# Naming problems as political action

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## Abstract

There is no 'Political Practices in Therapy Hall of Fame' but it can be fun to imagine one. If so, which narrative therapy practices might we propose for membership and why? This piece explores a few of the author's favourite candidates which relate to naming problems in externalising conversations. This piece also emphasises how 'therapeutic' narrative practices are 'political practices'.

**Key words: Externalising, naming, politics, narrative therapy**

There is no 'Political Practices in Therapy Hall of Fame' but it can be fun to imagine one. If so, which of our narrative therapy practices might we propose for membership and why?[1] Here are a few of my favourite candidates which relate to naming problems in externalising conversations. I hope, too, to emphasise how 'therapeutic' narrative practices are also 'political practices'.

In narrative practice we constantly make decisions – decisions like choosing which narrative skill to use, which question to ask, which response to give, which naming words to highlight or suggest. These decisions and practices are often identified as theoretical, practical, and ethical. I suggest we can also identify these decisions and practices as political. Political in the sense they may alter and affect people's status, position, and treatment in society – both in relatively small social groups such as couples and families, and in relatively big social institutions like social groups, communities, businesses, and government and non-government organisations.

Externalising conversations are a common narrative practice we may choose to engage in, and within them, naming problems is an important step. I will now outline a number of stellar narrative therapeutic practices in relation to the naming of the problem, explain why they may also be seen as political practices, and propose them for candidates for election to the illustrious and hallowed but mythical and non-existent PPTHF – the 'Political Practices in Therapy Hall of Fame'.

## Nomination #1: Naming the problem as external to the person – Separating the person from the problem

Narrative therapy is often known by the phrase, 'The problem is the problem, the person is not the problem'. Is this a maxim, a motto, a mantra, a manifesto, or a mix of bits of all of these, or none of the above? Interestingly, this particular phrase in this exact wording cannot be found in the written literature. Close approximations over the years include:

1987:
'In the process of externalizing problems, cultural practices of objectification are utilised against cultural practices of objectification. The problem itself is externalized so that the person is not the problem. Instead, the problem is the problem.' (White, 1987, p. 52)

1988-89:
'Within the context of the practices associated with the externalizing of problems, it is not the person who is the problem. Rather, it is the problem that is the problem.' (White, 1988-1989, p. 64)

2007:
'Externalizing conversations in which the problem becomes the problem, not the person, can be considered counter-practices to those that objectify people's identities.' (White, 2007, p. 26)

David Denborough takes this further:

2012
'Rather than locating problems within individuals, narrative practices locate personal problems in the realms of culture and history' (Denborough, 2012, p. 42).

The problem is named as the problem and placed – at least in language – outside, external to the person. Outside the person, yes, but not necessarily outside the person's body. Pain, illness, physical injury are in the body, but can be understood as outside the person.

Are problems really inside or outside the person? Some people may believe they are inside people. Others may believe they are outside people. Some may not care where they are. All may find externalising a useful way of working. For those who believe problems are outside people, it is not just a way of working but a guiding 'truth' to their work – but like many 'truths' this can't be 'proven'. So in narrative therapy, when siting (or citing) problems as external to a person, externalising can be appreciated as a position to work from, not a statement of truth.

## The person isn't the problem as a radical notion

I once overheard a student say (identity unknown), 'If the problem is the problem, there is no requirement for the person to change'. What! Are you saying narrative therapy is not about people changing? Yes, they can if they wish or prefer, but it is not a requirement. The problem can change, or I guess both problem and person, or neither!

Whether understood as a position or a truth, when externalising the problem emerged at the end of the 1980s, it was a dramatic step. Naming the problem as separate from the person allowed the person and the problem to be seen as two very separate 'entities', two 'creatures', the problem and the person, where previously they were usually seen as one and the same.

This allowed the problem to be scrutinised and studied instead of the person, and allowed for people to take action against the problem instead of against themselves. And, if necessary, it allowed the problem to be blamed instead of the person – or at least for the person to not be blamed or accused any longer for being the problem. This was a dramatic step and a radical theory. A dramatic step yes, but why say it was/is radical to introduce a theory and practice allowing the person to not be blamed? Well, from its inception, these narrative practices of 'non-people-blaming' and 'problem-blaming' and 'no-blaming' were diametrically and contrastingly opposite to the commonplace and pre-existing rival, 'people-blaming'. And 'people-blaming', as Cheryl White reports, it usually meant women- and mother-blaming. [personal communication, Melbourne Australia, date unknown]. (See White, 1984, pp. 150–151 on mother-blaming in the child psychiatry literature of the time.)

Externalising the problem was isolated, lonely and precariously afloat, in a big ocean made of the majority opposing theories – rival theories that said people had to recognise and admit they were a problem as the first step on the royal road to therapeutic recovery and redemption. They had to admit there was something wrong with them. They had to admit their problem nature – that they were flawed, broken, damaged, defective, and so on, and the therapist had to help find these deficits and failings in the person to better help them. Our job then was to help find or confirm what was wrong with people so we could then make them right. Depending on the therapists' model, it could be that they were a problem personality, problem identity, problem sub-conscious, problem family, problem system (of people), and many others. Or, as Gergen (1990, p. 357) said, punning Shakespeare: 'How may I fault thee, let me count the ways ...' In fact, when narrative practitioners first started saying in the late 1980s, 'the problem is the problem, not the person', they were often met with a look or a response like, 'What is wrong with you that you would say that?'.

To be fair though to these other models, their originators and main theorists may not have proposed their models to be about people-blaming in their intent, but that's how their literature often reads, and how it often panned out in practice. One can only hope narrative practice does not go the same way. In the 1980s, people who experienced what I would call the most heavily person-blaming models in practice, rarely said they felt respected. Sadly, some said they felt upset, or even abused or traumatised by it, while those who experienced a narrative approach (though it was yet without that name) usually said they felt refreshingly respected. This is an historical perspective, but from what I hear, it sounds like the situation might far too often be the same today.

## The person isn't the problem as a revolutionary notion

'I think I can trace the two therapies: (1) Therapies of degradation or the "missionary" therapies, and (2) Therapies of re-grading or the "anthropological" therapies.' (Epston, 1983, p. 12)

In the early days, this notion, this position, was not just radical, it was revolutionary. Revolutionary in the sense that it helped to change (or start the change of) the therapy world in a major and startling way. It helped introduce and support the default position that clients were 'honourable' people, and worthy of being treated that way. That it can be assumed they may be doing their best, not their worst. They could be looked up to, not down on. Revolutionary in the sense that it helped a marked alteration in the way people were seen and treated generally by therapy and therapists – towards maintaining, uplifting, upgrading their social status, compared to a previous downgrading of it. It helped therapy overall move more to working with people than working on them or against them. Another way of naming this is that it helped therapy practice move from a more colonial style approach to a more post-colonial style or anti-colonial style approach.[2] 'A work in progress', you might say, and I wish you were wrong but suspect you are right. Hopefully, as this respectful way of relating to people 'infiltrates' the practice of not just therapists, but also team leaders, managers, and policy writers in organisations with narrative training, this type of 'governmental' and political reform in society will expand further.

For this first reason I would nominate externalising the problem for full membership in the PPTHF - the Political Practices in Therapy Hall of Fame.

To offer acknowledgement where acknowledgement is due', narrative was not alone in seeking these changes. It was in the company of other alternate models and theories. It can be good to have friends. The ones I personally most observed in action were feminist and solution-focussed approaches, though there are many others deserving of acknowledgement.

## Nomination #2: Naming and objectifying the problem, not the person

'In the process of externalizing problems, cultural practices of objectification are utilised against cultural practices of objectification.' (White, 1987, p. 17).

'Externalising conversations employ practices of objectification of the problem against cultural practices of objectification of people.' (White, 2007, p. 26)

## Non-objectifying of people

In narrative therapy, we usually take a position against objectifying people, and objectify the problem instead. This can occur within eternalising conversations. Interestingly, if you ask people what externalising conversations are about, many will say 'separating the person from the problem'. That may be the case, but it is often overlooked that externalising conversations have always concurrently and simultaneously (as the two above quotes show) also been about the *non-objectifying of people*. What is meant, exactly, by the term objectification of people? In popular use, it has at least two overlapping meanings. First, it can mean treating and dealing with people as objects instead of as people. Or, second, studying people as the object or focus of study and ignoring or forgetting they are a person. Both can be towards individuals or populations of people (see White 1988/1989, p. 16–18, on objectification of people and Foucault's theories).

At its worst, objectification can be totally de-personifying of people, turning people totally into objects or 'things': '... the objectification or "thingification" of persons' (White, 1993/1995, p. 20/43). How does objectification operate in our field of health and therapy? Within the pantheon of negative ways of looking at people in therapy, sometimes objectifying people means they are understood not as 'a person with a problem', not even a 'person who is a problem', or even a lowly 'failure or negative or spoiled identity'. Sometimes objectifying means they are no longer a person at all, or no longer an identity at all; they are just an object, such as 'the schizophrenia in bed 3'. At its worst, there is nothing left of the person in the discussion; the problem is all.

## Objectifying of problems

Not sitting at all comfortably with this, as narrative practitioners we may decide to assist people objectify *the problem* instead of themselves. Externalising conversations can achieve this. They do this by separating the problem out of the person, so that the problem can replace the person as the object of study and inquiry. We can then pick apart and pick over the problem if we wish. We can continue the externalising conversation and examine the problem for its history, its influences, its effects, its characteristics, and so on, as well as its failings and limits (White, 2007). The problem is now the

'object under the microscope', the problem is now in the 'hot seat'. Other narrative techniques can assist this too, such as a deconstructive enquiry into how the problem was constructed and introduced in history and culture.

If objectifying people is a political practice – that is, a practice of controlling and managing people in society and the state – we can nominate these narrative counter-practices of objectifying the problem as a political practice; for membership, for a guernsey or colours, in the PPTHF – the Political Practices in Therapy Hall of Fame.

## Nomination #3: Naming and characterising the problem

'"Externalizing" is an approach to therapy that encourages persons to objectify, and at times, to personify, the problems that they experience as oppressive.' (White, 1988-1989, p. 3)

In narrative practice, there is another allied practice that can go with this objectifying of the problem. We may not just simply 'objectify' problems; we may go a distinct extra step that exaggerates this further. After identifying an externalised name for the problem, we may then 'characterise' the problem, like a role reversal. Instead of objectifying or de-personifying the person, we personify (characterise) the problem. We talk as if externalised named problems are characterised/personified, as if they have motives, intent, tactics, plans, attitude, and so on – even personality: 'What is anorexia's plan for you?', 'Is "sneaky poo" into trickery?', 'Does your relationship want conflict or does conflict want your relationship?', and 'Is sexism your friend or foe?' (For examples on characterising, see: White 1984 on 'sneaky-poo'; White 2007, p. 10–22 on ADDH; Epston & Maisel, 2000, and Epston, 2008, p. 169–191, on anorexia.)

The externalising conversations exercises of White (2005) and Epston (Epston & Roth, 1998) provide a variant of this, where the problem is played as a character and interviewed.

Three possible complementary steps regarding objectification have so far been identified. One, the stance of refusing to objectify people. Two, the narrative counter approach of objectifying problems. And three, once problems are externalised and named, the distinctive and often colourful practice of personifying/characterising them to assist in their objectification further. Not just a 'cute' way of talking, characterising or personifying the problem can be seen as a counter-practice to objectifying the person. Again, as above, if any practice helping reduce the objectifying of

people is political, then characterising/personifying the problem is a political practice. I proudly nominate it as a third member in the most illustrious and hopefully not too pretentious PPTHF - the Political Practices in Therapy Hall of Fame.

## Nomination #4: Naming by using people's own words

One approach in narrative practice is to privilege the client's own words. For example, in asking questions, we use the clients' own words to coin an (externalised) 'name' of the problem, and ask the client to accept or veto its fit. Sometimes the narrative therapist provides 'feedback' to a client with a spoken 'editorial' or a written therapeutic document which David Epston has advised to contain at least 20% of the clients' own words [personal communication, Melbourne Australia, date unknown]. We recognise how therapeutic the practice of using client's own words can be. One reason is that people's own words often fit best for them. Another reason is that when people hear their own words in a question we ask, they often experience that as helpful, confirming, and validating. But do we recognise using clients' words as a political practice too? There are two age-old political principles helpful to understanding why we may consider privileging client's own words in naming the problem (or unique outcome) to also be a political practice. These two proposed principles, perhaps they can be called human rights, both 'play' on the word 'representation',

First is 'The principle to be represented by your own representatives'. Representatives means one's delegates, such as in the political decision-making processes. To choose, or to at least vote for who is chosen as that person, has been claimed as a basic right.

One example of this claim is article 21(1) of Universal Declaration of Human Rights of the United Nations:

'Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.' www.un.org/en/documents/udhr/

The second perhaps less well-known is 'The principle to be represented by your own representations'. Representation in this case means the names, descriptions and writings that one is known by. For example, the right of women individually and as a group to describe themselves and not have their descriptions or words that name them written (only) by men.

Similarly, the right of people of a community or ethnic group, of an indigenous people, or even a nation as a whole, to name and describe themselves and refute being only known by (often stereotyping and colonising) descriptions from outside others.

Andrea Rhodes-Little, a feminist colleague, first introduced me to this principle and I always remember her saying, 'Never lose control of your representations' (Rhodes-Little, personal communication):

> 'That the common representations of Aboriginal people, or migrants, or women, for example, are fiercely contested by the people they purport to represent is rarely spoken about among those who have contributed most to the densely woven and referential stories of "our" superiority and "their" inferiority.'
>
> (Rhodes-Little, 2000, p. 284)

Thus, using clients' own words to name problems is supporting (within reasonable limits) the post-colonial political style principle that people should be able to speak for themselves, to have what is said about them written/authored by themselves, that their own words stand for them. Hard to get more political than that. So I nominate 'using client's own words', too, as a political practice, for membership in the most ancient and hallowed and by now getting a little overcrowded PPTHF - the Political Practices in Therapy Hall of Fame.

## Summary

'Candidates are many, chosen are few.' (old saying)

The consideration of narrative practices as possibly political requires a consideration of their effects on people's treatment and status in society and culture. I have listed some narrative practices related to naming problems and I have argued that they have positive upgrading effects on the way people are treated not just in therapy sessions, but also in the wider world. Therefore, I consider that these social status-altering narrative practices have a political side to them as well as a therapeutic side. I have subsequently nominated and proposed (even lobbied) for a number of narrative practices associated with externalising and the naming of the problem to be included in any Political Practices in Therapy Hall of Fame.

I hope they win your vote.

# Notes

1    Throughout this paper, when I refer to 'narrative therapy', I mean my understanding of the White/Epston narrative therapy approach.

2    The use of the terms post-colonial and anti-colonial traditionally refer to critiques of the colonising practices of powerful nations against others less powerful. Here I refer to something else inspired by those studies, i.e. critiques of powerful groups within a nation 'colonising' less powerful groups. In this case, therapists 'colonising' clients, e.g. imposing negative identities and expert knowledge. Therefore I preface it with the word 'style'.

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