Narrative Therapy and Social Justice

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Introduction

Narrative therapy bases its assumptions in the poststructuralist philosophy which was born out of structuralism (Combs & Freedman, 2012). Structuralism supports the idea that every system has a definitive, discoverable structure. It values universal truths and expert knowledge of complex systems of classification. These constructs began to break down in the face of the discovery of ambiguities and paradoxes when trying to classify finer and finer levels of complex systems (Combs & Freeman, 2012). The response to structuralism became poststructuralism which is interested in local and individual lived experience, as opposed to universal truth. Poststructuralism is the philosophical base for Narrative therapy.

Narrative therapy purposes individuals find meaning in their lives through the use of stories. These stories are formulated in a virtual sea of cultural discourses which have influence on our understanding and inner expectations, usually without a conscious awareness (Combs & Freedman, 2012). By aligning ourselves with certain discourses, whether consciously or unconsciously, we begin to believe stories regarding our failings and our inability to stack up against these cultural discourses. The work of the narrative therapist is to cause the individual to question their beliefs around these cultural discourses and re-story their narratives into a more empowering story. The use of externalization of problems from the individual and the careful execution of the therapeutic relationship are important factors in the pursuit of social justice in narrative therapy.

This paper will examine narrative therapy as it relates to social justice on a philosophical level, in light of social discourses, through the use of externalization of problems and within the context of the counselling relationship.
The Underlying Philosophy

Key to understanding how narrative therapy is connected to social justice, we must consider its foundation in poststructuralism. Structuralism would tell us there are universal truths that should apply to all. An example of where the structuralism began to break down was with anthropology students studying primitive peoples. They began to find wisdom and events which did not fit into the constructs of western notions of universality. If these ‘universal truths’ are imposed on those outside the dominant discourse, the results can be dehumanising and oppressive.

Combs and Freedman (2012), purpose the effects of structuralism in the world of psychology has led to the study of people as, “individual identities with essential, stable characteristics that can be grouped and graded according to universally applicable norms” (p. 1035). From a poststructuralist viewpoint, the focus is on contextualized meaning making, as opposed to universal truths or a one-size fits all reality. The focus then becomes diversity, culture and language when making meaning with the individual. Combs and Freedman note, “Lives are valued in terms of how they embody exceptions or uniqueness, rather than how they fit general categories (2012, p. 1036). The narrative therapist then assumes individuals experience problems shaped by ‘stories’, which could also be termed ‘constructs’. The narrative therapist recognizes these constructs are not created individually, but rather in social groups. Collectively, we all take part in the creation of discourses (Combs & Freedman, 2012). The therapist must learn to listen for these constructs while attending to clients. Once discourses are identified, they are explored through the act of questioning to help the client expose discourses and power differentials which contributetotheir problems. In keeping with poststructuralist ideals, the therapist must be
cautious in this endeavor, not to be the expert providing interpretations for the individual, but rather allowing the individual to make meaning for themselves.

Socially Constructed Reality

Morningstar notes, “One of the most basic principles of the narrative perspective is that reality is socially constructed” (2010, p.289). She goes on to explain the stories we hear about how we are to conduct our lives create dominant social or sociopolitical discourses. These discourses are delivered to us through language, political and social institutions, schools, family, religious institutions and the media. Morningstar purposes as we metabolize these stories, we can become stuck in what we think is our reality and we fail to recognize how we came to believe what we believe about ourselves (2012). Racism, classism and sexism are examples of oppressive societal discourses which impinge on an individual’s value and functioning (Mahoney & Daniel, 2006). From a narrative perspective, reality is constituted in the mind of the individual through societal beliefs and interaction with other people (Mahoney & Daniel, 2006). Rather than people inventing their problems, it could be said they are ‘recruited’ into ways of thinking and actions which then create problems (Combs & Freedman, 2012). The goal then of narrative therapy is to deconstruct these discourses and seek out alternative stories which help the individual rewrite a narrative which encompasses a more complete sense of the whole person. Postmodern approaches such as narrative therapy work to neutralize these societal discourses by helping individuals see a variety of realities, thus giving them space for change. Narrative therapists believe many realities can coexist (Mahoney & Daniel, 2006).

In an interview with Donald Budenzer, Michael White also notes there are “dominant stories about what it means to be a person of moral worth in our culture” (Budenzer, West & Boughner, 1994, p. 73). He further notes many of these stories emphasize concepts such as self-
possession, self-actualization and self-containment. They seem to prescribe a way of being and thinking which is focused on individuality, thus making individuality a preferred way of being. This is an example of a dominant discourse in our culture by which individuals measure themselves. What is right becomes culturally specific. White believed a large number of people seem to be moving towards challenging many of the traditional ‘grand designs’ and are questioning dominant cultural discourses (Budenzer et al., 1994).

Mahoney and Daniel (2006) make a strong case for the use of narrative therapy within the context of incarcerated women. They point out many of the social discourses which apply to this population. They are often systematically condemned and stereotyped by society. They note, “They are often seen as ‘expendable,’ ‘evil,’ ‘women gone bad,’ ‘not really women,’ and ‘incapable of change’” (p. 77). They further note they are often, “rejected by family and friends, employers, and society as whole” (P. 77). For many incarcerated women, the penal system mirrors the oppressive conditions that lead to their criminal activity in the first place. Denborough notes that the legal system, the police, courts and the prison system continue to be a primary source of colonization which perpetuates injustice (2013).

Denborough also notes:

If as counsellors and community workers we are the receivers of stories of social suffering, if we are the receivers of stories of violence, if we are the receivers of stories of injustice, then what are our responsibilities? How are we to respond? How do we do justice to their experiences and stories? Could this process involve narrative justice? In my mind, these two realms, which are often considered separately, are not separate…If we are the receivers of stories of social injustice then what are our responsibilities? Perhaps we can’t leave matters of justice only to lawyers and the legal system. Perhaps
we can question how our work can contribute to both healing and justice. (2013, p. 15-16).

Postmodern approaches like narrative therapy work to neutralize the forces of institutional and social power and can help individuals to see more options for change and alternate realities (Mahoney & Daniel, 2006). In regards to incarcerated women, they note their marginalized position works to silence their voices. In the prison system, traditional interventions often perpetuate the same power relations that have silenced the women’s voices (Mahoney & Daniel, 2006). Through the use of narrative approaches, change begins when these women are able to use their voice to tell their stories. Mahoney and Daniel (2006) note their stories are often filled with themes of oppression which are deeply rooted in structures of patriarchy, poverty and racism. They go on to say narrative therapy can be used as a powerful tool with this population to ensure their voices and preferred way of being are heard. Narrative therapy examines the sociocultural factors which contribute to their situation and helps to develop an understanding to the barriers they face (Mahoney & Daniel, 2006).

Incarcerated women provide an example of the benefits of narrative therapy with oppressed populations. Their circumstances and involvement with, arguably one of society’s most oppressive institutions, creates an illustration for discussing the clear benefits of a narrative approach, but it is important to remember narrative approaches are applicable to a wide span of populations and issues.
Externalizing the Problem

Important to narrative therapy is the concept of externalizing the problem from the individual. By framing the problem in this way, it helps the individual to separate the problem from their identity and assists in helping them see they have some choice in the role the problem is playing in their life. Combs and Freedman note, by externalizing the problem in conversation, we put into practice the concept of people and problems being separate (2012). This then creates the idea that rather than the individual being the problem, they have a relationship with the problem. When problems become externalized, Combs and Freedman note, stories almost always become less guilt and blame saturated and less restrictive (2012). Morningstar notes, “This kind of separation is not meant to be taken literally but is a way of rearranging the words that are being used so that one can look at a problem from a different perspective” (2010, p. 292). She further notes through listening to one’s own language regarding the problem, multiple understandings and a wider range of options can be opened up.

Michael White comments on externalizing conversations in his interview with Budenzer. He notes:

Externalizing conversations, in the early stages of the therapeutic process, necessitates a shift on the client’s part. Over time, persons come to believe that the problem speaks of their identity – so often problems present persons with what they take to be certain truths about their character, nature, purposes, and so on, and these truths have a totalizing effect on their lives. The externalizing conversations challenge all of this. The internalizing conversations that persons have entered into around that which is problematic for them have invariably had negative effects on their lives (Budenzer, et al., 1994, p. 71).
White goes on to say in the interview that if the problem is internalized, there is not much one can do, except perhaps act against oneself. The use of externalizing conversations make it possible for individuals to separate from the problem, thus opening up new possibilities for action (Budenzer et al., 1994). White further expressed people found this process freeing, or an opening up of possibilities, thus introducing hope into their situations.

Externalizing conversations relate to social justice in the clinical setting by separating the problem, developed through oppressive societal discourses, from the individual, thus allowing room to adopt other narratives or ways of understanding their lives.

Justice in the Therapeutic Relationship

The therapeutic practitioner can easily fall into oppressive practices. We are after all, swimming in the same sea of societal discourses our clients are. We can unwittingly reproduce the same discourses in therapy without even being conscious of it (Combs & Freedman, 2012). Combs and Freedman (2012) note that according to poststructuralists, none of us are the objective expert on someone else’s experience. They further note that through the careful use of questioning, the narrative therapist works to expose discourses and power differentials in an atmosphere which support collaboration and recognizing clients as the ones who are privileged to author their own stories. By exposing taken-for-granted power differentials, the therapist is pursuing social justice (Combs & Freedman, 2012). The goal is create an ‘interpretive turn’ with the client in which they shift away from accepting experts interpretations about their lives and make a move towards them making meaning and interpretations of their own lives (Combs & Freedman, 2012). The shift tends to be towards local, personal and contextualized knowledge as opposed to generalized and universal expert knowledge. While this does not completely correct
the power imbalance in the therapy room, it does encourage collaboration rather than imposing our own interpretations onto the client (Combs & Freeman, 2012).

Morningstar (2010), proposes we must take a sociopolitical perspective regarding our client’s problems as social discourses are often responsible for their underlying psychological difficulties. She notes, by deconstructing metanarratives imposed on clients, we can help the client see the ways victims are oppressed by society. She further notes, we must relinquish the view we are experts and we know more about the client’s issues than they do. By making this shift, we move away from pathology and move towards resilience and health. Morningstar (2012) also proposes our expertise lies in the form of questions we have learned to ask our clients, thus we combine our expertise with our clients expertise on their lives to enrich their stories in relation to the problem.

Michael White, in his interview with Budenzer, noted recent developments in the therapeutic field of the helping profession that challenge the reproduction of the dominant culture in counselling (1994). He notes there is a move to “reject therapy as a form of the government of persons, and to consider some of the power issues that are part of all therapeutic interactions” (p.75). White believes this is in response to therapists trying to fashion people and relationships to fit ‘ideals’ in society. White did not believe that it is the mission of the helping professional to be complicit in the reproduction of the dominant culture. He believed that while the therapist played a significant role in the co-authorship of preferred or alternative stories in a person’s life, they must work to ensure that those seeking help are the “privileged coauthors in this collaboration” (Budenzer et al., 1994, p. 75). Through the act of listening and getting an appreciation for what the person had been going through, and asking questions to help the client gain a new perspective of their issue and identity, White ensured social justice for his clients. In
re-authoring an individual’s stories with them, White noted at times this involved joining with the person in challenging structures that create their issues, thus including in practice a form of political action at what he called the ‘local level’.

White used the term ‘working behind the client’ (Budenzer et al., 1994). He described this concept as ‘not getting ahead of the client’ but instead standing behind or beside the client. He felt if we were in front of the client, we were in essence, blocking their view. By being behind them, we are not prescribing or specifying how things should go, but rather letting them lead. Gurnaes says of White in Masters of Narrative and Collaborative Therapies: The Voices of Andersen, Anderson and White, “I think that this is what is of importance to Michael in therapy: to assist clients in living a life that they prefer” (Malinen, Cooper & Thomas, 2012, p. 168).

From a very broad perspective, narrative approaches embody many of the philosophical underpinnings inherent in clinical practice including concern for equity, human dignity, and the right to self-determination (Mahoney & Daniel, 2006). It also focuses on strengths rather than diagnosis and pathology and examines oppressive societal forces which affect the individual (Mahoney & Daniel, 2006).

The process of helping the client see alternative stories is accomplished through the careful use of questioning. Through the use of strategic questions, the individual is allowed to generate their own alternative stories. Rather than the counsellor telling the individual their perspective is wrong or limited, the client is allowed to utter their own truths and stories. This technique is an example of how narrative therapy works against oppression in the therapy process. Combs and Freedman note, the purpose of asking questions in narrative therapy is to generate or create experience (2012). With every question we ask, we are providing the
opportunity to open up a different version of their life. The use of questions keeps the focus on the client’s experience (Combs & Freedman, 2012) rather than the practitioner’s opinion.

Combs and Freedman (2012) further note that as narrative therapists:

We recognize that a therapy relationship is a two-way relationship, and we acknowledge the effects each therapy relationship has on our life and work, which are often profound. Rather than speaking as representatives of expert knowledge, we situate ourselves so that people know something of what shapes our ideas and biases (p. 1053).

The narrative therapist works to remember each of us comes from a particular cultural background. With this knowledge, we are interested in recognising and putting into question our biases in an effort not to further oppress those who come to us for help (Combs & Freedman, 2012). With its focus on power and discourses, narrative therapy takes an active stand against neutrality and for social justice (Combs & Freedman, 2012).

Conclusion

Narrative therapy has a very clear connection to social justice. The underlying philosophy of postructuralism lays a of foundation for social justice by recognizing ‘individual’ or ‘local’ lived experience and not imposing structural ideas of universal truths onto those they work with. The concept of socially constructed realities, in the face of dominant and oppressive narratives, provides the base for working with individuals to re-author their stories through the examination of how dominant discourses have shaped their realities. Through careful questioning, a new and thicker narrative can emerge for individuals, helping them to overcome oppression. By helping externalize problems from the individual, space is created for other perspectives, allowing individuals room to invest in newer and broader narratives. Through careful practices in the
therapeutic relationship, the practitioner is careful not to be complicit with and reproduce the oppression of the dominant culture. By being conscientious of the power differential and using expertise to ask questions that assist individuals in uncovering their own preferred narratives, they can feel confident in moving towards social justice with our clients.
References


