take the narrative in a different direction - the outcome will remain the same.

Narrative therapists do not define themselves as experts. If anything at all, they see themselves as experts in the 'not knowing'. This does not mean that they are ignorant. It means that they have taken on the humbling position of acknowledging the person, the client in front of them, as being the greatest expert of all, on their own lives. Just like in the quilted story above, the therapist will not claim to know how the story needs to change or to what end. What they can

effect, is a slowing down. They can guide the client into taking a second look at the story - this time from a different perspective. A perspective that allows for a different, preferred outcome.

There is a radio advertisement for the broadcasting commission of South Africa which plays an excerpt from a speech in three different accents. Each accent gives the speech a completely different twist - from governmental indoctrination, to threatening civil revolt. The enlightening factor is that exactly the same words are used every time. Just as this advertisement allows the listener to 'hear' a different past, the therapist can guide the client into 'seeing' a different past. To remember parts of his/her life that paint a different picture from the dominant grand narratives that have always shadowed the client's past, and through shadowing their past - have dominated/is dominating their futures.

In this way, narrative therapy can provide a person with a clean slate - a real chance at a new life.

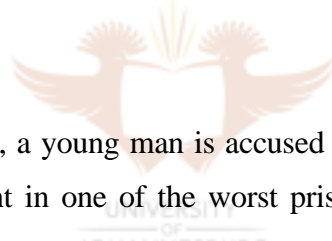
### **6.1.3 The use of narrative texts: The Count of Monte Cristo**

This section of the text looks at an example of using a fictional text in narrative therapy, by analyzing some of the dialogue from the novel. Using text novels as narrative texts opens up a multitude of possibilities in the work with clients, especially towards the beginning of a programme when clients such as the proposed prisoners of this study, might still be resistant towards and uncomprehending of, the therapeutic process.

From a narrative and family perspective, the claim is that when persons of all ages spontaneously report on the content of a favourite story, this story functions as a 'safe' vehicle for them to talk about their own lives, experiences and emotions that have been marginalized or shaped to fit transgenerational themes. In addition, the form of a favourite story can help in the transformation of a non-intelligible and/or pessimistic self-narrative (Androutsopoulou, 2001). Androutsopoulou, as well as Epston, encourages therapists to use actual fictional texts in narrative therapy, as these texts are accessible to clients and allow them to look at their problems and circumstances, in the safe context of reading a book and not the confrontational and often intimidating context of having to address their problems face to face, as it were, in conventional therapy (Epston & White, 1992).

David Epston urges the beginner therapist - in learning about narrative therapy, to consider the metaphor of narrative in a literal way by externalizing the experience completely before deconstructing and integrating re-authored or preferred stories. This 'literal metaphor' is real text - novels and/or stories that have been labeled 'good' and can therefore be integrated into the persons as 'good' – a good story. A positive narrative (Epston & White, 1992).

In Epston and White's (1992) book, *Experience, contradiction, narrative and imagination*, Epston suggests that the therapist identifies and discusses the client's experience of the novel, 'concentrating on the various levels at which they felt engaged in or absorbed by the story, and on how they identified with certain characters in the story' (p.91). Of course it is entirely possible that the eventual receiving vehicles of this study, the convicted criminals in the prisons of South Africa, have never read a novel. It might be necessary, for the purposes of this type of narrative therapy, that a novel be presented to them for experience and meaning. A good story, in Epston's words, one written by an acclaimed author and enjoyed by many over the years, a text with which the prisoners might identify and form an alliance with, is the *Count of Monte Cristo*.



In this novel by Alexander Dumas, a young man is accused of a crime he did not commit, and sentenced to lifelong imprisonment in one of the worst prisons ever in existence. The young man eventually, after much toil, escapes. By some good fortune, he becomes the owner of a huge fortune. He then sets out to systematically destroy the very people who caused him to miss out on his youth and the love of his life - which he lost to his long imprisonment (Dumas, 1997).

The tale of the count is filled with the obvious attractions of how to escape from prison and how to get even with those who have done the prisoner harm, but in the narrative scheme of things, these elements are in fact, essential. They are essential because the narrative then becomes more involved, has more depth, is more realistic in terms of the complexities and dichotomies of everyday life. It is in these contradictions that the prisoner (client) gets to hold a mirror to their own life and see, reflected there, the possible pasts and possible presents of their own lives. Translated through their own experiences, tainted by their own perspectives, they will recognize themselves in the count while at the same time identifying him as a hero or idol who might be imitated. All these 'discoveries' still fall within the parameters of the 'good', positive narrative, as the count does not merely follow through on his most elaborate



schemes, but is confronted time and time again by his own conscience. The text is riddled with these confrontations where moral high ground and the not so very moral, not so very high, but very humble, ground, meet. The union is hardly ever one of bliss and teaches as many lessons as there are readers who will take up the story and allow themselves to listen to it.

A narrative such as this opens up endless possibilities for textual journeys, metaphors and ultimately re-authoring of own narratives, almost gently guided by the antagonist and his fellow cast members.

Here follows a brief discussion of some extracts from the text that will elucidate the above statements as well as illustrate the creative and meaningful uses of text in narrative therapy, according to the principles of David Epston.

Although the text references here refer to the 1997 Wordsworth publication of the Count of Monte Cristo, the novel was originally published (as a series of articles) between 1844 and 1846. As can most likely be seen, the following quotes are taken from the very end of the novel, when the physical action slows to make place for the Count's reflections on his inner journey.

In the introduction to this publication it is written that, 'The whole novel presents a powerful conflict between good and evil embodied in an epic saga of rich diversity that is complicated by the hero's ultimate discomfort with the hubristic implications of his own actions.' The long sentences served in South African prisons give the prisoners ample time to reflect on their situations. As is so often the case in places of seclusion, with rarely any opposing input, the narratives of the prisoners drift slowly further and further away from the initial perception of the events leading up to imprisonment. As with the Count, hubristic notions of pride and self righteousness lead prisoners to establish narratives in which they are the innocents and the world at large are the enemy. Though the Count finally realizes how his arrogance has lead him away from humane considerations, the experience of the prisoner is often the opposite and as humility and humaneness flees before self righteousness and arrogance, the prisoner leaves prison with an absence of scripts that might have prescribed pro-social and communital relations.



Through incorporating narrative therapy into a pre-release prison programme, with the Count of Monte Cristo as a user text, these issues in life scripts and narratives can be addressed in a way which will allow the prisoner self discovery, not condemnation or confrontation. As is indicated in Epston's work with Bryce Wilson, a mirror to one's actions, offered in a companionable and understanding way, can be a life changing experience (Epston & White, 1992).

Dumas understands the human need for atonement when his agent of Providence (the Count) is allowed to save the lives of two young people. The Count almost pleads with his saved friends in the following lines, 'Without me, you would both have died. May God accept my atonement in the preservation of these two existences!' (Dumas, 1997. p. 872). These words are packed with meaning, as the convicted criminal realizes the hurt and pain they have caused and the reality that what has been done – cannot be undone. Through restorative justice convicted criminals are given the opportunity to speak with their victims or the families of victims (Victim Offender Reconciliation Programme, 2001). The inmates desire for atonement, as experienced by the researcher at Diepkloof, is an almost desperate one as forgiveness from victims sometimes seems an impossibility. This desperation is reflected in the Count's words and actions as he comes to realize that even the salvation of two lives cannot eradicate the wrongs he has committed. The incorporation of such a powerful narrative, offered not to condemn, but to bring the prisoner to a space of mutual understanding, serves to begin the process of forgiving the self. The prisoner can see that they are not alone in the experience of guilt, the seeking of forgiveness, and the desperation for atonement. The success of using this narrative, once again lies in the anti- fairy tale (or Disney) style of its writing. At the very end of the novel the Count does get a chance at a second life, and in this there is hope for the prisoner, but there is also the psycho-educational value of understanding that life will not, post - therapy, proceed to the chorus of orchestral music and eternal unity with all mankind. The client discovers hope along with accepting the challenges that will inevitably accompany any life, including that of the released prisoner.

On the path of re-authoring, the client will often discover aspects of themselves that need reassurance. The Count, epitome of strength and veritably untouchable by any human emotion, finally has to show some humanity, some weakness. He needs to know that something that he has done has caused happiness, hopefully balancing out the sadness he has effected. But the following extract does not reflect only these sentiments, they reflect process at a secondary

level which might at first be hidden. The Count asks for assurance, in so doing - he is asking for help. Therapy cannot commence without this asking for help - this initial step towards realizing that change is wanted and that the self is willing to mobilize into action in order to access this change, ‘ Oh, thank me again!’ said the count; ‘tell me till you are weary, that I have restored you to happiness; you do not know how much I require this assurance.’ (Dumas, 1997. p.872)

In the previous extracts there are undertones of spirituality. It seems like the Count’s transformation is almost a religious one. These references to ‘God’ can become a handle into accessing spirituality in the narrative, whether of a religious nature or not. Moral values, conscience and other constructs relating to these principles can form a starting point into exploring deeper aspects of the self which could easily be avoided by the skilful client, ‘...God has sustained me in my struggle with my enemies, and has given me this reward; he will not let me end my triumph in suffering; I wished to punish myself, but he has pardoned me. Love me then, Haidee! Who knows? Perhaps your love will make me forget all that I do not wish to remember.’ (Dumas, 1997. p.873).

Along with his spiritual enlightenment, the Count’s new insights about life, his enemies and love, clearly leaves him in quite an overwhelmed state. Client’s can identify with how new discoveries about themselves and the way they see the world, can be experienced as overwhelming and even threatening. The Count is unsure of the contradictions between triumph and suffering, just as restorative justice is at once a triumph for the prisoner, as well as a torturous process of being confronted with the repercussions of their own actions.

A narrative in which the prisoner acknowledge their past experiences can be terrifying and lead to them also wishing, like the Count, to punish themselves. Now that the Count has seen his past, he wishes to forget it. He externalizes the ability to eradicate some of the memories, by making this Haidee’s task. The prisoner is confronted with the reality that memories of the past will never disappear. Yet, once again, their secret longings, this time for this blissful amnesia, is exposed as a shared experience and not a lonely and dreadful secret. The Count, too, wished to forget.

‘I mean that one word from you has enlightened me more than twenty years of slow experience; ... through you I again take hold of life,...’ (Dumas, 1997. p.873). This statement

of gratitude can be read as a metaphor for the narrative therapy process, as it allows the client to 'become enlightened', not by the therapist, but through the therapist, by their own 'slow experience'. The therapeutic process allows for the re-authoring of what is often perceived of by prisoners as wasted lives, thereby giving the 'new life' to which the Count refers here.

'Have I discovered the truth?' he said; 'but whether it be for recompense or punishment, I accept my fate. Come, Haidee, come!' and throwing his arm around the young girl's waist, he pressed the hand of Valentine, and disappeared. (Dumas, 1997. p.874). The question of 'truth' is introduced to the prisoners through this extract. The co-construction of truth and the different perspectives on experience – issues that relate to the core of narrative philosophy of 'no one truth' allows the client to start on the journey of individual meaning making. In this scene, the Count embraces Haidee (his future) and acknowledges Valentine (his past) and by the very difference in grandiosity of his physical bodily actions, he pronounces where the emphasis will be from here on in his life. The future is embraced while the past is merely acknowledged.

The issue of crime is always a sensitive one when working with prisoners. Experiences where the crimes of group members are never revealed, has offered positive results, whereas addressing the emotions or sub-narratives behind the crimes is probably imperative if the therapist wishes to enter into a comprehensive re-authoring process with the client. The Count faces his demons when he asks the two people he has saved, to pray for him, '...to pray sometimes for a man, who like Satan thought himself for an instant equal to God... Perhaps those prayers will soften the remorse in his heart.' (Dumas, 1997. p.874). When a crime is committed, the criminal, however slight the crime, takes for those moments while committing the crime, the lives of others into his hands. Whether he is thieving from them, thus taking out of their lives possessions (even money) which might have been meaningful at any given time in owners' lives, assaulting them or even murdering them. For those few moments they become creators, in this narrative, equated to the ultimate creator - God. The Count realizes to his great dismay that his hubristic notions lead him to believe that he could be God, but that, in retrospect, he had only succeeded in emulating Satan. The divine characters are not of importance here, what is of importance is what they represent and what they represent might be different for each individual who wishes to identify with the metaphor that they represent. What this meaning is, is not important - in narrative therapy insight gained and stories re-written are not directed by the therapist, merely introduced and encouraged.

The final lines contributed by the Count, is this signature at the end of a letter, ‘Edmond Dantés, Count of Monte Cristo’ (Dumas, 1997. p.875). At the beginning of the novel, the protagonist is one Edmond Dantés. The persona of the Count is an alibi he takes on later in order to effect his master plan. In this final signature, it is the first time that the two names are finally joined. This represents, finally, the integration of both characters into one person. The Count once again embraces his former self, but chooses not to do reject the persona who has effected so much damage. Narrative therapy is not a process of differentiating the personality - creating alter egos or ‘getting rid of’ parts of the self which become unwanted – it is a process of integration.

## 7.1 Conclusion

This text, not unlike a wedding, represents a union between two different worlds, in this case, the academic and the narrative. Just like a wedding, its many facets have been planned and gathered over a long period of time, and yet on the final day when the event is to take place, the bride always fears that there were things that still needed to be done, that more time and a little more effort, would have produced something closer to the perfection she had in mind. Yet the two families are gathered and the union made, for better or for worse.

The fears, if not the doubts, about such a writing style, was set out in the introduction and then bravely plunged into in the subsequent sections. The result, as it is written now, should represent both worlds, with always the aim of the study in mind: setting out on a brief history and discussion of narrative therapy.

This mini-dissertation’s journey is still at its very beginning as the happily wedded couple takes to the sea for their honeymoon. It will still be dragged around the globe academic inquiry before being integrated into a research study which will attempt to design an intervention programme for male prisoners in South Africa.

As such this discussion on narrative therapy will feature as the main component in a therapeutic programme with clients who might not always come willingly to its door, but will hopefully leave with a better understanding of themselves and the places they will take up again in society as they leave prison.

But the course of the ship on its journey towards integration into a greater whole, is not that direct. The islands of metaphor and text analysis were first visited and new maps drawn of their territories.

As this dissertation comes to its inevitable conclusion, the couple will realize that some places remained unvisited and others unexplored, but that the journey has been a fruitful one in that their relationship has grown and that they will now have so many stories to tell.

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