

Beyond psychological truth
Deconstructing western deficit-oriented psychology and the co-construction of alternative psychologies in narrative practice

by Chris Wever

Chris has loved and continued to explore narrative ideas and practices since the early 90's. She was a co-founder of The Narrative Centre in Hobart, Tasmania www.thenarrativecentre.com.au in 1998 and still works there as a narrative therapist, teacher and supervisor. Chris can be contacted at chrisw.57@hotmail.com.

Abstract

This paper explores the temporary and intentional centring of the ideas that inform narrative therapy as part of therapeutic practice. Chris describes the usefulness of exposing, in the therapeutic context, the presence and operations of dominant, western, individualising psychological constructs that so often disqualify and pathologise lives. Conversations that remove the truth status of white western psychology can make space for the co-construction of alternative, more relational psychologies. Chris describes conversational therapeutic practices that include scaffolding questions with the political, psychological and philosophical ideas that underpin those lines of enquiry. Her intention is that people leave the therapy not only with re-authored lives and identities but also with preferred psychologies for how they might think about their own and others' lives and identities in the future.

Key words: psychological truth, individualism and relational being, folk psychology, decolonising practice, scaffolding questions

Acknowledgements

These practices and this paper are the result of a collective effort. My thanks to the people who have generously trusted me with the stories of their lives and their therapy, and to the folk who support me with their love, suggestions, editing and belief in my work.

Dedication

Luke was a young man whose older brother had suicided – his response to rape in prison. After years of grief and pain that permeated his family life, Luke was diagnosed at the age of 15 years with a borderline personality disorder. He spent the next six years secretly researching this disorder to understand its potential impact upon his future. Sometime later I tried to make available the space for Luke to see how western psychological ideas had impacted on the diagnosis, the workers who diagnosed him, the findings of his research and on his sense of future. Luke took his young life two years after I had worked with him, convinced he would never be 'normal'. This story has haunted me with its layers of injustices, its portrayal of a young life captured by a web of psychological ideas and their powerful effects, and its revelation of the insidious power of psychological discourse that renders trauma and injustice invisible and locates the gaze instead on the 'dysfunctions' of the individual. My commitment to expose and question this normalising power, this phenomenon of western psychology, continues to grow in honour of this young man's life. His photograph sits in my counselling room and urges me further into overt and transparent relational practice.

> Maybe the target nowadays is not to discover what we are, but to refuse what we are …We have to promote new forms of subjectivity through the refusal of this kind of subjectivity which has been imposed on us for several centuries. (Foucault, 1983, p. 216)

Introduction

I am a woman, daughter, twin sister, mother, grandmother, partner, narrative therapist, dog lover, fisherwoman, and many other things! I have worked on a daily basis with the stories of people's lives since I first encountered Michael White and narrative practices in 1993. Since that time I have engaged in over 10,000 narrative conversations, and it is my profound belief that the problem stories that shape people's realities can be re-authored, and that these new stories can have a transformative impact upon people's lives and identities. I have always been deeply interested in the ideas that underpin narrative practice, and share them often with people in and beyond the counselling room, hence the practices described in this paper.

Exposing and developing alternatives to dominant western psychology in the therapeutic context

In recent months I have been exploring a particular set of practices that have been evolving in my practice over the past several years. I have long been interested in the ideas that might be called a folk psychology (White, 2001) or a relational psychology (Gergen, 1994; 2009a; 2009b), and an ethic that has always informed my practice has been transparency. Over the years I have incorporated into my practice an overt and transparent sharing of ideas and concepts from the alternative psychologies that underpin narrative work, contrasting these with the more individualising and pathologising constructs of dominant western psychology.

This has resulted in some wonderful conversations in my counselling room about ideas such as Foucault's 'universal reign of the normative' (1977, p. 304), Kenneth Gergen's relational psychology (2009a; 2009b), Barbara Myerhoff's thinking on life memberships (Myerhoff, 1982; White, 1997), and the co-construction of more specific folk psychologies, ways of thinking about selves and lives, that can assist in the construction of people's preferred ways of being.

These conversations have produced some thrilling moments where it seems to me that people are unleashed from the restraints imposed by the policing of their own and others' lives. This has involved me sharing, in everyday words, often complex narrative ideas and social constructionist concepts, discussing these with people, and experiencing their relief and real interest in relation to these new/old/naïve ways of relating to their lives. I almost always find these conversations open new spaces for the re-storying of lives and identities, and the re-shaping of people's personal psychologies.

In therapeutic practice, narrative ideas are not usually overtly spoken or taught – they inform practice that decentres the therapist and theories, and centres people's lived experience and local, often subjugated knowledges (White & Epston, 1990). Practices of sharing these ideas require a temporary and intentional stepping beyond the strictly decentred therapeutic position to find a position which momentarily centres the ideas behind the therapy, while still holding the person's lived experience and preferred ways of being at the centre of the conversation. This fluid positional movement creates the space for making the ideas that inform the therapy more available to people, and for the co-construction of more relational psychological ideas that can assist people in the general meaning-making of their lives. People can leave the therapy not only with new/old stories about their lives and identities, but with an alternative set of frameworks for understanding their own and others' lives and identities in the future.

My hope is that this work can assist the people with whom I work and other practitioners to refuse being positioned as the 'unwitting accomplice … of modern power' (White, 2011, p. 43) and to consider an alternative ethic that might 'underscore the phenomena of a relational self rather than the phenomena of the encapsulated self that is the vogue of contemporary Western culture' (White, 2011, p. 40).

The idea: more relational psychologies assist people to live preferred lives

This work is my response to the idea that rendering visible the ever-present deficit discourses of traditional western psychology, thus making space for the co-construction of alternative more relational constructs, assists people in the therapeutic context – and also beyond it – to live their lives in preferred ways.

A poignant illustration of this occurred in my work with a young woman who was labouring under the weight of physical exhaustion, chronic pain, fear of leaving the home, a sense of powerlessness and inadequacy, and diagnoses of major depression and anxiety. We had explored together the many factors that had contributed to these destructive impacts upon her young life – factors that included caring for her mentally distressed and physically ill parents from her early childhood, through adolescence and into her young adulthood and present living. Over some weeks we had co-authored storylines of her loyalty and courage, her refusals to be governed by that loyalty, the depth of her commitment and love, and her ability to step out beyond it all. Despite the solid re-authoring work, and her many tears, the heaviness and the emotional turmoil hovered, at times in powerful and debilitating ways. There came the day when she asked me to accompany her to her psychiatrist.

We sat together in the room, three caring people, wanting to assist this young woman to live her life. We both saw a young woman who had faithfully taken the caring role and huge responsibilities over almost all her young life. We both saw the huge impact of this on her everyday living. We both saw the strength of spirit, nurtured by loving grandparents, that had seen her through a childhood of repeated trauma. I saw and wanted to respect her long-held dream to be able to begin a teaching degree at the local university – a dream which she had shared with me over long months of talking and planning, and that would require her to attend classes in the near future. The psychiatrist saw chronic, clinical and debilitating major depression, and wanted to admit her into a psychiatric ward for a prolonged stay of several months. This young woman sat in the room facing two very different pathways forward.

In the several weeks following, we spoke together about the very different sets of ideas informing her work with the psychiatrist and with me. We discussed together the dominant idea of the self as an individual, encapsulated being which can be damaged and flawed by internal dysfunction, and we contrasted this with the idea of the fluid, relational self which is ever-changing in relationship with life, the concept that people can be seen as taking intentional steps in life, trying to get where they want to go. We explored how dominant ideas invite people to look across their lives to identify how the psychological deficits have disabled their capacity, and we contrasted this with the idea that people can look across their lives to identify how they have journeyed through different situations, the valued life principles that have informed the journey, and the challenges they have addressed in partnership with others.

This young woman made a difficult and brave decision against admission into the psychiatric ward, and instead worked intensely to embrace very different stories of who she was that would assist her to pursue her dream. With great commitment and fortitude, she enrolled and gained her teaching degree and is now in professional work.

The political context: the operations and constant presence of dominant western psychology in the counselling room

This work might be described as a somewhat passionate endeavour to intentionally and transparently expose, question and look beyond the colonising workings of white western psychology and its invitations into 'the policing of … lives' (White, 1995, p44).

> The judges of normality are present everywhere. We are in the society of the teacher-judge, the doctor-judge, the educator-judge, the 'social worker'-judge; it is on them that the universal reign of the normative is based; and each individual, wherever he may find himself, subjects to it his body, his gestures, his behaviour, his aptitudes, his achievements. The carceral network …with its systems of insertion, distribution, surveillance, observation, has been the greatest support, in modern society, of the normalising power. (Foucault, 1977, p. 304)

I have long been interested in the operations of modern power and the professional perpetuation of psychological norms and yardsticks to which all people must aspire, and to which people must subjugate their more preferred ways of being.

> I think …one … has to take into account not only techniques of domination but also techniques of the self … the points where the technologies of domination of individuals over one another have recourse to processes by which the individual acts upon himself. And conversely … take into account the points where the techniques of the self are integrated into structures of coercion or domination. (Foucault, 1983, p. 203)

Individualism and deficit discourse are written throughout dominant western psychology and psychiatry with powerful influence throughout institutional, cultural and political and personal contexts (Gergen, 1994; Madigan, 2012). Psychology with its essentialism and 'scientific' status is integral to the professional helping disciplines of medicine, law, education and social work, and underpins dominant evidence-based and institutionally approved professional counselling interventions (Gergen, 1994; Strong, 2012). Public media in Australia is flooded with popular psychology. Dominant psychological understandings have become central in fields as diverse as sport and the creative arts. As a result, these psychological constructs have acquired a truth status in ordinary people's lives.

> At this time, in the culture in which I live, individualism is the dominant hegemonic philosophic position that influences how we come to know ourselves as persons … it is rarely critiqued. (Madigan, 2012, p. 29)

Psychological constructs formalise and give truth status to narratives of personal inadequacy, failure and dysfunction with diagnoses that invisibilise vast tracts of people's lives (Gergen, 1994; Madigan, 2012; White, 1995, 2007; White & Epston, 1990). People subject themselves to:

> … technologies of the self, which permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thought, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality (Foucault, 1988, p18).

People generally arrive to the therapeutic context expecting such things as closure, scientifically proven psychological strategies, and advice and knowledge that have emanated from scientific research. But mental illness, crime, and so on, are not:

> … there in nature … They are cultural constructions, but constructions that are so deeply embedded in the history of the culture that they are taken to be 'really there' – independent of anyone's perspective (Gergen, 2009a, pp. 58–59).

From a social constructionist perspective, constructs such as 'enmeshment', 'co-dependence' and 'borderline personality' are socially constructed realities, psychological constructs, and traditions of science and individualism that operate to discount and render problematic more relational ways of being (Gergen 1994, 2009a, 2009b; Gergen & Gergen, 2004).

> What knowledges are privileged in a particular process of naming, and what knowledges are rendered irrelevant or are disqualified in this process? Who is qualified to speak and to name, and under what circumstances is it acceptable for them to do so? What relational practices and techniques of power are associated with acts of naming, of diagnosing, and what are the real effects, on people's lives, of these practices and techniques? (White, 1995, p. 119)

It is incredibly difficult for most people to question the scientific truth or the effects of psychological discourse since 'scientific accounts enter society as truths beyond tradition, beyond value, beyond question' (Gergen, 2009b, p. 21). 'Scientific psychology, more than any other discipline of ordered enquiry, has accepted the challenge of rendering valid and reliable accounts of individual mental processes' (Gergen, 1994, pp. 248–249). Social institutions such as education, law, economics, sport and religion regularly use and perpetuate these psychological 'truths'.

> To take account of the peregrinations of psychological science in the present century is to peer into the inner sanctum of cultural justification. It is to enter the Fort Knox of individualism and essay our condition of wealth. (Gergen, 1994, p. 5)

The conversations that these ideas have generated in my therapeutic work, position both myself and the person with whom I am working as 'poetic activists' (Gergen, 2009b, p. 12) participating in constructing the future here and now in conversation.

Michael White and the politics of truth

In a paper titled 'Narrative therapy and post-structuralism', Michael White (1997) explored the modernist idea that there is a 'real, true self' that can be identified and re-claimed when a person's life is freed from the effects of repressive forces. This idea purports that therapy should be concerned with the identification and removal of the contextual factors, stories or psychological symptoms that repress the 'true self', and that the resultant emancipation will free individuals to discover 'who they really are'. This kind of structuralism renders invisible the beliefs and prescriptions that define this 'true self' – proper personhood, healthy identity and ethical living are largely unquestioned and can be reclaimed or uncovered with sufficient therapeutic expertise and objectivity.

Western psychological discourse operates in league with this structuralist narrative in the therapeutic context: its constructs and diagnoses are accorded truth status (there is only one psychology after all) and are understood as the driving forces that inhibit people from authentic being. This powerful western discourse operates to centre the therapist's knowledges and psychology's prescriptions for authentic being, and invisibilises the theories upon which this psychology is founded. The alternative therapeutic practices discussed in this paper remove the truth status of western psychology and centre instead, in the therapeutic context, the ideas that are foundational to narrative practice – ideas that might enable people to leave the therapy not only with a different relationship to problems and preferred stories but also with a co-constructed, preferred psychology which can inform their meaning-making and their lives for the future.

A related theme that permeates Michael White's writing and the development of narrative practice is:

> … the spectacular success of clinical medicine in the objectification of persons and of their bodies, and the extent to which the pathologising of persons is the most common and taken-for-granted practice in the mental health/welfare disciplines, and the central and most major achievement of the psychologies … there now exists a simply fantastic number of opportunities that are available to mental health professionals for the pathologising of people's lives (1995, p. 112).

Michael White writes that the operations of modern power can be seen in dominant psychological promises of personal wellbeing:

> I think that all theories of health and normality are somewhat problematic because, regardless of their origins, they all wind up specifying lives and relationships, and all are entered into, albeit mostly inadvertently, in the service of subjugation (1995, p. 139).

At a 1997 University of Tasmania seminar, Michael White spoke of alternative possibilities for relating with ourselves and our lives by 'resisting wholeness, escaping vulnerability, stepping away from properness, avoiding self-actualisation'. Alternative psychological ideas invite different ways of looking at people and experience that are non-specifying of how people should achieve personhood or live their lives. Concepts such as relational being, identities that are fluid, and people taking steps in life that are informed by their intentions, cultural worlds and collaboration with others can be understood as antidotes to the individualism of dominant psychology. These constructs can make spaces available where people can celebrate their failures to measure up, their resistances, their protests and their lost knowledges of life and identity.

The overt sharing of these alternative constructs in the therapeutic context develops a practice that was woven through Michael White's work: he regularly scaffolded an enquiry by explaining the thinking that was foundational to the enquiry. Revealing the ideas that inform the therapy:

> … makes it less likely that people will experience being imposed upon in therapy … opens many possibilities for dialogue and for the consideration of alternative views and opinions ... challenges the idea, popular in some circles, that for therapy to work it is important that persons do not know what it is that the therapist is up to (White, 1995, p. 69).

The effects of psychological truth

Foundational to these practices is the belief that dominant western psychological constructs that are individualist and pathologising require people to discipline and police their lives (Foucault, 1977, 1988; Madigan, 2012; Strong, 2012; White, 1990, 1995, 2011). I see the effects of such power relations every day in my counselling room where Western individualist psychological discourses are almost always present, defining truth, detailing deficits and dysfunctions, secretly, silently doing their work, muttering failure, deficiency and inadequacy. People diagnose themselves and each other without really

noticing. Vast realms of people's lives are invisibilised. There is the woman who loathes herself and sees a life of shame-filled failure, who cannot see her years of heroic survival. Her infrequent and brave assertions that 'I was doing my best' are mostly inaudible, silenced by 'truth'. There is the man who describes hopelessness, inadequacy and depression, and doesn't consider relevant his journey through years of abuses and homophobia, the mockery of his very being. His occasional brief protests that life has been too hard, too unjust, don't stand up to the certainty of his shortcomings. The child who is regularly persecuted at home and acts out at school is diagnosed with an attention deficit disorder, and the problem is officially now the child. The woman who faithfully loves and organises her family's world through years of her husband's dependence on drugs and alcohol is told she is co-dependent – the problem becomes the nature of her loving. A young woman determined to walk again after the amputation of a limb is told she is 'in denial' – the strength of her conviction held against her, turned into a psychological deficit. The older man who insists on setting a table place for his wife who died some years ago is told he has 'unresolved grief' – the depth of his love and commitment turned into something psychologically problematic.

Refusing psychological truth and decolonising practices and ideas

> Decolonisation … involves … using various strategies to liberate the 'captive mind' from oppressive conditions that continue to silence and marginalise … it is a process that involves 'researching back' to question how the disciplines – psychology, education … have described and theorised about the colonised Other. (Chilisa, 2012, pp. 12–13)

Mainstream western psychology conceptualises people as individual beings who are driven by their internal dysfunctions. Alternative psychological ideas sometimes called folk or naïve psychologies are less complex, suggesting that people can be seen as *taking steps* in life, with the intention of getting where they want to go. Taking steps and being driven by dysfunctions are two very different ways of seeing how people operate. Seeing people as driven by their dysfunctions means that the power is put in the hands of the problem, the deficit or the dysfunction (and the professionals who assess and treat it), and the person is conceptualised as largely passive

'People are driven by their dysfunctions'.

What is wrong with me?

'People take steps in life trying to get where they want to go.'

How have I made my way through life's difficulties?

and powerless. In contrast, seeing people as taking steps that are informed by their intentions means that the person who is taking those steps is seen as having some say over their lives, assisted by the many significant others who journey with them, or who have helped form what they hold dear and the hopes and dreams that inform the directions they prefer to take in life. People are conceptualised as relational beings, shaped and re-shaped in their relationships and experiences of life.

How we look at people will have some influence on what we see. If we see ourselves as taking steps in life, then that has us looking for what it is that we want for our lives, the preferred steps we have managed to take, the people who have accompanied us, the life principles that have informed these steps and the folk who share them with us, the nature of the obstacles that have gotten in the way, and how we have tried to move around them. This can be a very rich way to look at ourselves and others.

These are some of the ideas that might be called a naïve or a folk psychology (White, 2004) that are foundational to narrative therapy and these particular practices.

The practices: the co-construction of more relational psychologies

There are many practices that help build the moments in the therapeutic context when ideas of western psychology are exposed and contrasted with alternative ideas, and more relational psychologies are co-constructed. The intention is that the therapy will offer people ways to re-shape the psychological ideas that inform the authoring of the narratives that define and shape their being. I often find myself making these ideas visible by transparently and excitedly contrasting ideas of individualism with relational being, singular with collaborative responsibility, diagnosis with skills and life knowledges, dysfunction with protest, survival and resistance. I find that these conversations begin to more and more overtly deconstruct the pathologising individualism of popular western psychology, making space for exploring concepts of fluid, changing selves, the shaping of lives through story, governance and refusal, liminal spaces and associations of self – constructs that can form alternative psychologies.

Deconstructing psychological truth and co-constructing alternative psychologies in everyday practice

This work is built around the snippets of conversation in my therapeutic work that render visible the constant presence and influence of individualising western psychological constructs, and that make the philosophy and the politics that inform narrative therapy, the ideas that inform the questions, more available to people. There are many different ways and reasons I make particular invitations into different theoretical areas.

Mark: We are all supposed to be experiencing everything and being happy all the time

I am finding that people who are trapped in that invisible yet inescapable web of self-evaluation can be fascinated, for example, with Foucauldian concepts such as how panoptic power – the gaze – works in people's everyday lives, how people are lured into measuring themselves against invisible yardsticks that usually have no relevance to their preferred life directions, and how people are pathologised and the politics of their circumstances invisibilised (Foucault, 1977). There have been many moments in many therapeutic conversations where I have witnessed people's relief, sometimes excitement, and the hope that is engendered by such conversations.

Mark is a musician with a young family who describes a powerful and debilitating anxiety disorder that has always accompanied his life and is having severe effects on his family, his music and his work. We are externalising and contextualising this anxiety when Mark looks at me and says:

Mark: Why is it that all my friends are seeing psychologists and have anxiety and depression?

We talk about Mark's question for a while, exploring together some of the broader societal contexts that give life to related phenomena that can be called anxiety. With the intention of temporarily centring the ideas underpinning this conversation, and to assist further exploration into the political context of anxiety, I say:

Chris: I have some ideas about your question if you are interested … This fellow called Foucault had this idea that we are all governed to some extent by this invisible thing he calls modern power. He distinguishes this from traditional structural power which is visible – we can all see how Centrelink, government departments and institutions direct our lives with their rules and regulations. He reckons that this other kind of power, modern power, is more invisible but has us all constantly measuring ourselves against yardsticks, benchmarks or standards that usually have nothing to do with where we want to head. So we find ourselves constantly trying to measure up, to be psychologically whole, independent enough, properly self-articulated, and for heavens' sake not co-dependent, but in the western world also to have good enough health, bodies, wealth, success, achievements, careers, etc, etc. And we all secretly know we're inadequate. Then we get left with the experience of failure, self-doubt, worry, and fear. And then we get told we have an internal psychological disorder.

Often unaware of the constant evaluation of the gaze, we subject ourselves to relentless self-evaluation – the benchmarks are arbitrary and invisible.

These words are spoken more in conversation than monologue, but by this stage Mark has sat up in his chair, excited and energised. He LOVES this!!! Here is a young man almost jumping from his seat wanting to take a stand against the 'isolating visibility' (Foucault, 1980b, p. 147) of psychology's operations in his life. We talk together about the ways he may have become a 'guardian of himself', evaluating himself according to external norms, a 'docile body' subject to subtle and invisible mechanisms of social control (Foucault, 1977).

We can look for the themes of governance and refusal in all our lives.

Mark: And I would add happiness to that list of norms. We are all supposed to be experiencing everything and being happy all the time – and that's made more powerful by social media where you see your peers either skydiving, climbing mountains, having wild parties … or huddled in corners, crying because they're not happy. You don't see the normal ups and downs of life where people just manage what comes their way.

We discuss together how some aspects of what gets called anxiety can be understood as a problem of western affluent lives where we all have so much, and where invisible but

powerful messages prescribe that we should have it all and that there is something wrong with us if we don't. We talk further about Foucault's ideas of governance and refusal.

These snippets of conversation have Mark really enthusiastic about identifying his refusals. He gleefully goes looking for the aspects of his living that defy properness, the alternative values handed down in his family, his grandfather's teachings, and the friends he has chosen to do his music with. And as we talk there is a sense of community growing.

When I ask Mark what has stood out for him in the therapy, he says how helpful was that fellow Foucault in debunking the idea that anxiety is something that exists within, a deficit within himself. When Mark responds later to reading the document I am writing about these ideas, he talks about 'its message about accepted western psychology being all about finding your imperfections' and how he plans to stop doing this in his life.

Jeremy: The idea that people change … it's a freeing thing

Jeremy and I have externalised painful, painful stories of grief, abandonment, abuse, and the loss of identity through the effects over decades of closed adoption processes, which culminated in huge decisions about whether to delve into decades old, bureaucratically locked up, secret stories of his life. Jeremy has grieved for many years the identity that was denied him, has measured himself constantly against his idea of the kind of person he should have been, and feels stuck in a frozen identity of loss and what might have been. Wanting to create some gentle space that might enable him to re-shape his thinking, I share with him the alternative psychological idea that we are not fixed beings, that life changes us, that identities are shaped in the relationships of our lives, that identities migrate over time.

> *Life changes us. We live six months of life and we are different at the end of it. We live two weeks of life and we are different at the end of that.*

Jeremy: I found that a really good idea we talked about … that who you are now is not fixed. You can be a different person in six months' time.

Chris: Why is that? What makes that idea good for you?

Jeremy: It means it's okay. It's all right. It's okay to change … the idea that people change. Crisis changes you. You make different choices … it's a freeing thing, rather than 'this is who I am' and having to be stuck in that and always feeling inadequate.

I have found that some people become extremely interested in conversations that begin with the suggestion that the ideas of traditional western psychology are very different to the folk psychologies of many indigenous cultures, and that they are different also to the ideas we often find ourselves using in the management of our everyday lives. If, for example, a person is experiencing herself mired in a flawed identity, essentially damaged by abuse or trauma, we might expose together the dominant psychological idea that a person's identity, their 'true self', stays largely fixed throughout their lives. The conversation might further explore the imposed pressure to be whole, 'emotionally healthy' and 'congruent'. Sometimes I might say something like:

> I wonder how much sense this makes, since who we are and who we can be are so connected with how people see us. If we use different psychological ideas, that we are always changing, we can celebrate that we are able to be different in different places of our lives. Some people find hope in the idea that we are continually being re-shaped, that people and experiences help to shape us, and this re-shaping can be seen as a process that continues on all through our lives. This means that we can see ourselves as a project, an achievement, almost like a work of art that is always evolving. And we can help each other create the work of art that is each of us. What do you think about these ideas?

I am finding that people's responses to such conversation-starters are most often enthusiastic, and that these alternative ideas invariably assist in the re-authoring work – people relate to the re-authoring of their lives with more solid conviction. And people come up with wonderful expressions to re-describe what is meaningful to them.

Margaret: I'm changing who I want to be influencing my identity

Some time ago Margaret disclosed to her family the sexual abuse by her grandfather that permeated her growing years, wanting to make herself more visible in her family's eyes, and break the silence that had informed their judgements of her over years. There followed profound pain for Margaret, and many moments in which she experienced more of the isolation and labelling of her growing up. The old family story that Margaret 'has bi-polar disorder' was revived. Margaret, after pain-filled exploration, expresses to me her preference

We can take steps towards being the kind of person we want to be.

to get on with her life by moving around these recent events, by forgiving where she is able, and by getting space from her parents and grandfather by not seeing them or talking in any intimate way with them over the next few months. Nonetheless, the family story of her depressive disposition is still at work, worrying her about her ability to make worthwhile, grounded decisions. We talk together about migrations of identity, about Margaret's sense of where she is headed, what she likes about herself at the moment, how she wants to be looking at herself in this part of her life, and who are the people in her life who see her in these ways.

Chris: You sound like you're saying that if you see yourself as not whole, but fluid; not flawed, but just changing all the time; then maybe you don't have to work so hard at being authentic. And that it's more important at the moment for you to look at how you get authenticated.

Margaret: Oh yes. That pretty much sums up what I'm doing at the moment. I'm changing who I want to be influencing my identity.

Margaret and I go on to celebrate these words and what they signify – new ways of being for her and, as well, a new way of looking at how she is living her life.

Theresa: There doesn't have to be something wrong with me

Theresa says that years of childhood sexual and physical abuse were the precursor to more recent years of horrific violence and child protection intervention that have contributed to a fear and sense of insecurity in her intimate relationships: 'I've never been able to stick up for myself'. She says she is depressed, sleeping through the days and hiding away from her life. She sees she has a problem with constant comfort eating and gets very angry very quickly. We talk about how Theresa is struggling under the weight of the many things she sees are wrong with her. It seems that Theresa is not able to really notice the other descriptions of herself that are there in her stories and our work – years of escapes, her determination not to allow violence in her home, refusing sexual abuse, the depth of her love for her children, and attending parenting courses wanting things to be better. Wanting to open a space where these alternative stories might shine a little brighter, I share with Theresa that I believe there are lots of ways of looking at lives.

Chris: We can see ourselves as being driven by what's wrong with us, or as people taking steps in life, trying to get to places where we want to be. This second way of looking at ourselves is not about what's wrong with us. It's about where we are headed, what we hope for in our lives, and what kinds of dreams and beliefs are shining their light upon our particular pathway. And where these hopes and dreams have come from. And what kinds of factors have got in the way. And how we try to get around them. What's your thinking as I share these ideas?

Theresa has leaned forward as I have been talking.

Theresa: I really like the sound of that.

Chris: What is it that you like the sound of?

Theresa: That there doesn't have to be something wrong with me.

Later I ask Theresa what stood out for her from our talking:

Theresa: Me being assertive and getting away – I've never thought of it like that before. I've always seen me as letting those men back in.

I am interested that this discussion of alternative ways of looking at her life seems to have offered Theresa a place to stand and a perspective that the externalising and re-authoring work thus far has not.

I ask Theresa if it might be useful to name these two different ways of looking at her life. She names 'the negative way of looking at things', and 'the positive way of looking at things'. We list what she sees from each perspective.

What do you see with the negative way of looking at your life?	***What do you see with the positive way of looking at your life?***
sadness	an awesome mum
loneliness	I'm in control of my own life now
someone controlling me all the time	understanding myself more
powerlessness	asking for help more now
I'm a bad mum	that I WAS assertive in the abuse
I don't know how to take praise	that I had the power in me
	I still managed to be happy and smiling
	I still managed to trust and I can still trust now
	I'm starting to take praise

Referring back to the ideas we had shared earlier, I say to Theresa:

Chris: So this is not about which of these lists is true. It's about which one is more useful for you. Which list is that?

Theresa puts significant thought into her answer.

Theresa: The positive one.

Chris: What makes you say that?

Theresa: Because this one will help me deal with life and situations a lot easier.

Mary: It's like I've got more control than I thought

There are times when dominant psychological ideas have pre-defined what must be 'dealt with' in therapy and, I think, actively undermine re-authoring conversations.

Mary tells me she has come to counselling wanting to talk about her concern that she is 'not coping very well', that this is impacting on her professional work, and has the potential to become a deeper depression. She tells me of the recent deaths of her two beloved grandmothers. We share a lovely re-membering conversation through which Mary welcomes these significant and loving women into the circle of folk who whisper their love and encouragement to her in the ordinary living of life. During our next meeting we are externalising the effects of the vicious sexual assault perpetrated upon her some years earlier. Through the tears and the pain Mary speaks of the violation of both her body and her sense of control and agency in her life. We are authoring how Mary forged her way through the event and its aftermath, and what steps she took then and has taken since, and what were the intentional states shining their light upon this pathway. Mary is engaged and interested in this work, but I see a hesitation, a questioning of the worth of these narratives in the light of her current issues and their impact on her work ability. I want to make a greater space for these stories, a space unpolluted by myriad psychological discourses of the damage caused by violent trauma, a space where the voices of Mary's grandmothers might be afforded a greater say on matters of her identity.

The story we tell about an experience is not the experience. It's the story we tell about it. There are many stories we can tell about every experience.

Chris: Mary, there are some powerful psychological stories and theories about how trauma affects people's lives. These theories usually respect the stories of what was done to a woman, but they don't look at how that woman responded – how she survived, what steps she took to get away. The professional theories usually focus on the negative effects of sexual assault, but they neglect the many ways that that woman has managed those effects - it's like another whole set of stories that are just ignored or made invisible. There are two themes here – what was done to you, and how you made your way through that event and its aftermath. And I'm wondering which set of narratives might be most useful for you now in the living of your everyday life?

This exposing of the ideas that are informing my questions gives them a significance that the questions alone do not have. Mary thinks about them with a growing commitment to the usefulness of the story she is creating.

It's not about which story is true. It's about which story is more useful.

Mary: I haven't thought of it like this before … this is really helpful … It's like I've got more control than I thought – it didn't take it all from me.

Mary has a very different energy for these alternative narratives as we continue to story the myriad ways that she made her way through the assault and the ensuing years, forging an identity that is far away from the powerless, depressed and damaged victim of assault. I feel us quietly joined by two caring and concerned grandmothers who, when invited, offer their encouraging words and thoughts to their granddaughter. Mary assures me she will continue to consult these women, particularly on matters of her ability to step beyond powerlessness and depression.

Carol: I love the idea that she is part of me, part of my club of life

Of all the theoretical areas I render transparent in my work, one of the most warmly received is Barbara Myerhoff's 'club of life' metaphor (Myerhoff, 1982, 1986; White, 1997, 2007): an easily shared alternative to the 'true', encapsulated self of individualist psychological discourse.

> The people are unfinished: they continue to grow and change and therefore have a future. (Myerhoff, 1986, p. 280)

People almost always warm to the idea of conceiving themselves as a club that can be re-membered; an association of figures that is fluid, and changing, and where concepts such as relational being, relational understanding and collective responsibility invite new possibilities for thinking about life and self and other. I find that re-membering conversations are almost always enhanced, given extra weight, when they are accompanied by an explanation of the ideas that underpin them.

Carol is grieving her friend, Julie, who died several years ago. Carol has undergone many long journeys in her life, including childhood abuse and overcoming a habit of excessive alcohol use in previous years, but she is finding herself labouring hard over the loss of her dear friend. Thinking to begin a re-membering conversation, I ask about the years of friendship that have lingered long after her friend's death.

Chris: What are some of your memories together?

Carol: Years of friendship on a daily basis. We shared everything. And the cooking days! We'd have 20 kilos of tomatoes, then the cherry sorting, making the jams, the cooking days, the parties, the cook ups, the coffees, we were the inaugural members of the over-catering club!

We speak for some time of these precious stories, the memories of special times together.

Chris: What difference do you think Julie made to your life? What difference did Julie's friendship make to who you were able to be?

Carol: She gave me love, acceptance, unconditional caring, no matter what state I was in.

Chris: Those words are words you have used before to describe your journey of sobriety - did Julie's love help you become the person who could take that journey? Did she have something to do with you being able to take that journey?

Carol: I've never thought that before. I think that's true in so many ways.

Chris: How did your relationship influence Julie's life?

Carol: Oh we did it all together. The cooking. The innovating. The new ideas. The love of cooking, my harebrained schemes, the new cook books …

Chris: How do you think this friendship, with all the food and the sharing and the love, might have affected who Julie could be?

Carol proceeds to tell a story of Julie's self-focussed partner, who spent big dollars on himself, yet allowed Julie's home to slowly become old and shabby. Later on I initiate further exploration into how this friendship impacted upon who these women were able to become.

Chris: And given her husband's ways of being, what do you think the friendship with you meant to Julie?

Carol: I think it meant she had someone who would love her unconditionally too. It meant there was someone who put her first. When her grandmother left her some money I made sure she got herself a new kitchen.

Wanting to give this conversation some deeper significance, some greater weight, and wanting also to offer Carol the opportunity to embrace the beautiful ideas behind these questions, I decide to share them with her more overtly.

Chris: Would you like to know why I've been asking you these questions? They are from a particular way of seeing grief, not the saying goodbye type of thinking, but a 'saying hello' kind of thinking. It's like we've been bringing Julie into this room in the stories and the memories and in how you have both influenced who the other could be – does it feel like this to you? And we're talking about the ways you keep Julie alive through your living. There are so many different religious and other beliefs about the idea of an afterlife: one idea is that people live on in the lives of those they've loved. Does this work for you? This is a way of seeing people not as individuals where we're told we have to be fully functioning on our own, but more that each person can be seen as a club. And if we are a club of life, then that begs the question of who is in our club, who needs to be brought back in, and who should be shown the door. So we've been bringing Julie back in close, into your club, like we're embracing her back into your life.

Through this description, Carol puts her hand over her heart and her face lights up.

'We can assist people to re-evaluate whose voices they listen to on matters of their identity.'
Michael White

Carol: This today has been just so important for me. To be able to hold her close, talk about her, and now keep her close. I love the idea that she is part of me, part of my club of life … this will make so much difference to all of my life.

These ideas, expressed overtly, have the effect of making Julie's presence even more real, as well as offering Carol an alternative way of thinking about life, death, and ongoing identity. Several months later Carol rings me to say:

Carol: I've just now baked Julie's chocolate cake recipe. Now it doesn't feel like she's gone. It feels like she's here with me all the time.

My intentions and the potential impact of these therapeutic practices

There are many therapeutic reasons why I decide to temporarily shift my position, expose the ideas and politics of dominant psychology, and make space for the co-construction of alternative psychologies, more relational ways of thinking about people and lives.

Sometimes I decide to scaffold an enquiry with the ideas that inform that enquiry as a prelude to asking the questions. This might be intended to:

- give the question some extra weight by sharing interesting ideas that support the question
- invite a real commitment to, or fascination with, the stories we might explore before we explore them
- debunk the powerful presence and influence of psychological discourse and its truths that might be disqualifying this area of enquiry
- give presence to previously neglected landscapes of experience that have been denied credibility thus far
- carve out a space for enquiry by using theory to create a mystery and inciting people's curiosity and interest

Sometimes I offer these alternative ideas in conversation as my response to specific externalisation or re-authoring work that is well underway. This might be intended to:

- thicken an emerging alternative preferred storyline by connecting it with existing alternative theoretical ideas – after all, we are countering hefty dominant discourse in western psychology!!
- offer further validity to an evolving alternative way of experiencing self or the world

Sometimes I suggest to people that I would like to share some ideas and then ask them a question that emanates from those ideas. This can pique people's curiosity in how the theory might apply to their specific lives. Other times I might initiate an enquiry and be met with people's non-interest or not knowing. In such instances, scaffolding the question with the theory behind the question can render the enquiry intriguing and interesting. Either way, my micro-intentions are almost always to:

- externalise and contextualise the question or area of enquiry, locating it in theory
- facilitate a different relationship with the question or the area of enquiry
- offer people the chance to think further, to extend their view across the potential landscapes of their lives

Other more macro-intentions of these practices are to:

- help people look beyond the 'truths' they or others hold of their lives and identities
- assist people to take a stand in relation to self-evaluation and the pathologising of the self
- further an externalisation by exposing the psychological ideas that give the problem substance
- make space beyond individualism and spoiled identity thinking for more relational work including club of life, relational identity, migration of identity
- assist a person to leave the therapy with a more relational psychological framework that is about people's steps, intentions, their connection with others, and the restraints they have managed on the way

I am finding that these practices also invite people away from the isolation of individual experience. These ideas connect people into a more collective, communal experience – connecting their life to others, and to theory and ideas that exist beyond their own lives.

Decolonising practice and ethics: my passion, position and privilege, and people seeing things my way

In this work I am uncomfortably aware that:

> We have a triangle: power, right and truth …There can be no possible exercise of power without a certain economy of discourses of truth …We are subjected to the

> production of truth through power and we cannot exercise power except through the production of truth (Foucault, 1980a, p. 93).

I am a white, working, middle-class, able-bodied, heterosexual and professionally-knowledged woman passionate about the usefulness of a particular set of ideas. So I take it as given that I am blinded to some of the effects of my passion, social situation and knowledges. Also, I am introducing and temporarily centring ideas and discourses that may be unfamiliar to the person at the centre of the work. There is real risk that my intention to work with decolonising ideas and practices might further colonise where I have not created sufficient space for people to disagree with me.

> Power is a set of relations … shaping behaviour through certain means … if I use my age, my social position, the knowledge I may have about this or that, to make you behave in some particular way – that is to say I'm not forcing you at all and I'm leaving you completely free – that's when I begin to exercise power. (Foucault in Bess, 1980, p. 2)

Scaffolding the therapeutic enquiry with the thinking behind the enquiry, and externalising and looking beyond psychological 'truths' and their operations on people's lives, fits, for me, with an ethic of transparency and a refusal of professional claims to truth. This work has become, for me, an ethical political stance. Nonetheless, I want to be accountable for how I exercise my power to the people who most feel the effects of that power.

Georgia has searched for years for professional help for her daughter, Amy, and in the process has been diagnosed as attachment disordered, told she is obstructive, enmeshed, and that she has raised an 'entitled' child. 'I did what every mother would do and tried to find her help. But it hurt her, not helped her. Now she won't accept help. She's got the message there's something wrong with her. I don't think there's something wrong with her'. Wanting to invite her to consider some alternative ideas that might counter the effects of years of diagnosis and pathologising of both herself and her daughter, and the self-blame that has been constructed, I work hard to invite Georgia into the more relational constructs of a folk psychology. Georgia is excited, visibly relieved, and our conversation is joyous. Then:

Georgia: But this latest diagnosis might be helpful for Amy.

This is a powerful and important moment for me. I hear Georgia's 'but' – as though she has to argue her position with me, and I hear the desperation in the statement, the uncertainty. I wonder if Georgia is captured again by western psychological truth, then catch myself: it is too easy to say that Georgia has been colonised into 'a captive mind' (Chilisa, 2012, p. 91) and that dominant psychology wins again – this does not allow for the possibility that Georgia might prefer the offerings of western psychology and its evidence-based strategic interventions for her daughter.

How have I assisted the creation of this moment? Have I not been careful enough, asked sufficiently into Georgia's perspective on these alternative ideas? Have I too starkly juxtaposed white psychology with folk psychology? Have I created a new truth, a new dominant discourse, a new gaze in this room, where there are new right ways to think and anything else is wrong? Have I made sufficient space for Georgia to disagree with me and my passion?

How to respond in this moment? This woman's preferred directions have been founded upon promises from dominant psychological ideas of wholeness, dysfunction and the usefulness of diagnostic practices and treatment. How do I remain respectful of these hitherto 'preferred ways', while opening space for other discursive approaches, and without undermining Georgia's efforts and her hopes?

This moment incorporates some of the ethical dilemmas inherent in consciously stepping away from the decentred position, privileging ideas that have the effect of contradicting in some way the position of the person I am working with – even in the interests of decolonising practice.

I am reminded again that the ideas which underpin this project and my work are just ideas, not truths, and that respecting the position of the person with whom I am working is vital, as is the constant enquiring into the effects of particular ideas and practices, inviting the person to evaluate those effects and justify their evaluation (White, 2007). This project is intended to:

> … subvert taken-for-granted realities and practices; those so-called 'truths' that are split off from the conditions and the context of their production, those disembodied ways of speaking that hide their biases and prejudices, and those familiar practices of self and of relationship that are subjugating of people's lives (White, 1992, p. 121).

Yet this moment reminds me that I work from privileged positions and that 'any ethical system can become coercive and self-deluding' (Welch, 2000, p. 18). This moment invites me to look for the assumptions of truth I bring with me – especially those around individualism and relational being. The moment invites me to better defy the white, colonising 'will to truth … which governs our will to know' (Foucault, 1981, p. 54). I reconnect with my commitment to:

- consciously hold my preferred wisdoms without imposing them on others
- render transparent the ideas informing the work to limit my colonisation of others
- consistently and continuously ask about the effects of conversations and practices on the way through
- consciously look for how power is being operationalised in each moment
- externalise the moment when I become aware of any normalising power in operation

In the end, this moment invites both of us into further territory that does not particularly belong to either discourse. Wanting to externalise the moment, I ask Georgia about her remark and a busy conversation ensues in which I expose the over-enthusiasm for these alternative psychological ideas that can blind me to the effects of my passion and close down space for people to disagree with me. We talk more about Georgia's hopes for her daughter, the steps she has taken and with what intentions, and how she managed the many factors that got in the way. We overtly discuss together the idea of not pathologising this mother's steps, or her relationship with her daughter, instead just acknowledging the effort, love and intentionality.

I share with Georgia that this is how a folk psychology works: where people are seen to be not driven by their dysfunctions, but taking steps in life to get where they want to go. We talk together about some Foucauldian ideas of governance and refusal, and we explore Georgia's metaphor of herself swimming upriver and how hard and brave and lonely is the experience. Georgia comes to embrace an idea of herself as 'not fitting in', adding that: 'My daughter also will not be a sycophant'. She later sends her daughter sailing in the Southern Hebrides with friends for six months!

I asked Georgia her thoughts about what had been useful from our work together. She responded:

> … these ideas make me cry because I'm being soft and caring and listening to myself instead of being hard and seeing what I did wrong. I'm looking at my reactions to the situations as steps I'm taking rather than mistakes I've made.

Epilogue

Teaching in the International Training Program at the Dulwich Centre, Adelaide in November 2007, not long before his death, and speaking of narrative practice and its relationship to the vast and significant shifts in political and social philosophy in recent decades, Michael White expressed:

> This is a relatively modest venture. I am just considering the implications of post-structuralism for therapy … wanting to bring the implications of this shift of critical philosophies into psychology.

It is my hope that the work described in this paper continues this tradition in some small way.

References

Bess, M. (1980). Power, Moral Values, and the Intellectual: An interview with Michel Foucault. *History of the Present*, Spring, 1988, No 4, pp. 1, 11–13.

Chilisa, B. (2012). *Indigenous research methodologies*. New York, NY: SAGE Publications, Inc.

Foucault, M. (1977). *Discipline and punish: The birth of the prison*. New York, NY: Vintage Books.

Foucault, M. (1980a). Two Lectures. In C. Gordon (Ed.), *Power/knowledge: selected interviews and other writings, 1972–1977* (pp. 78–108) Brighton: Harvester Press.

Foucault, M. (1980b). The Eye of Power. In C. Gordon (Ed.), *Power/knowledge: Selected interviews and other writings, 1972–1977* (C. Gordon, Ed.; C. Gordon, L. Marshall, J. Mepham, K. Soper, Trans.) (pp. 146–165). Brighton: Harvester Press.

Foucault, M. (1981). The Order of Discourse. In Young, R. Untying the text – a post-structuralist reader. Boston, USA. Routledge & Kegan Press, pp 48 – 78.

Foucault, M. (1983). The Subject and Power. In H. L. Dreyfus & P. Rabinow, *Michel Foucault, beyond structuralism and hermeneutics* (pp. 208–226). Chicago, IL: University of Chicago Press.

Foucault, M. (1988). Technologies of the self. In L. Martin, H. Gutman & P. Hutton (Eds.), *Technologies of the self*. Amherst, MA: University of Massachusetts Press.

Gergen, K. (1994). *Realities and relationships: Soundings in social construction.* Cambridge, MA: Harvard University Press.

Gergen, K. (2009a). *An invitation to social construction* (2nd Edition. First published 1999). London, UK: SAGE Publications Ltd.

Gergen, K. (2009b). *Relational being: Beyond self and community*. New York, NY: Oxford University Press, Inc.

Gergen, K. & Gergen M. (2004). *Social construction: Entering the dialogue*. Ohio: Taos Institute Publications.

Madigan, S. (2012). Anti-individualist Narrative Practice: Listening to the echoes of cultural histories. *International Journal of Narrative Therapy and Community Work*, (1), 27–34.

Myerhoff, B. (1982). Life History among the Elderly: Performance, visibility and re-membering. In J. Ruby (Ed.), *Reflective perspectives in anthropology* (chapter 3). Philadelphia, PA: University of Pennsylvania Press.

Myerhoff,B. (1986). Life Not Death in Venice. In V. Turner and E. Bruner (Eds.), *The anthropology of experience* (chapter 11). Illinois: Chicago University Press.

Strong, T. (2012). Talking About the DSM-V. *International Journal of Narrative Therapy & Community Work, 2*, 54–64.

Welch, S. (2000). *A feminist ethic of risk (Revised Edition)*. Minneapolis: Fortress Press.

White, M. (1992). Deconstruction and Therapy. In D. Epston & M. White (Eds.), *Experience, contradiction, narrative and imagination* (pp. 109–151). Adelaide, Australia: Dulwich Centre Publications.

White, M. (1995). *Re-authoring lives: Interviews and essays*. Adelaide, Australia: Dulwich Centre Publications.

White, M. (1997). *Narratives of therapists' lives*. Adelaide, Australia: Dulwich Centre Publications.

White, M. (2001). Folk Psychology and Narrative Practice. *International Journal of Narrative Therapy and Community Work,* 2, 1–37.

White. M. (2004). *Narrative practice and exotic lives: Resurrecting diversity in everyday life*. Adelaide, Australia: Dulwich Centre Publications.

White, M. (2007). *Maps of narrative practice*. New York: W. W. Norton.

White, M. (2011). *Narrative practice: Continuing the conversations*. New York, NY: W. W. Norton.

White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: W. W. Norton.

Dear Reader

This paper was originally published by Dulwich Centre Publications, a small independent publishing house based in Adelaide Australia.

You can do us a big favour by respecting the copyright of this article and any article or publication of ours.

The article you have read is copyright © Dulwich Centre Publications Except as permitted under the Australian Copyright Act 1968, no part of this article may be reproduced, stored in a retrieval system, communicated, or transmitted in any form or by any means without prior permission.

All enquiries should be made to the copyright owner at:
Dulwich Centre Publications, Hutt St PO Box 7192, Adelaide, SA, Australia, 5000
Email: dcp@dulwichcentre.com.au

Thank you! We really appreciate it.

You can find out more about us at:
www.dulwichcentre.com

You can find a range of on-line resources at:
www.narrativetherapyonline.com

You can find more of our publications at:
www.narrativetherapylibrary.com