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In this chapter I explore concepts that are called ‘common sense’. These presuppositions, professional narratives and personal stories profoundly affect our therapeutic conversations.

Each person is immersed in cultural norms and values which are formed within their specific family, community, historical time and political era. Reflexive therapists value the unique position that each person occupies in the world: physical and bodily differences and what we call the GRRAAC-CCES’: gender, race, religion, age, (differing) abilities, culture, colour, class, ethnicity, sexual orientation (John Burnham and Queenie Harris 2002), and so on, which permit or exclude people from certain contexts and encourage the development of specific narratives.

When we meet a client we enter and join their culture; our identities inter-mingle. We develop our ‘narrative identity’ from the stories others tell about us; we are ‘literally entangled in stories at the interpersonal level’, French philosopher Paul Ricoeur (in Richard Kearney 1996) says. ‘The story of my life is a segment of the story of your life; the story of my parents, of my friends, of my enemies, and of countless strangers’ (pp. 6–7). In these ways we participate in each other’s cultures and influence each other’s self-descriptions, developing what Peter Lang (2007) calls ‘we-identities’. But, by the very nature of the kinds of conversations we have, therapists are more influential in influencing clients’ identities than vice versa.

When Barbara rang the University Counselling Service to make an appointment I already ‘knew’ a lot about her, based on all the stories I had heard during the previous year. Many people were concerned about her and had urged her to seek ‘help’ from ‘a professional’ for her ‘problems with
alcohol’. The stories described Barbara as an isolated student. She had been drinking alcohol alone and had passed out numerous times during lectures and twice had to be escorted home. Other shortcomings and incompetencies were mentioned. Because many people had told Barbara that she should seek ‘help’ from ‘a professional’ for ‘her problems’ a story was being co-created that described Barbara as having ‘problems’, for which, it was assumed, she ‘needed’ help from ‘a professional’.

Presuppositions, ‘grand narratives’ and other prejudices

We draw our assumptions, stories and values from culturally available narratives:

(a) ‘presuppositions’ and ‘grand narratives’;
(b) ‘Big Stories’ and professional narratives about ‘best practice’;
(c) our own personal stories.

These are, of course, artificial distinctions as with any model or typology. ‘Grand narratives’ usually go unremarked and unnoticed, yet they have become so assimilated into our view of life that they are accepted as ‘common sense’ and have profound implications for how people come to describe the world. For example, the taken-for-granted Western idea that the ‘self’ is individual and separate from other selves arises from a ‘grand narrative’ from a particular political and cultural world; it is simply a prejudice (Geertz 1983).

Therapists not familiar with critiquing ‘grand narratives’ such as these may ask: Why should we concern ourselves with ‘theory’ at this level? Surely this doesn’t impinge on our work with clients? Yet these concepts do affect our clients in ‘real’, practical ways, says Michael White (1997). Drawing on Michel Foucault (1988), he says that when we accept these ‘grand narratives’, they ‘make it virtually impossible for us to notice events that don’t fit... they narrow options for other ways of thinking and stop clients noticing how they participate in creating their own life’.

Because ‘the link between knowledge and power is obscured, this decreases therapists’ ability to address ethical considerations’. Therapy can reproduce certain ‘truths’ about human nature and human development, but ‘In practice this restricts us and the persons who consult us to deficit-centred or problem-saturated accounts’ (pp. 225–30).

‘Big’ professional stories, Gianfranco Cecchin et al. (1994) say, are ‘extremely powerful and common prejudices’. Many therapists share the prejudice of the ‘Wounded Therapist’. On the basis of the ‘belief that
people need... warmth, understanding, and, at times, even love’, a therapist who accepts this prejudice as a truth sees a client as ‘someone who has received faulty nurturing and needs a corrective love experience’. However, the more ‘needy’ the client becomes, ‘the more loving/nurturing the therapist becomes’; the client becomes addicted to the unconditional love from this therapist and ends up describing themselves as ‘like a child whose judgment is faulty’. The second posture they describe is that of the ‘Missionary Therapist’, a person who has come from a ‘healthy family’ who believes that they know what ‘normal is and how a family or individual should behave’. The danger is that the therapist can become ‘somewhat of an aristocrat who... knows what is best for everyone’. Clients can become reliant on this ‘psycho-educative’, authoritative therapist, who co-creates the incompetent client (pp. 9–12).

Clients and therapists may have similar or different assumptions about therapy: a client may have the idea that ‘real’ therapy involves talking about their problems and this prejudice may be shared by the therapist. Another therapist may prefer to explore the client’s competencies and abilities; there are ethical implications regarding which of our own personal and family stories, cultural presuppositions (Inga-Britt Krause 1998) and ‘Big’ professional stories we choose, since they can profoundly affect the stories we notice and co-create with clients.

Because I worked in the same institution where Barbara was studying, we were already immersed in relationships that connected us. What others said or didn’t say about me and the service I ran and what they said or didn’t say about Barbara created stories that influenced our relationship: as I develop stories about Barbara and her identity, she will be developing stories about me and my identity. Before we met, stories were already being co-constructed about each other; our identities already becoming entangled.

If she has talked in a therapeutic context or has heard about this kind of ‘help’ this will also influence her. I will be curious about the inner talks Barbara has with herself about her ‘identity’, the influential voices from family and friends that she draws on, the cultural stories in ‘the media’. Similarly I will have developed a range of professional stories from conversations with colleagues and in supervision, through reading therapy texts and attending workshops and so on.

I wondered how I could challenge my least useful presuppositions and ‘Big Stories’. I wanted to be irreverent to the idea that Barbara ‘needed’ me to get on with her life, and that I knew what was best for her. It is not that I
would hold back from offering helpful information, but I would guard
against the desire to ‘help’ Barbara, preferring to explore which model of
help fitted best for her. I wanted to listen closely to the unique ways she was
responding to life so that our relationship could become therapeutic for her.
Also I wanted to question the familiar ‘Big’ story that Barbara’s behaviour
meant that she had enduring ‘alcohol problems’ and that this related to
personal shortcomings, rather to be curious about the contexts in which
alcohol had become the best response.

Alcohol is seen in our culture as being a normal recreational drug linked to
rites of passage, particularly in the student context, and is usually consumed
in social groups. However, when young men experiment with alcohol they
are described as ‘normal’, whilst young women often attract criticism.

Barbara arrived on time. I greeted her warmly; one of my prejudices is that
being warm and welcoming creates a good context for therapeutic work.
When we went into the room she sat down in an upright, rather formal way,
her eyes lowered. A slight, neatly-dressed young woman in her mid-twen-
ties, wearing conservative clothes, she looked at me in what appeared to be
a timid way. Her black skin was beautiful.

Barbara was not as I had imagined; she challenged all my preconceptions.
It was hard to reconcile the trim, softly-spoken person who sat in front of me
with the student who had been described as getting drunk and creating so
much disruption. Until I met her I didn’t realise I’d had such strong prejudices.
First I asked her about what hopes she had for the conversation. Speaking
quietly she said she wanted to complete her degree. To my question about
why she had chosen to come now, she said she was about to go into her third
and final year (having had to re-take a year) and wanted to prepare for it.

As Peter Lang (2007) says, ‘it is not that we ignore people’s difficulties.
Rather, we are curious about how the person has responded to them’.

I didn’t ignore the fact that she might have some struggles and that people
were concerned about her (I’d heard that her behaviour had disrupted their
classes); but I wanted to be self-reflexive about my presuppositions, the
professional ‘Big Stories’ and my own personal stories that could be organ-
ising what I noticed about Barbara.

The danger of focusing on clients’ shortcomings cannot be emphasised
enough, according to Peter Lang (2007), since what we focus on tends to
expand.
It is understandable that other professionals have become concerned about Barbara, but I don’t want to focus on these descriptions to the exclusion of others that could fit just as well but be more useful. If I describe her, even to myself, as problematic this will subtly but profoundly affect the direction the conversation takes. But, if I focus on and explore her abilities and capabilities and the small ways that Barbara is making positive changes these descriptions will expand and will influence the stories Barbara comes to tell about herself. I intend to explore Barbara’s ‘internal’ resources, such as her determination to stay on the course, and her ‘external’ resources, such as any positive family relationships or friendships in her life. Doing this could also help me develop and maintain hopefulness in my work with her.

Clients’ strengths, abilities, competencies, resources (personal and in their life) are ‘the trump card’, ‘the winning hand’ and *the* most important variables in successful therapy outcome, Hubble et al. (1999) maintain (p. 412).

Unfortunately, most theories of therapy are theories of psychopathology, says Barbara Held (1991). Indeed, ‘clients have not been highly regarded in most therapeutic systems’. They are described as ‘the maladjusted, disturbed, regressed, neurotic, psychotic, and character-disordered’ (in Hubble et al. 1999: p. 409). Unsurprisingly, research shows that therapists rated as less effective by clients showed negative behaviours such as ‘belittling and blaming, ignoring and negating, attacking and rejecting’ (Ted Asay and Michael Lambert 1999: pp. 34–5). More effective therapists used more positive behaviour, and ‘basic capacities of human relating – warmth, affirmation, and a minimum of attack and blame – may be at the center of effective psychotherapeutic intervention’ (Najavits and Strupp 1994, in Asay and Lambert 1999: pp. 34–5).

This was the middle of the long summer vacation and it would be about two months before the start of the new academic year. Barbara’s tutor has been supporting her; tutors are busy people and do not spend time with every student. Perhaps the tutor saw Barbara as an able student with potential? Instead of only seeing her as a person with problems I have already begun to notice her competencies.

A change focus

When therapists notice that people who come to therapy have already started to make changes this is more likely to lead to a successful outcome (Hubble et al. 1999). They contrast this with the idea of the therapist as
‘hero’ who sees themselves as the one who will help the client make changes in their life.

If we want to enhance the possibility of a good therapeutic outcome, therapists should adopt ‘a change focus’ and see change as inevitable, thus casting our clients in the role of primary agents of change rather than casting ourselves in this position. ‘Within the client is a theory of change waiting for discovery . . . ’ (p. 431). The distinction is subtle but important: since therapists invest a great deal of time, money and energy developing our abilities and skills, it is understandable that we tend to attribute more importance to what we are doing, rather than what the client is doing.

I had noticed that Barbara was already making positive changes: she had come during the summer vacation and said she wanted to complete her degree. She had made an appointment and had turned up for it, which showed that she had made a decision to do something to make a change in her life. I was developing the idea that she was a highly organised, forward-thinking young woman who was keen to succeed.

The client’s view of the relationship

Second to clients’ strengths, is the client’s view of the therapeutic relationship. ‘Therapeutic success depends on enabling and confirming the clients’ resources in a partnership informed by the clients’ goals and perceptions’ (Hubble et al. 1999: p. 418).

There have been some misunderstandings about the therapist–client relationship in systemic therapy but this has always been centre stage for us, says Glenda Fredman (2007). A central concept from Gregory Bateson’s (1979) ground-breaking ideas is that when a therapist meets a client their relationship is mutually influential and affects many lives.

These ideas helped me retain awareness of how our conversation could affect not only her but her family, friends, tutors and so on as well as the relationships in my own life.

Suddenly she burst out, ‘I’ve more or less stopped drinking.’ I was astounded and nodded and smiled encouragingly.

Barbara rushed on. Last year she’d been drinking ‘too much’: a bottle of wine every day. What made her choose wine? It was ‘easy to buy’ she said.

How had drinking helped, I asked. It had helped her ‘cope’ with ‘feeling self-conscious’, in lectures, she said. I was puzzled about the meaning of
‘feeling self-conscious’: in my experience it is the lecturer who is on show. Wanting to lighten the solemn tone of the conversation and put Barbara at ease, I risked a joke about it being a lecturer’s job to talk and ‘perform’ whilst all the student has to do is listen and write notes.

I wondered what she thought about my feeble joke; did it fit with her view of a professional?

‘Sometimes you have to speak,’ she said. I thanked her and said I remembered now that some lecturers encourage student participation. Had she used other ways to cope, I asked. She said she had been to see a counsellor in an external organisation, but didn’t like him and had not gone back. Why was that? I asked. ‘Because he just sat there,’ she replied. Noticing that Barbara was now responding more easily, I took that to mean that she appreciated my interactive style, even my rather suspect humour.

‘Spontaneity, mistakes, humour, and misunderstandings’, systemic family therapist John Burnham (2005) says, ‘are all part of the uncertain process through which relationships are created’ (p. 16). A playful approach to ‘serious’ issues can enable us to challenge our own ideas and help us create hopeful stories.

Returning to the theme of feeling self-conscious, I began to search for other descriptions: ‘un-self-confident’, or ‘shy’? Barbara shook her head each time and I began to feel rather frustrated and wondered what this could be telling me.

The desire to find a true description of a person is drawn from the Western presupposition that the ‘self’ is static and it is possible to discover internal aspects of a person’s ‘real self’, which influences the world of psychiatry. For example, psychiatrist Christopher Lane (2007) notes that a wide range of normal reactions, such as shyness, and normal worries, such as fear of eating alone in public and fear of public speaking, were pathologised after being grouped together under the general diagnosis of ‘social phobia’ in the diagnostic manual, DSMIV, in 1980.

I berated myself for the way I had fallen into these traps and was thankful that she had refused all the descriptions I had been giving. I asked myself why I had not explored her meanings and the contexts in which self-consciousness had come to be co-constructed in Barbara’s life. Then I recalled that students who don’t talk to other students often have the idea that everyone else is coping easily with academic challenges and that they
are the only one who is struggling. Barbara has been described as ‘isolated’; did she believe she was the only student to feel self-conscious?

‘Speaking in public,’ I said, in a casual way, ‘is supposed to be the most nerve-wracking thing for most people. Did you know?’ Barbara shook her head, looking interested.

‘Lots of students say that it’s scary speaking in class,’ I added. My knowledge of the context and expertise were useful; by ‘normalising’ her reaction I hoped this would help Barbara realise that she wasn’t alone.

I had reflected that my style had become ‘too’ interactive because her style was so serious and hesitant. As I began to match her style I noticed her becoming more forthcoming.

We are ‘polyphonic’

How we speak and what we say is never simply our own; it is always partly someone else’s, says Mikhail Bakhtin (1981: p. 345). We are ‘polyphonic’; many different voices combine when we talk (1984). Reflexive therapists working alone can bring in the voices of other clients, people from their own life and so on, to expand the voices available in the room.

When I had mentioned other students who had told me how scared they were to speak up in lectures I could see that Barbara enjoyed hearing the new perspectives these voices gave her.

Many voices were influencing me as I talked with Barbara: inspiring clients, therapists, colleagues and trainees, ‘theorists’ and writers, and drawing on them enabled me to take self-reflexive positions with Barbara.

Now I wanted to hear the influential voices in Barbara’s life.

‘Who’s most proud that you’re about to go into your final year?’ I asked.

‘Mum and dad,’ she answered; she told me that her mother was from Barbados and her father was from Jamaica. This gave me an opening to explore other voices in her family.

Her brother and sister had successful jobs, she said; they were ‘a close family’. Although she answered willingly she seemed rather bemused by my interest in her family. Everyone was getting on with their lives, she said, they didn’t affect her and were of no consequence; they simply lived under the same roof.
I wondered whether Barbara had the idea that it was disloyal to talk about her family, which could ‘explain’ what she was saying and also her hesitant style. Maybe she thought my questions implied criticism? She described herself as separate from her family. Perhaps she wanted to be ‘different’ from them whilst at the same time wanting to make them proud of her?

There are strong cultural stories reinforced by ‘Big’ professional therapy stories that suggest that a young person must ‘individuate’ from their parents by a certain age. I kept these in mind but wanted to be irreverent to them, preferring to explore the unique way that Barbara’s relationships with the important people in her life were influencing her. They could be people from her past, her current life and even those from an imagined future.

I recalled a therapist whose parents came from Jamaica telling me that she felt she had to work much harder than people with white British parents; she’d felt she was always trying to prove herself. This voice was useful.

Barbara told me her parents were ‘managers’, but she didn’t know what they did. She was equally hazy about her brother and sister’s profession. I was rather taken aback. Surely, I thought, it’s ‘normal’ to have some idea of your parents’ occupation? Then I reminded myself that there was no ‘normal’ way to ‘do’ family. I didn’t want to fall into the trap of being a ‘missionary therapist’ who ‘knows’ how people ‘should’ live, as described by Gianfranco Cecchin et al. (1994). She seemed to be following her family’s values of success through hard work: her brother and sister were both successful and high-achieving, as were her parents. I wondered about how drinking fitted with these family values and expectations but for the time being wanted to explore other resources in her life and other voices that could be influencing Barbara’s description of herself.

Exploring clients’ resources: friendships

The resources that clients have outside therapy are important to a successful outcome in therapy, so strengthening these is crucial (Hubble et al. 1999).

Barbara had made many references to friendship: ‘you should make good friends at university’, ‘friends for life’, ‘real friends’, so now I asked about her friends. Barbara said she was only in touch with one school friend, but she didn’t want to be friends with her any longer. I asked why.
'Because she wants to go clubbing' she answered, wrinkling her nose. She'd refused to go with her. I laughed and said I didn't blame her and she shot me a tentative smile.

Recalling the description of her as an isolated student, I wondered whether this was a friendship she could build on and risked putting this idea forward in the form of another joke: ‘She’s not contagious – just because she enjoys clubbing,’ I said.

‘I know,’ she said, ‘but I don’t want to go to those places with her.’ She gave me a broad grin and visibly relaxed.

I was relieved as I hadn’t been sure whether she was finding the style of the conversation useful. Now I began to feel more hopeful. Perhaps my humour was helping us make a good connection?

Barbara said that she wanted friends who were different from her school friends; she wanted to be ‘a different kind of person’ at university. I became intensely interested.

‘What were you like at school?’ I asked.

‘Flippant, loud and false’ she answered.

I was astonished; this challenged my perception of Barbara and it was a description that didn’t match the demure person who sat in front of me. How did this new information help make sense of how she was behaving at university?

Psychologist Steve Duck (1983), writing about friendship, describes how people differ enormously in their need for friendship. But, friendships, ‘don’t just happen . . . they have to be made – made to start, made to work, made to develop, kept in good working order, and preserved from going sour’ (p. 9). Geographical closeness and the right circumstances combine to help people make friends. This is counter-intuitive to the way we usually think about friendship.

The more fragmented setting of university life with its modular system does not offer the same continuity of relationships as at school. Students who live in halls of residence have more opportunities to socialise and thus make friends, a context that particularly suits those who like going ‘clubbing’.

But Barbara lived at home with her family and she didn’t want to have the kind of ‘flippant’ friendships she’d had at school; she was experimenting with a different identity, trying to develop different kinds of friendships. The context in which Barbara was studying was mainly white; the culture of
many younger students was a social, drinking one, which didn’t suit her. Barbara was black, whilst most students were white; she was slightly older than others, didn’t live in halls of residence and didn’t enjoy going ‘clubbing’. In a context where similarities are valued, Barbara was different from many other students; even a two-year age gap can make a big difference to the way students make friends.

Ethnicity, race, culture and colour are crucial in friendship development: we tend to gravitate towards those who are similar to ourselves. As Steve Duck points out, someone who is having difficulty with making friends is not necessarily personally deficient; they may just be in the wrong place. There are logistical and practical reasons why friendships develop: research has shown that the simple physical location of people’s front doors affects friendship patterns: people make friends with neighbours whose front doors face towards each other (Festinger et al. 1950, in Duck 1983: p. 16).

I also wanted to challenge a strong presupposition in our culture that describes a successful person as ‘popular’ and ‘sociable’. People who enjoy their own company are often described as ‘loners’, ‘weird’ and even ‘unpredictable’ and ‘dangerous’.

I didn’t describe Barbara as personally deficient: for many reasons she simply didn’t fit with other students. I explored whether she had any friends at university and she told me about two older students who she didn’t see much because they lived a long way from her. Rather than focusing on the idea that Barbara was unsuccessful at making friends, I was developing the idea that she was choosing potential friends from older, possibly more serious, students than her school friends.

‘You’ve made friends here and also you had a lot of friends at school,’ I said, ‘How would your school friends describe you?’

She said they would describe her as friendly, helpful and loyal. I noticed the way her expression had brightened as we noticed these skills and abilities. ‘You’ve got really good eye-contact,’ I said, ‘and when you smile your whole face lights up.’ She gave me an even more brilliant smile and this made me feel hopeful.

‘Repression’ in the self-help industry

Then out of the blue she said, ‘I’ve been working on myself.’ When I explored this she said she’d been writing a diary, taking herbs, taking more
exercise and eating more healthily. All this had helped her not to drink. Again, I was taken aback, in a good way.

Originally Barbara had found a novel way to cope with feeling ‘self-conscious’ and gain the courage to attend lectures, by drinking wine. When this had ceased to be helpful, she’d tried other ways. I was impressed by her inventiveness and ability to search for solutions.

At the same time I noticed that all the ‘self-help’ activities she was trying out were solitary. I wondered whether she was being influenced by ‘grand narratives’ about the ‘self’ in our culture. The way she talked about ‘working on herself’ made me wonder whether she had been inspired by the self-help industry.

Self-help literature makes us believe that it is desirable to live a life that is free of repression, and involves ‘helping the client become who they really are’ (White 1997: pp. 221–2). ‘Self-help’ takes a multiple view of the self, but these voices tend to be seen as ‘contaminating . . . the alien voices must be shed to realize a pure, unified self’ (Sheila McNamee and Ken Gergen 1999: p. 31).

In honouring the ways that Barbara had been doing this self-work, I was irreverent to the ‘grand narrative’ that she had a ‘true-self’ that she was ‘liberating’ from ‘repressive forces’ or the familiar idea that a ‘successful self’ is one that is surrounded by people. She had tried this identity at school and was exploring different ones.

Challenging presuppositions about ‘the self’

The Western view of the self is one where ‘striving for self-actualization and turning to one’s inner self for strength, definition and guidance in dealing with others’ is the norm (Geertz 1983).

The idea of a single ‘real’ or ‘true’ self, which we are constantly searching for and will someday discover, is part of what has been called the ‘grand narrative’ of humanism, French philosopher Jean-François Lyotard (2001) says. Such a description is so embedded in our culture, so pervasive and seductive that it is seen as ‘truth’. But these are simply assumptions created within a particular culture at a particular historical time (Hunt and Sampson 2006). Fortunately our identity isn’t fixed; there are many opportunities to develop our self-descriptions and self-identities through discourses with others (Bakhtin 1981; 1986). Each of us is, in Julia Kristeva’s (1984) phrase, a ‘subject-in-process’.
Was Barbara turning to her ‘inner self’ for ‘strength, definition and guidance’? I recalled another idea familiar in the West, which is that a successful person resolves things on their own and doesn’t ‘burden’ others with their problems.

If I follow the ‘grand narrative’ that a successful adult is one who is ‘self-sufficient’ with a strong ‘inner self’ or if I describe Barbara, even in my internal conversations, as unsuccessful at making friends, these descriptions will obscure other stories that explore the unique, creative, experimental ways that she is living her life. Instead I described Barbara to myself as a young woman who was in an experimental process of self-development, trying out many different self-identities and ways of living.

The self is co-created in social contexts

‘Languages of the self . . . are many,’ Jeffrey Stout (1988) maintains, and they are embodied in specific social practices and institutions – religious, political, artistic, scientific, athletic, economic, and so on’ (pp. 291–2). For example, the idea that a healthy person should turn to their ‘inner self for strength, definition and guidance’ is not shared by other cultures. In Western cultures the self is viewed as a

bounded, unique, more or less integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgement, and action . . . organized into a distinctive whole and set contrastively both against other such wholes and against a social and natural background. (Clifford Geertz 1975: p. 48, in Pearce 1994: p. 256)

If I am to be useful to Barbara I will question my own cultural presuppositions about what constitutes a successful ‘self’. I will be curious about how Barbara’s ‘self’ has been co-created in various social practices and conversations. If I am entranced by, and uncritically accept, the Western taken-for-granted view of the self I might inadvertently reinforce Barbara’s belief that she is alone and must ‘individuate’ from her parents. This could ignore the unique and important voices that have contributed to the co-construction of stories of Barbara’s ‘self’.

In our conversation Barbara and I are co-constructing our-selves together; I am shifting between different positions, noticing Barbara’s stories and also reflecting on my own assumptions and prejudices and how these are affecting my stories and into which kinds of conversations I am inviting her.
Discourses about the self are mired in muddled thinking, claims Rom Harré (1998). The self, ‘as the singularity we each feel ourselves to be is not an entity. . . . Rather it is a site . . . a place from which a person perceives the world and a place from which to act. . . . Selves are grammatical fictions, necessary characteristics of person-oriented discourses . . . to have a sense of self . . . only rhetorical (not real)’ (pp. 3–4).

Rom Harré draws on the work of pioneering Russian developmental psychologist Lev Vygotsky (1978), whose observational work with children shows that cognitive processes, including the ability to think about our-self, are developed through our interactions with others. Our beliefs and ideas about ourselves are entirely social: everything occurs twice, first in interpersonal interactions and then in the individual’s mind (p. 43).

Richard Kearney (1996) describes Paul Ricoeur’s maxim: ‘The shortest route from self to self is through the other . . . the self is never enough . . .’ The self ‘constantly seeks out signs and signals of meaning in the other’ (p. 1). The stories we tell ourselves about ourselves are based on those that others tell about us.

Rather than the idea that there is just one ‘self’, Rom Harré (2008) has developed three aspects of the self:

Self 1 – me in space and time
Self 2 – stories others tell about you
Self 3 – stories you tell about yourself

At school Barbara had developed a ‘flippant’, fun-loving ‘self’, which she later wanted to change; perhaps she wanted to alter stories told by teachers, friends and her parents? Perhaps she wanted to succeed at University, to follow her family’s values of success through hard work? At university she had tried to create a different self, but her attempts to become less self-conscious had created a ‘problematic’ self.

The two older students she had made friends with were often too busy to talk on the phone or meet her. How were these voices influencing Barbara’s self-descriptions? When her two friends were unavailable maybe she had seen this as a ‘sign’ that she was unpopular, or unable to make friends?

Perhaps she doubted her ability to make the ‘friends for life’ that she had dreamed of. I wondered if her ‘flippant’ self at school had got in the way of her studies. Perhaps this had led her to believe that she couldn’t be successful in her academic work and also have friends.
Using these ideas I asked about the two older women. She said they were married with young children.

This gave me an idea. ‘Doing a degree whilst being a young mother is pretty demanding,’ I said, ‘they may not have much time for phoning or meeting friends. But maybe they wish they had more time to meet you?’ She nodded in agreement and confirmed that this was probably true.

‘How would they describe their friendship with you if they were here?’ I asked. She said that they would describe her as interesting and a good friend and they enjoyed being with her; the three of them swapped notes and helped each other prepare for essays. I hoped that bringing forth these voices (as in Rom Harré’s Self 2, above) would help her tell different, more hopeful, stories about herself (as in Self 3) and that this would lead to her feeling better about her-‘self’. We ended the conversation and Barbara told me that she would call me if she wanted to talk to me again.

A couple of months later at the beginning of the new academic year she asked to see me again. She wanted to ask my opinion about something and told me that everything was ‘much better’, that she was looking forward to the new academic year. And she thanked me for helping her.

**Reflexive questions**

Reflecting on a recent conversation with a client:

- Which grand narratives and presuppositions were influencing the conversation?
- Which ‘Big’ professional stories were influencing you?
- Which of your own personal stories were you connecting to?
- Which of these were useful to the client?
- Did the client’s responses make you question any of these?
- Did you notice the ways in which the client had already started to change before coming to see you?
- Which of the client’s skills and abilities did you notice?
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