

A PAPER DISCUSSING HOW MICHAEL WHITE'S NARRATIVE THERAPY WORK RELATES TO ISSUES
OF SOCIAL JUSTICE

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INTRODUCTION

The history of modern day narrative practice occupies a pivotal position in family therapy. Many great thinkers have worked tirelessly to develop a framework that places an emphasis on the individual person and his/her stories. Narrative therapy, which is referred to as the “third wave” by O’Hanlon, suggests that narrative therapy “is in the mode of the postmodern” (O’Hanlon, 1994, p. 19). The need to develop a client-centered approach that will focus on the client’s past, present, future and strengths as they are reflected in stories is the main idea of a man who has been known globally as the “chief architect” of narrative therapy (Guilfoyle, sp. 1), this is man is Michael White.

This paper focuses on Michael White as a person, his influential ideas in the field of family therapy, particularly narrative practice, and the relationship of his ideas to social justice.

HIS LIFE

Michael White was born and raised in Adelaide, South Australia. He received his undergraduate education in Social Work at the University of South Australia in 1979 and worked as a psychiatric social worker at the Adelaide Children’s Hospital. White was a renowned practicing social worker and co-director of the Dulwich Center in Adelaide. In his quest to provide the needed support to families and individuals, White established the Adelaide Narrative Therapy Center in South Australia to provide counselling and training workshops to individuals, groups, couples, families and communities.

White is described as “the most prolific and influential figure in the development of narrative therapy” (Malinen et al., 2012, p. 121) by his peers. Professor Karl Tomm of the

Calgary Family Therapy Center observed that: “as a therapist he was an applied deconstruction activist” (Malinen et al., 2012, p. 121). Michael wrote extensively in the field of narrative therapy. Notable among his works are: *Narrative Means to Therapeutic Ends (with David Epston, 1989)*, *Re-authorizing Lives: Interviews and Essays (1995)*, *Reflections on Narrative Practice (2000)*, *Narrative Practice and Exotic Lives (2004)*, *Narrative Therapy with Children and Their Families (2006)*, *Maps of Narrative Practice (2007)*, and many others. He also published many articles and appeared on many radio discussions.

HIS WORK

Researchers of narrative approaches to therapy recognize the influential role of White as the father of the field. White, in partnership with his friend and colleague, David Epston, and sometimes alone, has developed new practice approaches to clinical work. Inspired by the work of Michael Foucault’s ideas on power and knowledge and his criticism of the humanistic, self-governing theme, White thought of the power struggles that permeate all human interactions. Relating this power to the roles in families and the need to maintain the status quo, he suggested that people behave the way they do because they are constrained by power differentials.

PERSONAL AGENCY

Within the milieu of narrative practice, individuals and their stories take a central position in addressing personal issues in therapy. The personal agency premise is that there is “always some means of escaping the positioning effects of discourse and power, but that the person can intentionally effect or cause such an escape” (Gulfoyle, 2012, p. 629). White describes personal agency as the individual’s ability to actively interpret his/her experiences as he/she lives his/her life. He explained that human beings are “interpreting beings [,] that we are active in the

interpretation of our experiences as we live our lives” (Bubbenzer, West & Boughner, 1994, p. 72). To White, personal agency provides a “sense that one has the capacity to play a part in the shaping of one’s own actions and the sense that, in some way, the world is responsive to the fact of one’s existence”(Tapio et al,2012,P.123). White maintains that individuals are able to give an account of what they value in life that is entrenched in their knowledge and skills. Recognizing the value of individual stories, he suggested that it is the individual story or “self-narrative” that determines how people express their lived experience. Like Andersen, White informed therapists that the individual is the master of their own story and decides which aspect of their lives to tell the therapist.

Moving forward, White distinguished between the “internal state” and the “intentional state understanding” which represents the various ways of viewing the personal agency (White, 2007, P.100). The “Internal state includes the subconscious, dispositions and personal traits” which he said is of less therapeutic importance. Associating the “intentional state understanding” with the personal agency, he further suggested that “people are seen as living out their lives in line with their intentions and values” (White, 2007, p. 103). He concluded that therapy turns around the promotion of the intentional state as opposed to the internal state formulations of life experience, and promotes a “drift towards the generation of identity conclusions associated with intentional state understanding” (Michael, 2007, p. 105).

SCAFFOLDING AND EXTERNALISING CONVERSATIONS

White’s scaffolding conversation in therapy was borrowed from the idea of the Russian psychologist, Lev Vygotsky, who used it to represent a “metaphor of construction” (Tapio et al,

2012, P.123). To him, the scaffolding represents the “therapist’s contribution in providing a context for people to separate from what is known and familiar to them about their lives, and to arrive at what might be possible for them to know about their lives, and to do”(Tapio, Cooper & Thomas,2012 p.123). In this conversation, White encouraged therapists to serve as support to the client to enable him/her to cross the gap between what they know already and are conversant with. Using the “zone of proximal development” of Vygotsky (1986), White emphasized the notion that “development is founded on learning” (Tapio 2012, p.124). In Vygotsky’s analysis, from which he drew his inspirations, “learning is the outcome of social collaboration” through which people learn new things from peers and other members of society. White argued that, it is through learning that people have the opportunity to detach themselves from the “immediacy of their experience” (p.124). Vygotsky’s research focused on early childhood learning but White was quick to suggest that the “zones of proximal development” are relevant for all stages and ages, “believing these considerations to be highly relevant to the development of therapeutic practice” (p.126).He referred to the “gap between the known and familiar and what is possible for people to know and to do the zone of proximal development”. With this he maintained that conversation is a partnership in which the therapist works to back up the scaffolding of the proximal zone of development. It is the scaffolding that, according to White, “supports people in the formation of chains of association or complexes, and in the development of concepts about life and about identity” (p.127).

White’s early work of externalizing the problems set out to deconstruct many years of “psychological theory and practice landscape” (Madigan, 2011, p.17). Externalizing conversations questions the “contextual, cultural and dialogic basis for why therapists were locating and

privatizing problems inside the client's body thereby creating a culture of the docile, disembodied, disempowered, unaffected, relational subject"(Madigan,2011, p.17). His central therapeutic approach was to help clients define their problems as separate from their identity. Without the therapists' support in externalizing the conversation, he suggested that, "this gap between the known and familiar and what is possible for them to know and to do represents an impassable chasm or gulf" (Tapio et al, 2012, p.123). For White, externalizing conversations create an atmosphere around which the problem is relocated inside the larger societal and cultural context and discourse. It allows people to see the problem as not being inherent to them but as something coming outside the "solitude of their decontextualized self" (p.123). Individuals are often oriented to believe that their problems speak of their identity and this 'truth' is characterized by the person's way of life, , nature, actions, feelings and many other aspects of his/her life. Externalization of conversation, in his view, makes it possible for individuals to experience an identity that is different and separate from the problem, introducing new opportunities for action.

Inclined by the ideas of Vygotsky, White established the "scaffolding conversations maps" which he said can be used by therapists to facilitate a new learning for people in therapy. These mappings are "low-level distancing task" that "inspires individuals to describe new facts about their lives". The medium-level distancing inspires "individuals to bring the new facts about their lives into the development of new relationships that will create a new connection between facts". The "high-level distancing task" inspires individuals to "abstract these realizations and learnings from their concrete and specific circumstances" in developing new ideas about their lives. Lastly, the "very-highly-level distancing task" "encourages the formulation of predictions about the

outcome of specific actions founded on this concept development, and tasks that encourage the planning for, and initiation of, such actions” (Tapio et al., 2012, p. 136-137).

He concluded that externalizing “requires a particular shift in the use of language” which he maintained is an “attitude and orientation in conversations” (p.137)

DECONSTRUCTION

White suggested that the outcome of externalizing the problem is deconstruction. In deconstruction, he identified the “terms, the shape, and the plot of an individual’s childhood survival story” (Parry & Doan, 1994, p. 42). The stories which are seen as the “truths” about one’s life limit them unduly and shape them along a very constraining line. In the process, he invites the individual to acknowledge and value the strengths that enabled them to get through these limitations.

RE-AUTHORING CONVERSATIONS

A rediscovery of people’s new stories about themselves was as important to White as a “reflecting team” to Andersen or the “act of not knowing” to Harlene and Harry. White’s approach to therapy emphasizes the idea that our stories give meaning to the experiences and consequences in our lives. In an interview with White, published in the *Journal of Counseling and Therapy for Couples and Families*, Bubenzer (1994) asked White, “How do you go about the process of creating a new story or re-storying” (p. 71). White answered,

Life is multi-storied, not single-storied. Apart from the dominant stories of our lives, there are always sub-stories, and these sub-stories are relatively available to us in this work with individuals, couples, and families. Second, persons have many experiences in life that are not readily intelligible through the dominant stories or the sub- stories of their lives.

It's the sub stories themselves, and also these aspects of experience, that stand outside of dominant stories, that really provide a point of entry for re-authoring work. (Bubbenzer, 1994, p. 78)

As stated above, central to White's work was client collaboration to help them re-tell their life stories. Drawing the term "re-authoring" from anthropologist Myerhoff (1986), White emphasized a collaboration between the therapist and the individual to flush out the old story and develop an alternative story line.

To re-author conversations, he outlined important practice procedures for therapists. First, he encourages therapists to adopt a "collaborative co-authoring consultative position" in which the therapist will be open to the circumstances, intentions and values of the therapeutic encounter. He went on to encourage therapists to be attentive in their listening by focusing on every word and creating opportunities to open new modes of communication.

White emphasizes that re-authoring involves digging into clients "unique outcomes" by using a "landscape of action and landscape of consciousness or identity questions" (Madigan, 2011, pp. 81-83). By landscaping, therapists have clients identify times in their lives when they were not troubled by their problems to find the unique outcomes (sparkling moments). Landscaping actions focuses on "events, sequences, time, and plot" while "landscape of identity looks at meaning, effects, evaluation and justification" (Carr, 1998, p. 488). In the interview with Bubbenzer (1995), White mentioned that stories have dual landscapes. Landscape of action is "constituted by experiences of events that are linked together in sequences through time and according to specific plots." He further explained that the landscape of consciousness or meaning

has to do with the “interpretations that are made through reflections on those events that are unfolding through landscape of action” (p. 79).

In addition, re-authoring one’s story involves a link between the past, present and the future. White suggested a link of unique outcomes to past events that will extend the story into the future. Questions are asked to invite people to form an “alternative and preferred self-narrative in which the self is viewed as more powerful than the problem” (Carr 1998, p. 488). In this position the therapist and the client become coauthors of the new story, a process Carr (1998) calls becoming “senior partners” of the story. The assessments of the future, Carr says, is “tentative rather than prescriptive” (p. 496) and the therapist’s stance is to explore new possibilities by using a “language of possibilities other than predefined certainties” (p. 496).

After the story has been retold, White encourages therapists to invite significant members of the person’s social network to be a witness to this new self-narrative. Inviting a persons’ social networks, such as family, friends, school, and church members, confirms that a new history of the person’s life has been written. Basing his idea on the work of Myerhoff, White (1986) refers to these groups as the “clients’ outsider witness group” (Carr, 1986, p. 496). Re-authoring, as described above, utilizes clients’ story as a means of providing therapeutic options, with the intent of redeeming the person through an exploration of alternative versions of themselves.

A MOVE TOWARDS SOCIAL JUSTICE

White’s narrative therapy approach (as discussed in the preceding pages) as a form of post structural review is to create primarily an understanding of the human person. This, in his view, allows for “conceptualization in broader historical- cultural practices, power dynamics and for some notions of personal agency” (Guilfoyle, 2012). He suggested that therapists adopt a

position as consultants to those experiencing oppression at the personal level from their problems. Individuals with problems are often viewed as those requiring some special help to fight back against those problems and practices which have occupy their lives. White hold the view that people have been taken for granted because of the so called “problem” that the individual has. Having worked with people with mental health issues, and drawing his inspirations from the ideas of the French philosopher Derrida (1981), White promoted social justice from “both constitutionalist and deconstructionist” perspectives. He empowers clients to “subvert taken-for-granted mental-health definition and practice” (Guilfoyle, 2012, P.487). As a constitutionalist, White worked from the notion that “lives and identities are constituted and shaped by three sets of factors:

- The meaning people give to their experiences or the stories they tell themselves about themselves.
- The language practices that people are recruited into along with the types of words these use to story their lives.
- The situation people occupy in social structure in which they participate and the power relations entailed by them”.

As a clinician, he was involve in addressing these systemic issues by “deconstructing the sense people make of their lives, the language practices they use, and the power relationships in which they find themselves” (Carr, 1998 P.489). Influenced by the work of Fouacult (1984), White maintained that people unknowingly are “recruited into the subjugation of their own lives by power practices that involve continual isolation, evaluation, and comparison” (P.489). He further

argued that, people are socialized to internalize these societal standards which imprison them and allow them to believe that following these standards justifies ones valued ideas of life, fulfillment and excellence. Carr (1998), supporting White's social justice course, analyzed mental health professions endorsement of these societal standards found in the DSM IV manual which to him, "prevent clients from questioning the socio-political contexts within which these so-called objective diagnostic truths emerged"(P.490). In challenging the "dispositions and habits of life that are fashioned by modern power", White maintained that "people can play a part in denying this power its conditions of possibility" (Madigan, 2011, P.49).

EXTERNALIZATION AS A MEANS TO FREEDOM

The externalization of the problem central to White's work has been an essential component that helps clients to define their problems as separate from their identities. This was his first step in freeing people from their constraints. The externalization of the problem to him helps people "identify and separate from unitary knowledge and "truth" discourses that enslaved them (White & Epston, 1990, p. 31). He challenged the "techniques of power" which made people to associate themselves with their problems. "In mapping the influence of the problem in the person's life and relationships, these unitary knowledge", according to him, "can be exposed by encouraging persons to identify beliefs about themselves, others and their relationships that are reinforced and confirmed by the continued presence of the problem" (P.30). Through the process of externalization, White conserved clients gain a "reflexive perspective" of their lives, and new possibilities are made available to them to challenge the "truths" which they experience and which define and specify their lives and relationships.

As people learn to separate themselves from their problems, he argued that “they come to challenge other practices, cultural in origin that are “objectifying” or “thingifying” of persons and their bodies. Within the milieu of the practice, White emphasize that “persons are constructed as objects and are encouraged to relate to themselves, their bodies and to other persons as objects”. This he thought was pervasive (P.66). White used a “counter-practice” approach that helps clients in the “de-objectification” of themselves, their bodies and each other” (P.66). The counter-practice to him opens space for persons to re-author their stories and also challenge those power differential, oppressive norms and practices within the family and society at large. White quoted Foucault’s proposal that people engage in action to “liberate us both from the state and from the type of individualization which is linked to the state. We have to promote new forms of subjectivity through refusal of this kind of individuality which has been imposed on us for several centuries” (P.75) to promote his social justice movement or stance. These practices to him liberate clients from the dominant control of society.

RE-AUTHORING AS A WAY TO DEMYSTIFYING PROBLEMS

The collaborative practice employ by White to re-author clients’ stories was neither a “one-expert position nor a one-down strategic position” (Carr, 1998, P.490). Giving prominence to marginalized stories, he opened the opportunity for the individual to engage in, what he refers as, an “insurrection of subjugated knowledge” (p.491). Re-authoring one’s life story to him was a way to help clients diffuse their individual’s mind that has been filled with societal discourses that see the individual as a problem.

White, in an interview with Bubenzer (1994), commented on how he had become interested in the “philosophy of science”, with a particular focus on the “phenomenon of scientific

revolution in the scientific community". He went on to say that "this led me into looking at how certain paradigms are, if you like, thrown over and replaced with others--- this work is really about radical transformation in social systems" (P.72). This statement by White is an affirmation of the fact that he worked to address the issues of social injustices that exist in society. For instance: The injustices of "labelling" a person with an ailment as portrayed by the medical model. The injustices which are found within communities of discourses which provided a list of rights and wrong that "allows for social norms to be dictated through a complex web of social interchange mediated through various forms of power relationships" (Madigan, 2011, P.49).

Addressing the issues of social "construction of personal failures" in a paper, White "critiqued traditional notion of power" (P.48). Madigan (2011), reported that White was very critical about "traditional power" that existed at a defined center and that was exercised from the top down by those who had monopoly on it" (P.48). White sees power as "negative in function: that is, it is a power that operates to oppress, repress, limit, prohibit, impose and coerce" people within society. This oppression he worked to fight.

CRITIQUE

Like any other pioneering work, White's narrative approaches to therapy is not without short falls. Carr (1994), questioned the ethical basis of his narrative therapy. He asked: "From an ethical perspective, in what instances is a narrative approach appropriate and in what instances it is inappropriate to engage in narrative"? (P.499). Citing an instance of crises involving immediate threats to clients' safety or the safety of family members, Carr (1994) asked: "may narrative practices be used or are they inappropriate"? If they are inappropriate, at what point do they become inappropriate and what precisely are these practices? Carr (1994, p.499), also

questioned the empirical basis of narrative therapy. He asked: “From the empirical perspective, in what instances is narrative therapy effective? What are the active ingredients of this approach to treatment”? These questions requires answers from White.

Again, certain psychological disorders, such as depression, sometimes require the use of medication. This notion, according to certain people who have studied mood disorder, maintains that “the risk of relapse is reduced for clients from particular types of social networks if psychological interventions are coupled with the use of medication” (P.499). Carr (1994) asked: “From the narrative therapy frame, does the practitioner accord this view the same weight as that of an anti-medication TV documentary”? (P.499).

White’s narrative therapy also endorsed a collaborative therapeutic alliance between the therapist and the client. He used this approach to aid therapeutic change. However, watching a skilled therapist, and the father of narrative therapy, White in a recorded video showed in class on February, 26, 2015, appeared to be quite directive in his leading questions. He seemed to contribute more in the re-authoring of clients lives and their writings on how to manage their problems. This I find problematic.

SUMMARY AND CONCLUSION

The primary theory behind White’s narrative therapy as a form of post structural inquiry is to create an understanding of the person that allows for a “contextualization in broader historical- cultural practices and power dynamics and for some notion of freedom or personal agency” (Guilfoyle, 2012, p.639). Within the narrative practice framework, human problems are seen “as arising from and being maintained by oppressive stories which dominate the person’s life” (Carr, 1994, P.486). Michael developed therapeutic solutions to human problems by opening

space for the authoring of alternative stories that has been marginalized previously by the dominant oppressive narratives that maintained the problem.

White uses externalization of problems as a means of liberation from constraining definitions which makes clients the problem. He helped his clients to define their problems as separate from their identity. Through this approach, he maintains that the problem is disempowered and new possibilities for actions are embraced.

Finally, Michael's theory of narrative therapy, although not without flaws, has been a major break-through in social work practice. In allowing the client to tell their stories, problems are identified by the specialist eye of the therapist, and with the co-operation of the client, solutions are initiated. Hence, the client's story becomes, in effect, a "means of providing therapeutic options" as stated above.

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