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PART I

The Narrative Approach
Introduction

I was recently at a social event where a woman seated beside me at dinner asked me what I do. I told her I am a social worker. She asked me a little more, so I explained I am particularly interested in teaching, researching and writing in the area of narrative practice. She then heaved a great sigh and asked me when society’s obsession with narratives had begun. She said that she is constantly hearing people talk about narratives and about being interested in knowing other people’s stories and that she is fed up with it. She appeared to think it all a little ridiculous, as she went on to say she had read lots of novels as a child and so she understood stories to be made up and untrue. As I was dithering about whether to respond to these comments within this setting, the other three women at the table, all of them in different fields, started to describe the way in which they believed stories add richness to our understanding of life. The historian, for instance, said that two different accounts of events in history could have all the same facts included, but the one that presented the events with a greater appreciation of the details of narrative would be far more engaging of people’s interest.

Not only does the word ‘narrative’ crop up more often in the media and popular culture now than it did even ten years ago, there has also been a great deal written about the use of narratives within counselling and social work, and in the growing area of narrative medicine (Charon, 2006). Different disciplines and approaches to practice draw on the use of stories, or narratives, in different ways, however.

When I describe narrative therapy, I am describing the underlying philosophy, stance and practice skills as they have been developed by White and Epston (1990), rather than describing a general process of engaging people in telling their stories or using narratives in therapy. I will use both the terms ‘narrative therapy’ and ‘narrative practice’, since much of the earlier literature has focused on narrative therapy as a distinct form of direct micro-level practice, but the underlying theory and skills are applicable to community practice and agency-based social services, so the term narrative practice has
begun to be used more often as it is more descriptive of the broad range of practice possibilities within this framework. This shift in terms also speaks to some of the underlying commitments within narrative practice, which I will discuss in detail throughout this book, and which have to do with moving away from mainstream therapeutic discourses and medical models.

Although I grew up in England and received the majority of my training in narrative therapy in Australia, I now teach narrative practices and social work in a Canadian university, maintaining a small independent consulting and counselling practice. Social work in Canada involves the same types of practice as social work in the United Kingdom, including case management in local authorities, child protection agencies and hospitals; with interdiscipli- nary health teams; social welfare policy analysis; community organizing and development; and advocacy. It also includes opportunities for school-based practice and clinical social work, focusing on counselling and psychotherapy with small groups, individuals, couples and families, which is not as usual for social workers in the United Kingdom. My descriptions and examples of narrative practice will, therefore, be applicable to social workers, child protection workers, counsellors and therapists, as well as doctors and nurse practitioners engaged in counselling and direct practice.

Although narrative ways of working lend themselves to community practice, and despite the fact I have been able to work alongside Michael White in a community project in south-western Ontario, I will not describe narrative community work in this book. This is partly because my experiences with this project are specific to a North American context where land rights for Indigenous communities continue to require well-thought-out responses. It is also because others with far more experience with community practice have written extensively about narrative work in a variety of community settings.

I am committed to teaching, researching and writing about narrative practices within a transnational context because I believe that the underlying philosophy and politics of narrative practices are consistent with the social justice and anti-oppressive frameworks of the profession of social work and engage respectfully with various cultures and within various local contexts. I also believe that narrative practices provide an approach that respects the strengths and preferences of those people who request counselling, while at the same time acknowledging the pain and difficulties that have contributed to the development of their resilience. Although it may be considered a strengths-based approach to practice, it is not only solution focused and plenty of time is given to understanding and deconstructing the problem.

I have organized this book in two parts. In the first part I review the underlying theory, philosophy and ethics of narrative practice and the
conversation maps as White developed them. I will also include a chapter regarding what is often absent (not explicit), but rather implicit in conversations, and the steps involved in such conversations to assist people in reconnecting to their knowledge, skills and preferred ways of living. I will conclude the first half of the book with a short chapter regarding a proposed meta map to aid in the process of thinking through when to use particular conversation maps and when to consider moving from one map to another. This meta map primarily came about in response to requests from students for further clarity about how to visualize the maps coming together.

The second part of the book is about practising within a narrative framework in agency and organizational contexts, and the challenges associated with attempting to maintain a commitment to narrative practices despite all the demands that arise in the real world of practice. In the first of these chapters I will reflect on working with colleagues and teams and finding ways to complete all the paperwork associated with professional practice from a narrative perspective. In the following chapters I will discuss the benefits of integrating critical reflection of practice as a form of ongoing inquiry and accountability, issues related to integrating a respect for spirituality in practice and finally, thoughts on self-care.

I will follow the same practice as that developed by Michael White and David Epston (1990) and also followed by Martin Payne (2006), whereby I will describe people who come to counselling or use social work services as ‘people’ rather than ‘clients’, ‘patients’ or ‘service users’. I will use the terms ‘social worker’, ‘counsellor’ and ‘therapist’, since narrative practices can be used within all the professions suggested by these terms. I also allow my own voice and opinions to be clear through the use of ‘I’, which is consistent with the philosophical and political underpinnings of narrative practices. One of the most important aspects of narrative therapy is its commitment to moving away from discourses that privilege the professional’s objectivity and knowledge over the skills, knowledge and expertise of those people who request the services of professionals (Epston, 2009; White, 1995a). Although narrative practitioners develop expertise in the practice skills associated with narrative therapy, it is important to recognize they can never know as much about someone’s life as the person who has actually lived that life. Within narrative therapy there is a commitment to socially just practice that necessarily involves reflecting on structures of power and the resulting interactions that can reinforce unjust relationships (White, 1995a, 2007a).

The beginnings of narrative therapy

The website of the Dulwich Centre, in Adelaide, South Australia, provides a wealth of information regarding the development of narrative therapy,
connections to narrative practitioners around the world, many links to articles and information about ongoing projects. The website indicates that the centre was first opened in 1983 and has continued to develop since then:

First, a way of working, ‘narrative approaches to counselling and community work’ has evolved, particularly inspired by the work of Michael White and David Epston. This way of working has now moved from being a marginal approach to one that is now considered a mainstream modality in many contexts. Second, a ‘community of ideas’ and a ‘community of practitioners’ has grown in different parts of the world. This community is linked in many ways – through ideas and practices, through the written word (journals and books), through Narrative Connections and other websites and e-lists, and through workshops and conferences. So many people have contributed to these developments in different ways. (www.dulwichcentre.com.au/about-dulwich)

Although there are now many narrative therapy and training centres around the world, the Dulwich Centre, of which Michael White was co-director with Cheryl White, is probably most often thought of as the primary centre for learning narrative therapy and community work skills.

David Epston, the co-originator of narrative therapy with Michael White, is co-director, with Johnella Bird, of The Family Therapy Centre, which opened in Auckland, New Zealand in 1988. He also teaches at the School of Community Development, Unitec Institute of Technology, also in Auckland. He travels extensively providing training for beginners and advanced practitioners of narrative therapy.

White has indicated that he and Epston first met at an Australian Family Therapy conference in 1981, where they recognized a ‘certain correspondence in [their] respective ideas and practices’ (White & Epston, 1990, p. xv), which he suggests was the starting point of their friendship and professional association. Their first book regarding narrative ways of working was initially published by Dulwich Centre Publications in 1989 entitled *Literary Means to Therapeutic Ends*, and then re-published as *Narrative Means to Therapeutic Ends* by W.W. Norton in 1990. Michael White was co-director with Cheryl White of the Dulwich Centre until January 2008, when he set up a new centre, Adelaide Narrative Therapy Centre, with Maggie Carey, Shona Russell and Rob Hall. Following Michael White’s death in April 2008, Carey, Russell and Hall developed an independent centre, Narrative Practices Adelaide, which they indicate has been influenced by White’s hopes for the ongoing development of collaborative work between various narrative therapy centres (www.narrativepractices.com.au).
In 2005, Cheryl White and David Denborough wrote *A Community of Ideas: Behind the Scenes*. They describe how Cheryl founded Dulwich Centre Publications in 1984 and how feminist thinking has informed the practices of the centre from the beginning. What I particularly appreciate about the book is the detail they provide on the thought, care and step-by-step decision-making process and planning for their work in ‘developing training courses that are congruent with narrative ideas’ (White & Denborough, 2005, p. 101). They describe taking into account the community context of each conference event, making sure that there is appropriate community involvement each time. For instance, it was important to them to include the Senior Elder of the Kaurna people of the Adelaide Plains in the opening ceremony of their inaugural conference in order to welcome conference participants to the land (p. 51). On the other hand, they describe the welcoming ceremony of their fifth conference, in the multicultural context of Liverpool, United Kingdom, as involving many voices: ‘Representatives of the Liverpool Black Community, the Jewish Community, the Chinese Community, the Muslim Community, those of Irish descent, and the Welsh, each welcomed us to their city and linked us to the history of their people’ (p. 58).

White and Denborough also describe the commitment within their conferences to ensure space for people who might otherwise feel marginalized by traditional types of conferences. They say, ‘these events commonly include a women’s gathering; a lesbian or queer welcoming dinner; a lunch or dinner for Indigenous people and/or people of colour; and at times Jewish and Muslim events’ (White & Denborough, 2005, p. 48). They describe the manner in which they have developed ways of working in publication and in conference planning that are ‘congruent with narrative ideas’ (p. 101). This idea that once we are immersed within the politics, philosophy and commitments of narrative practice we are able to think through how other practices besides therapy can also be developed that are congruent with these commitments is important to me. I would argue that this also implies that we are able to examine other practices for their underlying politics, philosophy and commitments in order to reflect on whether these other approaches are congruent with those within narrative therapy. This is why I spend time in Chapter 6 examining which forms of research and inquiry might be congruent with narrative practices.

Finally, it is interesting to note that White and Denborough (2005) also comment on the need for participants of conferences to reflect on their self-care. They describe how they present this idea in a participant handbook in which they say, ‘We would like to invite participants into practices of self-care ..., and also to invite participants to take care of one another’ (p. 119). They go on to encourage people to take a morning or afternoon
off if necessary and make sure to get enough sleep. Since I reflect, in Chapter 8, on issues of self-care, which have not usually been discussed by narrative practitioners, I was pleased to rediscover the fact that White and Denborough have also considered these issues in relation to their planning of conferences and training sessions.

Underlying philosophy of narrative therapy

Although I found it helpful to approach narrative therapy in a Dulwich Centre training programme by learning the frameworks of the conversation maps that Michael White developed, some people become frustrated with the maps. White (2007a) describes them as signposts that are only meant to be helpful for providing some structure to narrative conversations and, as such, they are not intended to be rigid or prescriptive. Nevertheless, when first learning narrative practice skills some people seem to get caught up in attempting to practise the conversation maps in some sort of pure manner and then become annoyed, believing that the maps are rigid. I will present the conversation maps because they are extremely helpful when first learning narrative therapy skills, but what I want to stress is that they are more like methods for learning and practising initially: like practising playing scales when learning to play the piano (Russell et al., 2006). The underlying philosophy and politics of narrative therapy are what make narrative practices different from other approaches. Some people might attempt to take up some of the practice skills and techniques of narrative therapy, like externalizing a problem and moving through the steps of an externalizing conversation, but then the skills will only be part of a bag of tricks that might be incorporated into other theoretical frameworks and philosophies. If the philosophy and political stance of narrative therapy are taken up, the practitioner is much more likely to practise as a narrative therapist/social worker even if he or she does not seem always to use the conversation maps. In other words, there is the learning of narrative therapy skills and then there is the taking up of the philosophical stance of narrative therapy; I believe that it is most important for people first of all to decide whether the philosophy of narrative therapy is consistent with their preferences for their practice. This does not necessarily require a return to the primary sources of inspiration for White and Epston, but rather reflection on their use and application of ideas, which previously could have seemed disconnected from direct practice.

Professional posture (relationship)

White (1995a) discusses the professional posture and politics of therapy when he says that he is not suggesting that therapists develop a one-down
position, which he believes would be ‘ingenue, patronising, and disquali-
fying’ (p. 57), but rather that the following is important:

We can make it our business to structure the context of therapy so that it is less likely to reproduce dominant cultural forms of organization, including those that perpetuate hierarchies of knowledge, and other oppressive practice. And I think that whatever a ‘good’ therapy is, it will concern itself with establishing structures that will expose the real and potential abuses of power in the practices of the good therapy itself. (White, 1995a, p. 47)

Payne (2006) also suggests that narrative practitioners recognize that therapy itself can be potentially harmful when based on unrecognized power relations. He says that narrative practitioners attempt to limit the potential harm by an ongoing examination of their practice and by asking people regularly if they are finding the services they are receiving to be acceptable. He suggests that this is a method by which therapists are able to de-center themselves.

Duvall and I (2011) have previously described the process of critically reflecting on a particular training programme in narrative therapy and our observations of how difficult it was for many trainee therapists to come to terms with what this de-centered therapeutic posture would look like. I see students in the graduate programme where I teach also struggling with what this might mean in practice. What is important for narrative therapists to remember is that a neutral stance will reinforce mainstream cultural and professional discourses. It is not productive merely to abdicate all power in the role of professional practitioner, because this can result in merely listening to the stories of the people who request services, which can inadvertently reinforce the cultural discourses that have contributed to people’s problems; however, it is suggested that it is possible to be de-centered and influential at the same time (Russell et al., 2006; White, 1995a, 2005). This means constantly reflecting on the power dynamics in relationships, taking responsibility for the therapeutic process and asking the types of questions that are part of the conversation maps White has proposed (2007a). These questions and conversation maps assist people in reflecting on taken-for-granted discourses and cultural expectations that may have limited their options, and support them in reconnecting to their own personal preferences and values for life.

When first learning the questions and structures of the conversation maps, many therapists and social workers can find the phrasing and language awkward and unfamiliar. I believe this is because these questions do unsettle the power dynamics and force practitioners to take responsibility for the
effects of the therapeutic posture and professional language they use. Students say that in struggling with trying to learn the language, structure and posture associated with narrative practices, they begin to have trouble being truly present to, and focused on, the people consulting them. This is part of the learning process, as they give up previously familiar ways of being with people and learn to take up the de-centered but influential stance. I reassure them, as I was reassured, that it merely takes practice. The approach does become more comfortable and they will be able to re-experience the feeling of being truly present to the other person in the conversation. The process of learning and practising a new set of skills is like working as an apprentice, as Epston has described it (2009, 2012), and as an apprentice narrative therapist it is useful to spend time watching and practising with more experienced narrative therapists whenever possible.

**Ethics and values: as an anti-oppressive practice**

In describing the professional posture associated with narrative practice, I have implied a set of ethics and values that underpin this approach, but it is useful to be explicit about these. White (1995a) clarifies, for instance, that when he speaks about values he is referring to ‘small “v” values – not those that propose, or are based on, some universal notion of the good, and not those that establish some normalising judgment of persons’ (White, 1995a, p. 58). He says that when speaking of values he is, rather, referring to an ethical position. For instance, earlier in that same chapter, he discusses the need for each of us to acknowledge the significance of our own race and ethnic location in the world.

In his descriptions of working ethically with marginalized populations, White (1995a) touches on his work with Aboriginal health services in Australia developing culturally appropriate counselling services for urban Aboriginal people. He did this by working with Aboriginal consultants, rather than by proposing certain approaches from a position of expertise. I would hope that this would seem like common sense now and I am reassured when I see more social workers ensuring that they are not merely recreating mainstream dominant services with marginalized populations or in other countries where they are asked to consult, but this has not always been the tradition within social work.

I am also currently working with a group of Indigenous and non-Indigenous colleagues developing a collaborative research team examining the effects of a pen-pal project between Indigenous and non-Indigenous elementary school children in south-western Ontario in Canada. It has been a fascinating process working together to ensure ethical relationships and reciprocity among ourselves and with potential participants of the
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