

# Examining discourse when talking with women

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This paper discusses the ongoing responsibility we have as therapists for opening spaces to examine cultural and social conditions that can easily remain invisible.

The author asks: 'How can I step outside my own ideology and question it', and 'What steps can I take to expand the range of discourses which are brought into therapeutic conversations?'

A postmodern feminist orientation is discussed as a way to examine and explore the dominant discourses which are powerfully shaping of identity. Through the story of Rosanna's life we see how these explorations are linked with re-authoring conversations.

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re-authoring conversations.

A significant aspect of my therapeutic work involves working with women and children whose experience of themselves is strongly shaped by the discourses of modern western culture. In talking with these women and children, I regularly hear stories of the effects of practices of power, authority and privilege over others. Tremendous changes brought about by feminist family therapists over the last twenty–thirty years have paved the way for an examination of dominant constructions of family, identity and women's place within the world of therapy, however, there is still a lot of work to do. It requires constant vigilance to notice how specific practices of living are tied to history and culture. It requires constant energy to create space for the women and children who consult me to identify how broader discourses contribute to their experience and the descriptions they provide of their identities.

In this paper I would like to discuss some of the ways I go about examining and exploring the social and cultural discourses, that are so powerfully shaping of life. I am referring here to the notion that the stories of our lives fit within wider social and cultural discourses and that an examination of these discourses is a key component of narrative therapy and the re-authoring process. My particular interest is in how examining broader aspects of cultural and social discourses contributes to the co-creation of alternative stories.

Before I go any further, perhaps I should clarify here what I'm referring to by 'discourse'. There are many useful ways of describing discourse. I particularly like a definition by Vivienne Burr (1995):

*A discourse refers to a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events. It refers to a particular picture that is painted of an event, a particular way of representing it or them in a certain light. Each discourse claims to say what the object really is, that is, claims to be the truth. (p.48)*

This definition highlights for me two key themes. Firstly, it emphasises that particular versions of events get produced, or represented, or painted in a certain light. And secondly, that in this production of particular versions of events there is a likely claim to truth. These ideas have profound implications for a person's sense of identity and hence the re-authoring process.

When a person comes to consult me about a particular negative conclusion they may have about their identity, I become very interested in what may have contributed to the construction of this particular version of

reality; why it has acquired truth status. Invariably, this process leads to the articulation and questioning of discourses.

Much has been written about the purposes of commenting explicitly on the social and cultural discourses which impact on person's lives. I have found Rachel Hare-Mustin's paper: 'Discourses in the Mirrored Room – a post modern Analysis of Therapy' (1994), particularly helpful. During counselling, I often evoke for myself the image of the mirrored room:

*... what shimmers and bounces off the mirrored walls of the therapy room are reflections of dominant discourses that are as pervasive as the air we breathe. They can blind us to the marginalized discourses in the world beyond the mirrored room. (p.33)*

Rachel Hare-Mustin's paper highlighted for me a number of critical tasks involved in working as a therapist:

- To hold an awareness that dominant discourses support and reflect the prevailing ideologies in society and these ideas are very often reflected in the stories people have of their lives.
- To acknowledge that this taken-for-granted cultural framework serves as a set of power relations.
- To be on the look-out for beliefs that have come to be regarded as 'natural' only because they 'reflect the most powerful interest groups in society'.
- To find ways to ask questions of so-called 'natural beliefs' or certainties that make visible the discourses that have created them.

In this short paper I want to discuss some ways these ideas have assisted me to develop practices which foster an inquiry, examination, deconstruction or commentary on the social, cultural and historical aspects of life that profoundly influence the lives of people who consult with us.

Before proceeding I would like to say there are a range of philosophical and theoretical ideas that support such an inquiry. Although it is not in the scope of this paper to draw these out, I would like to comment that a postmodern feminist orientation supports the practices that I try to use by:

1. replacing the concept of a single truth with multiple realities;
2. recognising the presence of power in the formation of knowledge;

3. subsequently centering marginalised voices; and
4. acknowledging the construction of self as an ongoing process through the continual development of narratives of identity.

I want to acknowledge here the significant contribution made by feminist therapists (Avis 1998; Elliott 1998; Hare-Mustin 1991; Laird 1989; Moreton-Robinson 2000; Sands & Nuccio 1992) and by Michael White and David Epston (White 1988/89, 1997; Epston & White 1990) who have translated postmodern positions and brought these into the practices of narrative therapy.

What I am trying to do in my practice is to develop skills to open spaces for a range of discourses to enter conversations I am part of, and to develop awareness of the effects of these discourses. There are some dilemmas for me in this process as the lens through which I hear and see is influenced by the stories of my life experience as a white, straight woman who was born into class privilege. I want to be very clear here that I do not necessarily know the experience of others and that I have a lot of work to do, especially when the experiences of those consulting me are very different.

How can I step outside my own ideology and question it? What steps can I take to expand the range of discourses which enter the conversations I am part of, so that those who are marginalised by race, gender, class, sexuality, ability, spirituality, and so on, are not further oppressed in what gets included or excluded in our discussions?

It may sound odd but it is this position of not knowing and realising I have work to do that I find most helpful in getting started. I start from a position of assuming I do not know about the particular versions of events that have shaped people's descriptions of their lives, and this requires me to create spaces to find out, to inquire, to investigate, to examine.

## ROSANNA'S STORY

I would like now to tell you about Rosanna and to thank her for the contribution her life makes to this presentation today and for her permission to share some of her work with you. Rosanna is 55 years old, a white Australian woman, who has been meeting with me as part of the work she is doing to re-author her life. When Rosanna sought out consultation it was due to what she described in poetic terms:

*A no name Pain keeps on speaking  
For a listener it is seeking.*

In our discussions and in her poetry, Rosanna also described 'no name panic' and 'no name shame'.

What could be some of the cultural and social conditions that have resulted in a 55 year old woman describing her life in these ways?

Rosanna also spoke of 'secret feelings, silenced and aborted'. What were some of the cultural and social contexts which created these feelings that led to their silencing? And perhaps most importantly, what have been the social and cultural contexts that have enabled Rosanna to maintain some sense of connection to these feelings, and to still be seeking out a listener all these years later?

What unfolded in our conversations were answers to these questions. Some of the key cultural and social phenomena which were articulated in our therapy conversations included:

- how the secrecy of incest is located within the privacy of family relationships;
- how the language of incest obscures the abuse of power that lies at the heart of sexual violation of children;
- how patriarchal family structures invest in fathers' authority over their children;
- the effects of some psychoanalytic discourses in relation to children's so-called 'fantasies' and 'unfulfilled desires';
- the difficulty experienced by children in naming unwanted acts, especially when these may be accompanied with affection, treats or threats;
- the ways in which women and children are not being believed to be as credible as men;
- the effects of a male sex drive discourse which denies men responsibilities for their desires and their actions;
- the effects of certain cultural practices that eroticise children, infantilise children and privilege adults; and
- the effects of certain cultural practices that encourage naturalistic accounts of identity that internalise problem descriptions and that ignore or minimise how social context influences people's understandings of themselves.

As I listened to Rosanna, it was clear to me that the discourses mentioned here had been so effective that she had been left alone to find her way through not only the experience of child sexual abuse, but also throughout the experience of not being believed by her family when she disclosed the abuse.

These are the broader social factors that shaped Rosanna's understanding of her life that have made it possible for her to experience an ongoing 'no name pain, shame and panic'.

I want to explore now what steps we took to begin an inquiry into and re-authoring of the stories Rosanna held about her life and identity.

## A PROCESS OF RE-AUTHORING

I had been meeting with Rosanna for sometime when she rang to speak to me one day. As it was unusual for Rosanna to ring me I was pleased to take her call. Rosanna was crying and extremely distressed and she said: 'I feel so sad around my neck'.

I found this description quite startling. I had never thought of a neck feeling sad. I decided to let Rosanna know this and to ask her if she would be willing for us to explore this some more. I discovered that during childhood Rosanna had many body aches and pains that at one stage required hospitalisation because she was 'screaming in pain'. Rosanna said that these aches and pains were put down to a number of things including growing pains, falling off her bike, and as a result of a broken leg when she fell out of a tree.

Rosanna had put up with extensive physical pain throughout many areas of her body for many years. She remembered noticing physical pain when she was in high school and described that there was not any apparent reason for the pain she remembers. Thirty years later, in response to my inquiry about the site of ongoing physical pain, Rosanna passes her hands over areas of her body including her neck, between her shoulder blades, across her ribcage, around her jaw and down one side of her leg. Some of the pains are sharp and shooting like the pain in her shoulders, some pain is like a sickly pain and others she describes as tight tension. Rosanna remembers that, at times, the pain has been horrific and that she has screamed out in response to it.

In earlier sessions, we had spoken about some of the effects of sexual abuse and the discourses that support it. In this conversation, Rosanna stated that she was now very sure that the ongoing physical pain that she endures is an expression of the fear and shame, hate and rejection that she has endured as a result of years of childhood sexual abuse. The pain she declared is due to 'years and years of holding tight and tension'.

Perhaps too, where Rosanna's experience had been so silenced and disbelieved, this pain and Rosanna's expression of it was, in some ways, a resistance to silence.

Here are some of the questions I used to begin to examine the meaning of the physical pain described by Rosanna and at the same time to question the legitimacy of the dominant discourses I mentioned earlier.

### *Exploration One: Sadness speaking and what values this represents*

1. Could you tell me a bit more about the sadness around your neck ... Do you have any ideas about what that sadness may be an expression of?
2. What might the sadness say about what may have happened around your neck?
3. If your neck could speak, do you have any ideas what it may want to say?
4. Do you have any idea about the circumstances which resulted in your neck doing this kind of speaking?
5. What do you think about those kinds of circumstances where you and many other children have been silenced?
6. What do you think that says about what is important to you?

### *Exploration Two: Examining others' explanations*

1. Could you say some more about the idea that the pain you felt was due to an accident of some kind?
2. Do you think the meanings attributed to the bodily pain you experienced served any particular purpose?
3. Is it likely that anyone would be advantaged or disadvantaged by the explanations given to times when you screamed out in pain?
4. Did the explanations provided by your parents or the medical explanations fit your ideas about the pains you experienced?
5. In what ways might these explanations of others have influenced your sense of knowing what was happening to you?
6. Thinking back, could you say something about how this sense of confusion might have influenced your sense of yourself?
7. Would you say that particular relationships developed in response to these events?
8. Who do you think had the most say or upper-hand in these relationships?
9. What kind of effects is this likely to have on children who are in the care of adults?

10. Does this have you thinking anything about what matters to you about relationships between adults and children?

These questions enabled an exploration of many taken-for-granted ideas and opened space for Rosanna to begin to review some of the powerful and significant factors that had shaped her identity, but which had up until now remained obscured. These included discourses such as 'adults know best'.

## REFLECTIONS

There is much more to say about this continual and ongoing responsibility we have as therapists for opening spaces to examine cultural and social conditions that can easily remain invisible. I have shared with you some steps I take to pay attention to the most marginalised perspectives by:

- listening carefully and asking myself what discourses are likely to be shaping of the identity conclusions persons have reached about themselves;
- using questions to begin to examine and articulate those discourses;
- exposing and naming the forms of power that are present in the stories that people have about themselves;
- connecting people with the hopes and preferences they have for their own life.

Re-authoring conversations can involve placing the problems that people are experiencing into story-lines, with a history and explanation. With this done, and with the broader discourses that have contributed to the problem examined, there is then room for reclamation.

## REFERENCES

- Avis, J. M. 1998: 'Deepening Awareness: A Private Study Guide to Feminism and Family Therapy.' *Journal of Psychotherapy and the Family* 3(4):15-46.
- Burr, V. 1995: *An Introduction to Social Constructionism*. Routledge.
- Elliott, H. 1998: 'En-Gendering Distinctions. Postmodernism, Feminism and Narrative Therapy'. In Madigan, S. & Law, I. (eds) 1998: *Praxis: Situating discourse, feminism & politics in narrative therapies*. Vancouver: Yaletown Family Therapy.
- Epston, D. & White, M. 1990: 'Consulting your consultants: The documentation of alternative knowledges'. *Dulwich Centre Newsletter*, No. 4. Reprinted in Epston, D. & White, M. 1992: *Experience, Contradiction, Narrative & Imagination: Selected papers of David Epston and Michael White 1989 -1991*. Adelaide: Dulwich Centre Publications.
- Hare-Mustin, R. 1994: 'Discourses in the Mirrored Room – a post modern Analysis of Therapy'. *Journal of Family Process* March, 33:19-35.
- Hare-Mustin, R. 1991: 'Sex, Lies and Headaches: The Problem is Power'. In Goodrich, T.J.(ed): *Women and Power: Perspectives for Therapy*. New York: W.W.Norton.
- Laird, J. 1989: 'Women and stories: Re-storying women's self constructions'. In McGoldrich, M., Anderson, C. & Walsh, F. (eds): *Women in Families*. New York: W.W. Norton.
- Moreton-Robinson, A. 2000: *Talkin up to the white woman. Indigenous women and feminism*. Brisbane: University of Queensland Press.
- Sands, R. & Nuccio, K. 1992: 'Postmodern feminist theory and social work'. *Social Work*, Nov., 37(6):489.
- White, M. 1988/89: 'The externalising of the problem and the re-authoring of lives and relationships'. *Dulwich Centre Newsletter*, Summer.
- White, M. 1997: *Narratives of Therapists' Lives*. Adelaide: Dulwich Centre Publications.



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