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## **Foucauldian Influences in Narrative Therapy: an Approach for Schools**

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### **Introduction**

It may be that one of the defining characteristics of European approaches to the development of narrative-informed counselling and psychotherapy is that being philosophically grounded represents an alternative to the pragmatic, empiricist, instrumental therapies and health-care systems that have come to dominate the global psychotherapy scene in recent years (McLeod, 2000a p 333).

In this paper I explore the impact of the work of Michel Foucault on 'narrative therapy' as initially developed in Australasia by Michael White and David Epston<sup>1</sup> (1989, 1990). European strands of narrative-informed therapy are by no means alone in being informed by philosophy. Narrative therapy is part of the 'narrative' turn that occurred as part of a broader movement within philosophy, the humanities and the social sciences – the linguistic turn (Rorty 1967) – which promised agreement among philosophers by shifting discussion to the meta-level to study the language of representation rather than the referents or objects themselves. The turn to narrative, while part of the wider linguistic turn, can also be seen as a response to the formalism and scientific pretensions of structuralism by what we might loosely term 'poststructuralist' thinkers (Onega & Landa 1996). The importance of language and meaning to counselling, as exemplified by structuralist and poststructuralist modes of thought, is profound and had been largely unexplored by counsellors until narrative therapy emerged. On this account, it is held that language not only affects how we frame our notions of the 'self' and 'identity', but also how counsellors deal with people and their sense of meaning of the world they live in. Since the late 1980s, various strands of narrative-informed therapy have developed in Australasia, USA and Europe, along with a burgeoning literature (see for example White & Epston 1989 1990; Parry & Doan 1994; Freedman & Combs 1996; Smith & Nylund 1997; Monk et al 1997; McLeod 1997; Winslade & Monk 1999; Payne 2000; Speedy 2000). The pioneering form of narrative therapy as formulated by White and Epston owes much to several poststructuralist theorists and to earlier Foucauldian themes. These are briefly examined in first section of this paper.

In his early work, Foucault displayed his professional interest in psychology and psychopathology in his writing about madness and psychiatry in *Madness and Civilization* (Foucault 1965). Schools appear only indirectly in his work, being used to illustrate the notions of power/knowledge, techniques of domination and disciplinary blocks and practices in his work on the prisons in *Discipline and Punish* (Foucault 1977). He comments more explicitly about schools in some of his interviews (see Foucault 1980a 1989). Because little of Foucault's work was written explicitly about education or schools and none about school counselling, his critique of these areas needs to be constructed from what is implicit. Nevertheless, Foucault highlights that by using his notions of problematising the present, archaeology, genealogy, governmentality, the self and the operation of power/knowledge, one could question the discourse of discipline, institutions and their practices. Foucault (1984a) suggests that the real political task facing our society is to criticise the working of institutions, especially those institutions that appear to be both neutral and independent.

Narrative therapy takes up the Foucauldian critique of the assumed neutrality of education and school counselling - institutions that often seem unaware of their power/knowledge relationships (see Marshall 1996). As the opening quotation indicates, narrative therapy challenges humanism and the dominant discourses in the 'psy' sciences such as psychology, psychotherapy and counselling by examining questions of self, cultural contexts, power and the way power relations help to shape, legitimise and constitute personal narratives (McLeod 2000a; Rose 1989 1998). Narrative therapy's challenge to psychological discourse and humanist counselling becomes the focus of the second section of this paper.

Although it was initially developed for family therapy, narrative therapy's promise of providing a way of addressing power and ethical issues through harnessing the metaphor of narrative saw it being applied in other areas. In the 1990s, some school counsellors began to use narrative therapy in New Zealand secondary schools, most of which have at least one school counsellor who deals with student's personal issues. Narrative therapy not only presents a new form of counselling that is applicable to school counselling, but also provides a different way of dealing with students in the wider school environment. It can be enabling, empowering and educative in the way it models a different way of addressing power-sharing in relationships and so can positively influence the whole climate of a school. The paper concludes by outlining how narrative therapy can and in fact has been applied in some schools.

### **Poststructuralist and Foucauldian themes in narrative therapy**

The Dulwich Centre, Adelaide, founded by Michael White, describes narrative therapy as being premised:

... on the idea that the lives and the relationships of persons are shaped by: the knowledges and stories that communities of persons negotiate and engage in to give meaning to their experiences: and certain practices of self and of relationship that make up ways of life associated with these knowledges and stories. A narrative

therapy assists persons to resolve problems by: enabling them to separate their lives and relationships from those knowledges and stories that they judge to be impoverishing; assisting them to challenge the ways of life that they find subjugating; and, encouraging persons to re-author their own lives according to alternative and preferred stories of identity, and according to preferred ways of life. Narrative therapy has particular links with Family Therapy and those therapies which have a common ethos of respect for the client, and an acknowledgement of the importance of context, interaction, and the social construction of meaning (<http://www.massey.ac.nz/~Alock/virtual/narrativ.htm>).

White states that ‘the tradition, thought and practice that has informed its [narrative therapy’s] development – that is, the tradition of poststructuralist thought’ (White 1997, p 217). White (1997) firmly rejects the structuralist notions of permanent deep structures such as human nature and the unconscious that are alleged to have universal application amidst surface or superficial cultural differences and the associated structuralist metaphors of ‘surface and depth’. White now tends to use ‘thin and rich’ as metaphors for experience (see Geertz 1983, for discussion of Ryle’s notions of ‘thin and thick’). The dominant poststructuralist thinker that has influenced narrative therapy has been Michel Foucault and to a lesser extent, Jacques Derrida. But what is significant is that rather than being derived from traditional therapy sources in the psychological oriented discourses, this new form of counselling emerged from the study of a group of social science theorists. These include: the family therapist David Epston; the anthropologist Gregory Bateson; the ethnographer Edward Bruner; the psychologist Jerome Bruner; the philosopher Jacques Derrida; the social constructionist Kenneth Gergen; the anthropologist Clifford Geertz; the sociologist Erving Goffman; the anthropologist Barbara Myerhoff (Payne 2000; White 1989 1997; Winslade & Monk 1999). In evolving from a synthesis of these diverse influences, narrative therapy can be considered to be a postmodern, poststructuralist form of therapy positioned within the social constructionist domain of social psychology (Gergen 1991 2001; Payne 2000; White 1995 1997 2000).

White and Epston point out that while the ‘text analogy provides a frame for consideration of the broader socio-political context of person’s lives and relationships’ it is Foucault’s analysis of power/knowledge that provides some details of the socio-political context (White & Epston 1990, p 27). The following paragraphs briefly review some of the diverse influences on narrative therapy before addressing Foucault’s influence.

In narrative therapy the understanding of text analogy is based on a combination of Gergen and Gergen’s (1984) notions about ‘storying’ or ‘self-narrative’ and on Bruner’s (1986a 1986b) idea that the interpretation of current events is as much future-shaped in terms of endings, as it is past-determined in having a beginning. Bateson’s (1972 1980) ‘interpretive method’ where interpretation is about objective reality is important for narrative therapy. This notion of interpretation argues that ‘since we cannot know objective reality, all knowing requires an act of interpretation’ that is determined by how things fit ‘into the known pattern of events’ (White & Epston 1990, p 2). That is, the interpretation of events depends on the context in which they are received and events that cannot be located in a context cannot be selected and so would not exist or we would not

note them as facts. Narrative therapy uses this form of interpretation to help people see both dominant stories and alternative stories that in turn help to 're-author' their stories and to clarify what choices they may have and wish to make (Winslade & Monk 1999). White and Epston argue that because stories are relatively indeterminant and are constitutive in shaping people's lives and relationships they are open to interpretation and multiple meanings. There is room for ambiguity and a range of diverse perspectives (Bruner 1986).

Jacques Derrida's (1982) notion of 'deconstruction' is harnessed to externalise the dominant 'problem-saturated' descriptions or stories of a person's life, to listen for spaces, gaps, hidden meanings or conflicting stories and to explore or map the influence that problems have in a person's life. For narrative therapy, deconstruction involves the application of social constructionist ideas that enable us to become more aware of the different ways of life and thought that shape our existence. Our self-narratives, dominant cultural knowledges about self and relationships and our discursive cultural practices become known through:

...procedures that subvert taken-for-granted realities and practices; those so-called 'truths' that are split off from the conditions and context of their production, those disembodied ways of speaking that hide their bases and prejudices, and those familiar practices of self and relationship that are subjugating of person's lives (White 1995, p 122).

Separating the problem-saturated descriptions from the habitual reading of the dominant story enables people to identify what Goffman (1961) called 'unique outcomes'. People 'experience a sense of personal agency' and 'a capacity to intervene in their own lives and relationships' to construct alternatives that re-author, re-construct or re-narrativise their lives (White & Epston 1990, p 16). Personal agency and the survival of alternative stories is enhanced by 'inviting persons to be an audience to their own performance of these alternative stories' (ie simultaneously a performer and an audience). This might involve using 'therapeutic documents' and by enlisting feedback from how an 'external' audience has experienced the new performance and stories of identity (see Payne 2000; White & Epston 1990; White 2000). The context of reflexivity that such processes engender enables clients to re-discover and engage new choices in their lives.

The broad concept of language underlying narrative therapy is indebted to Ludwig Wittgenstein for whom meaning is not just *found* in the world; people make and give meaning to what they encounter. For him, language is part of a culture; it is based on public criteria or rules (agreements in practice), and these rules cannot be learnt explicitly, as they are the products of deep cultural agreement that forms the background against which sentences make sense (Wittgenstein 1953). In other words, we become socialised into a language and cultural system and we cannot just assign any meaning to language, as we see fit, as a radical constructionist viewpoint might argue. White and Epston argue that people's problems are produced in social, cultural and political contexts that serve as the basis for life stories that people construct and tell about themselves so that the meaning that people attribute to events determines their behaviour (White & Epston 1990). Meaning is produced through language and its context, and the way that language is used to convey

thoughts, emotions and histories. Meaning is not something that is given and then applied in a context. The way that narrative therapy explores meaning and finds alternative stories that can open up new possibilities for clients positions it within the constructionist psychology domain, in opposition to many systems and biologically based psychological theories that assume that some underlying structure or dysfunction determines behaviour.

So just how Foucauldian is narrative therapy? In discussing notions of power, White and Epston argue that these have been 'much overlooked in the therapy literature generally, and in the benign view that we frequently take of our own practices' (White & Epston 1990, p 18). Analyses of power in therapy literature, 'have traditionally represented it in individual terms, such as a biological phenomenon that affects the individual psyche or as individual pathology that is the inevitable outcome of early traumatic personal experiences, or in Marxist terms as a class phenomenon' (White & Epston 1990, pp 18-19). It was Feminist discourse that alerted many therapists to issues of abuse, exploitation and oppression in a gender-specific and repressive analysis of power. But therapy has not considered the more general problematics of power - both its repressive and constitutive aspects and the operation of power/knowledge (Foucault 1980a 1980b).

In establishing narrative therapy, White and Epston (1990) used texts from what McNay (1992) would describe as Foucault's middle years that focussed on notions of genealogy: *Madness and Civilization* (1965); *The Birth of the Clinic* (1973); *Discipline and Punish* (1977); *The History of Sexuality*, Vol I (1978); *Power/Knowledge: Selected Interviews and Other Writings* (1980); 'The subject and power' (1982); 'Space, knowledge and power' (1984b) and 'Nietzsche, genealogy, history' (1984c). Insofar as this early version of narrative therapy was developed prior to the publication of Foucault's later works, White & Epston (1990) at this stage, were not able to fully explore Foucault's later notions of power/knowledge and ethical self constitution (Foucault 1997). But in subsequent writings, White has pursued Foucault's work more closely and sought to integrate it into narrative therapy (see White 1995 1997 2000).

Foucault's earlier archaeological orientation fails to adequately explain 'agency' and his earlier analysis of power was developed more fully later on with a return to the Kantian subject and to notions of human freedom and the ways in which we ethically constitute or regulate ourselves (Foucault 1985 1990 1997). The 1990 formulation of narrative therapy outlines Foucault's understanding that power is not only repressive or negative, but also 'positive', not in the sense of being good or benign or something to aspire to, but in the sense of being constitutive in the shaping of peoples' lives and ideas:

According to Foucault, a primary effect of this power through 'truth' and 'truth' through power is the specification of a form of individuality that is, in turn, a 'vehicle' of power. Rather than proposing that this form of power represses, Foucault argues that it subjugates. It forges persons as 'docile bodies' and conscripts them into activities that support the proliferation of 'global' and 'unitary' knowledges and, as well, the techniques of power (White & Epston 1990, p 20).

White and Epston (1989 1990) point out that for Foucault 'truth' did not mean objective or intrinsic facts about the nature of people, rather that in constructing ideas that are ascribed the status of 'truths', they become 'normalising' in the way they shape and constitute people's lives. They discuss Foucault's notions of the inseparability of 'power/knowledge' and how the 'truths' of traditional notions of knowledge positioned one form of knowledge in ascendancy over another. They also explore his notions about techniques that recruit the individual into actively participating in their own subjugation as 'docile bodies' and how we live in a society where evaluative and normalising judgements form an omnipresent, objectifying 'gaze' that is now the primary mechanism of social control, rather than the judicial forms and torture of the past (see Foucault 1977).

In doing so, they focus on four features: orientation in therapy; separating from the unitary knowledges; challenging the techniques of power; resurrecting the subjugated knowledges. 'Orientation in therapy', means an orientation that challenges the 'scientism' of the human sciences and how therapeutic practices have often been situated within these. They suggest that:

If we accept that power and knowledge are inseparable ... and if we accept we are simultaneously undergoing the effects of power and exercising power over others, then we will be unable to take a benign view of our own practices. Nor will we be able to simply assume that our practices are primarily determined by our motives, or that we can avoid all participation in the field of power/knowledge through an examination of such personal motives (White & Epston 1990, p 29).

Therefore, therapists 'are inevitably engaged in a political activity', in the sense that they must continually challenge the 'techniques that subjugate persons to a dominant ideology' (White & Epston 1990, p 29). Therapists must always assume that they are participating in domains of power and knowledge and are often involved in questions of social control. Therefore, therapists must work to demystify and unmask the hidden power relations implicated in their techniques and practices.

Under the second feature, 'separating from unitary knowledges', White & Epston (1990) emphasise that 'externalizing the problem' is a way of decentering the dominant discourses and 'truths' of a spurious 'objective' scientific knowledge. Externalising the problem helps the person to gain a reflexive perspective on their life and to challenge the 'truths' as they explore new options. The third feature, 'challenging the techniques of power', follows the same line of thinking and practice. It involves challenging the organisation of persons in space, the registration and classification of persons, exclusionary practices, ascription of identity, techniques for the isolation of persons, and surveillance and evaluation techniques. Once the techniques and their power effects have been identified and recognised, then unique outcomes of resistance to such techniques can be sought.

On the fourth feature, Foucault suggests that there are two classes of 'subjugated knowledges': one constitutes previously established, erudite knowledges that have been buried, hidden, disguised, masked, removed or written out by revisionist histories; another involves local, popular or indigenous knowledges that are marginalised or denied space to perform adequately. These knowledges are

lowly ranked, being considered inadequate for the accepted standards of knowledge and science. In recovering these knowledges, we can rediscover the history of struggle and conflict, and challenge the 'effects of the centralising powers which are linked to the institution and functioning of an organised scientific discourse within a society such as ours' (Foucault 1980a, p 84). But White & Epston (1990) neglect to mention or explain, in this regard, Foucault's notion of 'genealogy'. A central focus of the therapy harnesses the notion of resurrecting the subjugated knowledges to generate 'alternative stories that incorporate vital and previously neglected aspects of lived experience' (White & Epston 1990, p 31).

Narrative therapy is more than just a new set of skills or techniques. It involves the interlocking nature of theory, ethics and skills because it is 'partly a consistent ethical stance, which in turn embodies a philosophical framework' (Winslade & Monk 1999 p 21). It is not just a therapy but a lifestyle and political project that involves speaking and listening respectfully and that is concerned with different ways of producing the 'self' that have a Foucauldian basis and orientation.

### **Narrative therapy as a challenge to psychological discourse and humanist counselling**

White and Epston have harnessed notions taken from Foucault and many other social theorists to develop what could be considered a *counter-therapy*. From the initial model of narrative therapy of the late 1980s, many writers have discussed how narrative ideas present a postmodern and particularly a poststructuralist critique of both humanism and structuralism as applied within the Western 'psy' sciences (Drewery & Winslade 1997; Parry & Doan 1994; Payne 2000; Rose 1989 1998; Winslade & Monk 1999; White 1991 1992 1997 1995 2000). In arguing that the link between thought and practice is inseparable, narrative therapy critiques the assumption that few therapies even recognise – namely, that therapy is inherently a political activity, an activity and set of practices inscribed by power relations (White 1997 2000).

In his later writings, White (1995 1997 2000) strongly objects to suggestions that narrative therapy is 'a recycled structuralist/humanist psychological practice' that is involved in 'discourses of psychological emancipation. He objects to narrative therapy being cast as a 'liberatory approach that assists persons to challenge and overturn the forces of repression so they can become free to be 'who they really are' – so that they can identify their 'authenticity' and give true expression to this (White 1997, p 217). He points out that the alternative identity descriptions of self and relationships that arise from narrative therapy practices stand within 'the discourses of culture', but are not necessarily culture-bound. When dealing with people who are not from Western cultures, narrative conversations are able to privilege alternative notions of identity such as kinship and spirituality rather than reproducing a Western 'self'. Narrative therapy does not speak of the 'truth' of people's identity but are 'accounts' that reflect who 'we are as multi-desired, as multi-motivated, and as multi-intentioned in life as our lives are multi-storied' (White 1997, p 231).

In his critique of humanism, White (1997) points out that he does not criticise all aspects of humanism and acknowledges that how the humanist tradition has supported people to challenge domination, discrimination and oppression. It is the essentialism underlying both humanist and structuralist conceptions of the self and identity in therapeutic culture that he considers to be limiting. Based on Foucauldian notions, White (1997) describes a 'triumvirate' of interrelated limiting assumptions in humanism and in much of counselling culture. White's triumvirate is: first, 'the will to truth' which questions who we are as subjects - our being, essence or human nature; second, the 'repressive hypothesis' that holds that repression conceals or obscures our true or essential nature, inhibiting our growth or self-actualisation and so inducing illness because our authentic needs and desires are frustrated; third, the 'emancipation narrative' that seeks to liberate the self from repression (Payne 2000; White 1997; Foucault 1978 1980a 1980b 1980c 1992). Humanistic counselling theories, such as person-centred, psychodynamic and gestalt, tend to operate on the assumption that the discovery of such a hidden knowledge or self will set them free. Traditional humanist assumptions about the subject in psychology and counselling usually position it as a stable, fixed, autonomous being often characterised as fully transparent to itself and responsible for his or her actions. In contrast, the notion of identity in narrative therapy tends to be replaced with the notion of 'subjectivity' because narrative therapy adopts social constructionist viewpoints that do not assume that people's identities are primarily stable and singular, rather that they change and are contradictory (Lifton 1993; Gergen 1990 1991 2001).

The 'will to truth' is a notion that Foucault derived from Nietzsche in *The Genealogy of Morals* (Nietzsche 1956 orig. 1887). It involves traditional philosophical questions such as 'What is the world? What is man? What is knowledge? How can we know something?' (Foucault 1988, p 145). The effect of these questions has been a focus on knowing and speaking the 'truth' of what we are and to challenge the notions of essence and of human nature. There is no essence of the self or of human nature for Foucault, only the historical production of subjectivities. In other words, genealogical narratives of the self replace questions of ontology. Narrative therapy does not attempt to uncover some pre-existing dormant knowledge, in the mind or heart of the person, nor any 'true', 'real', 'authentic' or 'essential' self. Narrative therapy tends to work with the notion of 'subject positions and 'subject positioning' rather than either a humanist essentialist notion of the self or the structuralist universal but decentred self. Poststructuralism challenges this humanist/structuralist formulation and Foucault links the will to truth 'with the success of the professional disciplines in the production of the great meta-narratives of human nature and human development' (White 1997, p 222). Foucault suggests that today this has changed to 'the historical reflection on ourselves' and asks 'What are we today?' (Foucault 1988, p 145). This opens the possibility of exploring how our lives are produced through cultural knowledges and practices (White 1997). Foucault (1978) raises *three* distinct doubts concerning the Freudian 'repressive hypothesis':

First doubt: Is sexual repression truly an established historical fact? ...Second doubt: Do the workings of power, and in particular those mechanisms that are brought into play in societies such as ours, really belong primarily to the category of repression? ...Third and final doubt: Did the critical discourse that addresses itself to repression



come to act as a roadblock to a power mechanism that had operated unchallenged up to that point, or is it not in fact part of the same historical network as the thing it denounces (and doubtless misrepresents) by calling it repression (Foucault 1978, p 10)?

Foucault addresses issues of repression and emancipation in his analysis of power relations and its parallel in forms of resistance, in how power operates in a capillary fashion not simply as a binary opposition between rulers and the ruled (Foucault 1978 1980b 2001). Foucault (1997) also warns that the notion of liberation needs to be scrutinised and treated cautiously otherwise:

one runs the risk of falling back on the idea that there exists a human nature or base that, as a consequence of certain historical, economic and social processes, has been concealed alienated, or imprisoned in and by mechanisms of repression. According to this hypothesis, all that is required is to break these repressive deadlocks and man will be reconciled with himself, rediscover his nature or regain contact with his origin, and re-establish a full and positive relationship with himself (Foucault 1997, p 282).

White (1997) argues that although humanist-oriented therapies aim to be emancipatory by enabling the 'true self' to emerge at some future point, they are in effect, diminishing and entrapping, preventing people from questioning the possibilities of how their lives are lived in the present. Psychological concepts of personal development do not disturb challenge or confront the socio-cultural political forces that have influenced the construction of the problem that the person has sought help with. He further argues that therapists who work on an individual needs focussed manner, encouraging personal development, become 'unwitting accomplices in the reproduction of the dominant and culturally sanctioned versions of identity, of the popular and revered forms of personhood, of the most familiar and mainstream subjectivities' (White 1997, p 227).

White (1997) argues that a further limitation is the operation of deficit theory that has strongly encouraged people to think that they have to change, grow, develop or improve, inadvertently reinforcing the power of experts and institutions that aim to help them achieve this. So, narrative therapy challenges the way Western psychology generally emphasises the *individual* subject and expert-centred forms of professional knowledge. It especially challenges the areas of mental health where experts often appear to know more about people's lives than the people do themselves, and where the professional focus upon personal deficits emphasises one's failures or weaknesses rather than one's accomplishments and strengths. The 'expert knowledge' and the scientific outlook of traditional Western psychology which is based on the biomedical model of mental illness, 'objectifies', 'individualises' and 'normalises' the subject through diagnosis that has the effect of locating the problem within the person. For the client, the expert's diagnostic label of their 'self' tends to become seen as part of their essential nature and of their identity. Gergen (1990 1991) suggests that diagnostic deficits so totally affect the past, present and future of a person's life, that the self becomes saturated by the pathology. Although the intent is to help the client, treatments or interventions can inadvertently totalise, pathologise and disempower the client, as well as producing social hierarchies that erode notions of community and interdependence (Drewery & Monk 1997).

Therefore, to avoid pathologising people, narrative therapists do not present themselves as objectively neutral experts who diagnose problems and prescribe or provide solutions, interventions, treatments or answers. Narrative therapy emphasises that to make sense and meaning of their lives, people frequently work to understand their lives. Therefore the narrative therapist adopts an optimistic, respectful but 'not-knowing' or tentative or curious stance using listening, therapeutic conversations and questions to assist people to find inconsistencies and contradictions and to craft their stories to unmask hidden assumptions and to open up new possibilities. People are encouraged to find alternative narratives, not just a consistent story, but to find alternative stories that make meaning for themselves.

Although person-centred to the extent that the person is the focus, paradoxically, through its use of questioning techniques, narrative therapy is directive, yet can also be 'empowering' for the person (Drewery & Winslade 1997; Speedy 2000; Winslade & Monk 1999). The form of 'empowerment' that narrative therapy provides is not that which operates in humanist discourse. Instead it involves a general sense of 'teaching' people ways to understand the discursive conditions and power relations of their lives, and how they might 're-author' their lives and to find and use their own voice and to work on the problem to find their own solutions (Drewery & Winslade 1997). Thus the notion of the narrative self, or the self as the centre of narrative gravity, stresses the discursive production and reproduction of the self while at the same time preserving a notion of narrative agency, which embodies some aspects of traditional humanism. This notion of agency is sometimes referred to as the 'return of the self' in Foucault's later work that emphasises ethical self-constitution (Foucault 1997). The later Foucault does not abolish the self, but questions the essentialism and humanism underlying the Cartesian-Kantian subject. He returns to the historical production and reproduction of subjectivity as an object of discourse actively constituted at the intersections of truth and power (Foucault 1988a 1988b). In narrative therapy, 'speaking' and 'voice' are used as metaphors for the agency of the client (Drewery & Winslade 1997). Unlike traditional counselling practices, narrative therapy does not privilege the person's voice or the binaries of the dominant versus the marginalised, hidden voices, or local versus expert knowledges (hooks 1984). While narrative therapy accepts the equal validity of each 'knowledge' and 'voice', it acknowledges that 'some voices have more meaning-making power than others' (Speedy 2000, p 365). This impacts on power relations for the client as well as on counsellor practices because it aims to avoid the unintentional objectifying professional gaze that can occur when the therapist is unaware of their role as professional expert in constructing a therapeutic dialogue.

Notions of power under humanism tend to emphasise the ideal of the individual being in control of his or her life and exercising conscious 'choices' about it. By contrast, narrative therapy uses Foucault's 'analytics of power' which involves the notion that power can be positive and productive and not just repressive and negative and that power operates discursively at the micro-level to position us and our identities (Foucault 1997). Power is not regarded as being solely possessed or exercised by individuals, but is part of what people negotiate in their everyday lives and social relationships where power is about 'positioning' in relation to discourse. Subject positioning involves power relations in that it operates

discursively determining whether a person can speak, what is sayable and by whom and whether and whose accounts are listened to. Understanding power in this way helps us to re-constitute the relationship between counsellor and client. Each of us stands at multiple positions in relation to discourse, which we engage or participate in on a daily basis. Thus discourse, in the narrative approach, is seen as the organising and regulating force of social practices and ways of behaving. Discourses offer socially defined ways of positioning the subject (for example, 'teacher' 'student' and 'counsellor'). Some discourses are prescriptive and constitute dominant cultural stories, yet within these dominant narratives there are different subjective possibilities for constructing our own distinctive narratives of identity. For example, dominant cultural stories about the family may position us as 'wife' or 'husband', but in different families and even within the same family at different times we may construct very different 'subject positions'. Each 'subject position' shapes us in certain ways and opens up positions in a possible conversation.

The traditional counselling relationship that has become a central and largely unquestioned and unquestionable tenet of most therapies has come under scrutiny more recently (Payne 2000; White 1995 1997). In many therapies, people are not positioned as experts in their own lives, counsellors are. Payne (2000 p 212) argues that the Rogerian person-centred approach 'puts the therapy room at the centre of the process of therapy and makes the relationship with the therapist the person's primary relationship', thereby excluding and marginalising the contribution of a person's relationships and life outside the therapy room to overcoming their problems. Not only is the counsellor in a very strong position in terms of power relations as a result of their power/knowledge, but also, the therapeutic relationship develops a mystique whereby it is elevated above other relationships in the person's life (Payne 2000). In contrast narrative therapy sees 'that the professional's role is more productive and ethical as a facilitator of the therapeutic actuality and potential of real-life relationships rather than as provider of a 'therapeutic' relationship with the counsellor herself' (Payne 2000, p 212). White states that he has:

... an ethical commitment to bring forth the extent to which therapy is a two-way process, and to try to find ways of identifying, acknowledging, and articulating the extent to which the therapeutic interactions are actually shaping of the work itself, and also shaping of my life more generally in positive ways (White 1995, p168).

Therefore, an ethical task for narrative therapists involves the notion of 'therapist decentring' with its related, intertwined notions of 're-membering' conversations, 'transparency' and 'taking-it-back' practices (see Payne 2000; White 1995 1997 2000).

Narrative therapy pays particular attention to language because it can blur, alter or distort experience as we tell our stories, it can condition how we think, feel, and act and can be used purposefully as a therapeutic tool (White 1995). The language used by narrative therapy is deliberately non-sexist, ethnically neutral, and avoids medical model terms that many mental health professionals use that unthinkingly objectify and pathologise people (eg referrals, case notes, clinical work). White never uses 'cases' or 'case histories' and has replaced the term 'client' with 'person' (Payne 2000; White 1997 2000). 'Externalising the problem' is now

often called 'externalising conversations' because it reflects the idea of fluidity and that there is seldom only one problem (Drewery & Winslade 1997, p 45; Winslade & Monk 1999, pp 36-37). 'Unique outcomes' has sometimes become 'sparkling moments' or 'unique experiences' (Bird 2000). Early on, White and Epston (1989 1990) made an attempt to dissociate from the concept of therapy itself. They discussed the inadequacies in the term 'therapy' pointing out that it was largely defined as the treatment of disease or disorder. But in their work, problems are not constructed in terms of disease and they do not imagine that anything they do is a 'cure'. 'Conversation' is a term they considered, but did not take up, yet in recent work, 'therapeutic conversations' has become frequently used (White 1997 2000). Without discussing it, they in effect position narrative therapy within the anti-psychiatry domain, reflecting some of Thomas Szasz' criticisms about psychotherapy in his book *The Myth of Psychotherapy: Mental Healing as Religion, Rhetoric and Repression* (1979). Narrative therapy not only challenges humanism by problematising the subject or essential self and its constitution through power relations, but also it challenges the scientific emphasis on diagnosing clinical conditions in the traditional humanist 'psy' sciences and deficit models. Thus narrative therapy as a counter-therapy could perhaps be considered to be 'post-psychological' (McLeod 2000b, p x).

### **The narrative approach in schools**

In schools, the use of narrative therapy has some major implications. It can and is being used by school counsellors in their therapeutic work, but the principles involved need not be limited to the domain of the counsellor. Narrative approaches of engaging in respectful conversations and power-sharing can certainly be used in the wider school context. Rather than provide any sort of prescription for how schools could harness narrative therapy, this section of the paper, in the spirit of narrative therapy, sets out to present some examples of what has been done in some schools and to indicate some possibilities of what might be done. It explores the work of John Winslade and Gerald Monk (1999) who apart from discussing the use of narrative therapy in the school counselling milieu, speculate on extending this beyond counselling. They conclude their book, *Narrative Counseling in Schools: Powerful and Brief* (1999) by providing five points of what the climate in a narrative-oriented school might look like. This section discusses how narrative therapy can challenge the way that both the institution and pedagogy have been profoundly influenced by a dominant psychological discourse, that has the effect of individualising, normalising, and using deficit-based descriptions that tend to totalise students (Gergen 1990 1991). It looks at a specific example of how narrative therapy might be used in instances of bullying and harassment. More aspects and examples could be explored but that is beyond the scope of this paper. However, a cautionary note seems appropriate. In the enthusiasm for adopting narrative approaches in schools there is a danger of positioning narrative therapy and its poststructuralist principles that critique humanism and structuralism as providing a panacea or solution to all school-related issues. This would be to assign far too much to it.

First, Winslade and Monk (1999) suggest avoiding totalising ways of speaking about students, their families and teachers. This would mean that official reports, documents and files would be 'circumspect and tentative in their descriptions of people because teachers would be aware of the power of their word to create people's lives, not just describe them'... they would focus 'on appreciating talents and competencies, rather than diagnosing deficits' (Winslade & Monk 1999, p 117). In schools, students are commonly described by their academic performance, socio-economic background, classroom dynamics, sub-cultural or peer groupings, and in terms of medical/psychological diagnoses and labels as: 'maladjusted, attention deficit disorder, severely emotionally disturbed, dyslexic, conduct disorder, oppositional-defiant, emotionally handicapped, learning disabled' (Winslade & Monk 1999, p 54). It is argued that the deficit discourse tends to act in a totalising way, that results in personal self-enfeeblement and leads to a greater reliance on professional authority and expertise at the same time as it erodes the local, common-sense knowledges of how to handle problems (Gergen 1990 1994; Winslade & Monk 1999). Surveillance, evaluation and assessment, as mechanisms of the objectifying 'gaze', are at work in these practices. The standards of normality that these diagnoses and labels are based on are usually hidden, so the in-built cultural and social biases of such accepted standards are seldom open to or able to be questioned. Winslade & Monk (1999) propose turning the gaze back on itself, to challenge these disciplinary technologies by questioning the hidden standards of normality, in terms of both the process and the assigning of descriptions to students.

As part of this agenda, narrative therapy challenges the gaze by providing a non-judgemental way of talking with students that avoids the all too common attitudes of blaming and shaming young people that occur in both benign and repressive school disciplinary regimes. As well as psychologised discourses, counsellors are encouraged to be aware of the power of discourses about ethnicity, gender, culture and class to name, shape and form the way students experience school. However, it is not only counsellors, but also teachers who need to be aware that discourses are culturally produced and are only partial stories and to challenge the way discourses and their disciplinary practices limit the sense people make of their lives.

The narrative approach challenges existing forms of power relations and the sorts of language and conversations that are used in schools to talk about and to students. Rather than authoritarian methods, it aims to establish 'respectful conversations' in schools and to negotiate power-sharing between student and counsellor and between students and teachers. Suggesting that schools would develop an ethic where 'no one was spoken about behind his or her back in ways that could not be said respectfully to his or her face' is perhaps overly idealistic and simplistic because it confuses issues around gossip, information-sharing, information-ownership, discussion, privacy and confidentiality (Winslade & Monk 1999, p 117). Whilst it appears to be a laudable practice, considerations of sensitivity and being diplomatic about information are seldom quite so easily pigeon-holed.

Second, Winslade and Monk (1999) focus on changing power relations by suggesting that there would be:

...a consciousness of power relations and reflexive processes by which those in positions of privilege were constantly held accountable for their power. The voices of children would be taken seriously and their knowledge respected for the expertise it offered. Teachers would be genuinely interested in learning from children, rather than automatically assuming that they knew better (Winslade & Monk 1999, p 118).

The notions of 'power' and 'voice' here need some exploration. I would argue that Winslade and Monk's suggestion of a 'consciousness of power relations' and of deconstruction are insufficient. Their suggestions do not seem to be either particularly Foucauldian or poststructuralist and provide only a challenge to authoritarian types of power in schools. They do not explore the implications of power/knowledge. While power relations may start to change by using consciousness and narrative processes, changing the administration and structures of schools, classrooms and the wider community goes much further. Deweyan and Freirean notions provide more detailed ways for schools to practice forms of democracy that respect who speaks, what is sayable, who is heard etc. They address issues about minorities being heard and about partnership and point to the more equal distribution of the speaking and acting chances for all voices in the community to be heard and acted upon.

Although narrative therapy is avowedly poststructuralist, respecting and elevating the child's voice harks back to liberal humanist principles that are commonly found in child-centred psychology and pedagogy. It confuses the normative conception of 'having a say' that is anchored in democratic theory which implies the procedural norm of 'turn-taking' and the active distribution of speaking and acting chances, with a humanist concept of 'voice', as the unique and most immediate form of self-expression. This is the concept of 'voice' that is found, for instance, in humanist literary criticism where a work is considered the unique expression of its author and the game of criticism becomes one of guessing the author's intention. Yet when some one is ascribed a 'voice', whose 'voice' is it? Is the child the source of its own voice? If we accept the poststructuralist notion that we are not the authors of our own semantic intentions - that we are not necessarily the originator of our own values and that our voice 'echoes' the values and ideas of many others, then we need to ask who speaks 'through' the child? How is the child's 'voice' constituted and what are its strands? Who speaks through the child - mother, father, church, peers, media, advertising, culture, propaganda? Whose voice is it? What are its multiple sources and how do they intersect? What are the sources of the values that are embodied in the child's voice?

So, if we ascribe a 'voice' it harks back to liberal ideals of the individual self and positions that present voice as a unique form of self-expression, a mirror to the soul and a source of truth-telling - an essentialist demand. On the structuralist view, the focus would be to decentre this liberal humanist understanding of the voice and to question who speaks through one's voice. The poststructuralist might argue, by contrast, that rather than one voice, there are many voices - many people and institutions speak through us. If we accept that there is more than one voice when

someone speaks, then it is more like a chorus speaking with components that include things we echo, imitate, sublimate, construct, synthesise, and perform. There is not one voice originating from the individual as prime actor in their lives, but exploring where these voices come from leads to understandings about the self and one's identity and relationship with others.

The narrative oriented school might consider narrative as a larger metaphor for the thinking and educative process. What is missing from Winslade and Monk's account is an understanding that an educative process is involved. Narrative as a form of consciousness and thinking (after J. Bruner) is also dialogical and a mirror of the larger educative process. Voice develops over time. We are not born with a voice. For example, a writer or an opera singer may have some 'technical' equipment that forms a basis for their voice, but their expression of that voice involves various forms of training or education to develop it beyond its initial state. Similarly, in terms of our own voices, an educative process that encourages questioning about the sources of our voices is involved in making meaning of the world, for gaining a sense of self and identity, and understandings about why we think and act in the ways we do.

Winslade and Monk (1999) seem to confuse the normative 'ought' of a moral position about whether or not students should 'have a voice' and whether or not giving students 'a say' is part of education from the empirical 'is' – the actual or empirical constitution of the voice, its multiple strands and their possible conflicts. With respect to 'voice' the narrative approach of Winslade and Monk repeats and endorses the fundamental working propositions of liberal humanism rather than criticising or problematising them and taking its own poststructuralist philosophy seriously.

Third, Winslade and Monk (1999) suggest unmasking dominant stories that operate within the school, through encouraging deconstructive conversations and through actively seeking all kinds of minority voices and ensuring they all have 'legitimate status in the politics of the school' (Winslade & Monk 1999, p 118). They do not take this further, but such unmasking could be done by using the techniques of narrative therapy. The narrative counsellor establishes a relationship that is respectful of the student's knowledge, skills and ability, and that taps into their own knowledge to solve the problem involved. They enter a conversation based on shared contributions, asking creative, curious and persistent questions, but nothing like an interrogation, aiming to 'learn about the meanings of the child's world' (Winslade & Monk 1999, p 29). Deconstructive conversations gently subvert the dominant patterns of relating and so open space for things to change. Narrative counsellors are expected to be vigilant about unthinkingly or dogmatically imposing their own cultural values on people in ways that have the effect of 'colonising' clients. The motto: 'The problem is the problem. The person is not the problem' (Winslade & Monk 1999, p 2) separates the person from the problem, freeing them to see things differently, to stop being disabled by the problem, to name it and maybe to challenge it and how it has been taking over things in their lives. By working out 'sparkling moments' when the problem wasn't around, students are assisted to find alternative ways in which they prefer to describe themselves. Briefly

documenting the changes that the person has made in their life harnesses the power of the written word. Engaging an audience that is significant to the person effectively validates the person's alternative story. The combination of these sorts of narrative techniques challenges the dominant discourse that positions students as one sort of person, but the re-description positions them in a different way.

Fourth, Winslade and Monk (1999) suggest using social constructionist ways of viewing a problem 'as a story, or as a construction of reality' (Winslade & Monk 1999, p 118). Stories that have alternatives and unstoried experiences would be sought and highly valued. 'Multiple and diverse perspectives would be thought of as enriching a community' (Winslade & Monk 1999, p 118). This indicates the possibility of acknowledging and addressing not only relationship problems within a school community, but also to address conflict and issues of diversity in multi-cultural schools.

Relationship difficulties and conflict often arise between students and between teachers and students. Apart from dealing with students' personal problems, school counsellors are often expected to 'fix' students who get into trouble in the classroom or the playground at school. Narrative therapy is not about getting students to adjust to repressive disciplinary regimes that 'can inadvertently support social control mechanisms, bolster social hierarchies, obscure power relations, and produce various forms of social marginalization' (Winslade & Monk 1999, p 72). Nor does it accept misbehaviour 'with liberal tolerance as an understandable result of the operation of power'. Instead, it attempts to engage disruptive or misbehaving students in 'a productive and yet respectful conversation, which opens doors for change' (Winslade & Monk 1999, p 72). In dealing with students who are in trouble with the school discipline system, Winslade and Monk (1999, p 67) argue that traditional counselling approaches may not provide ways of treating students with respect as they challenge them to change their behaviour and may instead 'colonize them against their will as objects of punishment or behaviour modification'.

Client-centred listening, for example, is not likely on its own to be effective in producing enough leverage for change, even if it establishes a strong relationship with troubled young people. Psychodynamic approaches are not speedy enough in producing change in often volatile situations. Approaches that rely on cathartic expressions of feeling may sometimes inadvertently support behaviour that is abusive of others (Winslade & Monk 1999, p 68).

To address racism, teasing, bullying, sexist put-downs, violence, sexual harassment and other abusive behaviours within school, a narrative counsellor is likely to do several things (not in priority order). These things would not be limited to the counsellor's office but would involve the wider social context of the school and its structures. One strategy would be to initiate conversations that open the possibility of transforming systems and structures so that school-wide policies and procedures prevent the abusive behaviour, encouraging the school-wide community to take responsibility for a safe physical and emotional environment. Another would be separate counselling for the victim and for the abuser that would aim to avoid blame and shame. The victim would not be self-blaming nor be charged with the responsibility for developing new personal capacities to overcome the problem that



might draw him/her into a vengeful or violent reaction. Instead, he or she would be assisted to recognise and condemn the injustice and the power issues involved. The abuser would be invited to address and change his or her behaviour. Winslade and Monk (1999) argue that of narrative therapy does not excuse abusive behaviour, but provides a way of 'exploring and renegotiating a young person's relationship with trouble in a way that allows for the young person's preferences to be expressed (Winslade & Monk 1999, p 94). The narrative therapist, first, declines to attribute the responsibility for violence to factors beyond the person's influence; second, invites the person to challenge whatever restrains his or her ability to accept responsibility for his or her own actions; third, acknowledges and highlight all the evidence of how the person accepts responsibility for his or her own actions (Jenkins 1990; Lewis & Cheshire 1998). There might be a place for 'narrative mediation' as opposed to a 'problem-solving' mediation to occur if both parties agree to this (see Winslade & Monk 2000). There might well be a place for developing a school-wide support system using narrative oriented forms. Selwyn College in Auckland has developed a student-driven Antiharassment Team that involves peer mediation and school-wide consciousness raising to deal with verbal, physical and sexual harassment (see Lewis & Cheshire 1998). Schools could also use similar forms of narrative-oriented support groups to help students overcome various problems. For example, the anti-anorexia and bulimia league (Epston et al 1995); fear-busters and monster-tamers club; the anti-suspension league; and the combating truancy list (Winslade & Monk 1999).

Fifth, Winslade and Monk (1999) suggest that curriculum and evaluation processes would involve narrative thinking:

Knowledge would always be taught as a cultural product rather than as absolute reality. Postmodern questions about the dominance of a particular narrow range of rational thinking as the one way to establish truth would be opened up for young people to think about. Power relations as they are expressed in discourse would become subjects of study. Evaluation methods would not focus in a judgmental way so strenuously on the individual, but would serve purposes of appreciating and elaborating conversations and communities (Winslade & Monk 1999, p 118).

Narrative principles and techniques and ways of speaking and relating with students can be applied with individuals or with groups or with classes. They can be used to change people's perceptions about a student or a class that has a negative label assigned to them or is in trouble or has a bad reputation. They can be used to teach and discuss sensitive or controversial topics that might crop up in health or social education lessons (see Winslade & Monk (1999) for an example of a lesson plan for drug education).

Winslade and Monk acknowledge that they may appear idealistic, over-enthusiastic and may be dismissed as being out of touch with reality or fanciful dreamers. But they refute this in pointing out that they are in fact working to develop an alternative story that elaborates on what is already known. They maintain that narrative counselling is 'tempered by, and even founded on, a rigorous analysis of the operation of power in people's lives' ...and that searching for 'the possibilities of what already exists ensures that narrative optimism remains attuned to what is

actual and positive' (Winslade & Monk 1999, p 119). In effect, they are applying a key theme of narrative therapy to the discourse of schools.

Narrative therapy in school counselling holds an obvious promise both theoretically and in practice. First, it can accommodate the insights of Foucault concerning power/knowledge, power relations and the constitution of the subject. But by drawing on the early Foucault, the narrative approach fails to take account of the limitations of his earlier work and the importance of his later work on the ethical constitution of the self (Foucault 1997). Second, narrative therapy provides a theoretical approach that is to the forefront of developments in the social sciences, emphasising the turn to narrative and the relationship between narrative, meaning and the social, cultural and political context. Third, this narrative model is a set of skills, attitudes and understandings that indicates the possibility of a narrative ethics around the central question of 'Who speaks?' and highlights the political problem of 'speaking for others'. Fourth, narrative therapy utilises a mode of knowledge that children of all ages find accessible, familiar and easy to assimilate to their own experience. Fifth, narrative in both its written and oral forms provides a mode of knowledge that, developed sensitively, can accommodate different cultures. Further work, of course, needs to be done in relation to the conditions of narrative therapy in school counselling in cross-cultural settings and, indeed, on all the positive features outlined above. It is good to know that we will not run out of work!

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## Endnotes

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- 1 Michael White works at the Dulwich Centre, in Adelaide, Australia and David Epston works at the Family Therapy Centre in Auckland, New Zealand. Their theory is presented in two co-authored books, *Literate Means to Therapeutic Ends* (White & Epston 1989) and repeated in *Narrative Means to Therapeutic Ends* (White & Epston 1990). This paper uses the 1990 text, which has no substantial differences to the 1989 text apart from a few minor wording changes; some footnotes either deleted or incorporated into the text; the 1989 text references 4 of Foucault's texts, the latter 8; and the 1990 text includes a previously published chapter from *Selected Papers* (White 1989). Epston considers it preferable to cite the 1990 text (personal communication, 24/9/2001).