

The Use of Narrative Therapy in the Personal Transformations of Graduate Students¹

By Colin James Sanders MA, RCC, PhD Candidate, Contributing Writer

The future is born of the present, from possibilities in contradiction ... Paulo Freire (1996, p. 152).

Education and transformational practice.

Since 1998, I have facilitated courses at City University of Seattle's Master's in Counselling program in Vancouver. One course I have taught for 13 years is known as "The Psychology of Addiction."¹

This past spring, teaching the course to a full time Master's in Counselling cohort at City

University, I was informed by two students (one female, one male, both Caucasian, both heterosexual), that their exposure to narrative therapy ideas and

practices had been liberating and transforming of their lives.² Over the years, I have encountered and engaged with many students who have, once introduced to different ideas and perspectives, engaged with the challenge of unraveling psychological theories whose ideas they have hitherto simply taken-for-granted in the absence of reflection and critique.

One student, Amy (pseudonym) described being plagued and haunted by the notion that she may always, and forever, be captured by the gaze and grip of bulimia. Years ago, Amy received that particular diagnosis, bulimia, and struggled for years with the ramifications of the label, as bulimia played out within the context of her life and relationships.

Adam (pseudonym) identified that for many years now he had struggled with the notion that, "I was an alcoholic." Both of these persons, in reflection papers written for The Psychology of Addiction course, described experiencing emancipation and liberation following from their reflections upon the perspective that one's identity is in no way static or fixed, and that preferred identities are possible; a process described by Michael White and David Epston originally as re-authoring and re-storying one's identity.

Karl Tomm, a psychiatrist in Calgary, Alberta, whose own practice has been informed by narrative ideas since the 1980's, writes in his introduction to White and Epston's first book that the authors "...propose the analogy of therapy as a process of 'storying' and/or 're-storying' the lives and experiences of persons who present with problems... The analogy has a great deal of intuitive appeal and serves to add a great deal of liveliness and drama to the lives of persons included in the narrative" (Tomm, 1990, p.x).

By beginning to separate their own preferred sense of identity out and away from the diagnostic categories they have been provided, both Amy and Adam reported a newfound exhilaration and sense of hopefulness for futures free from the influence of "being bulimic" and "being alcoholic," restraints that had plagued them for years.

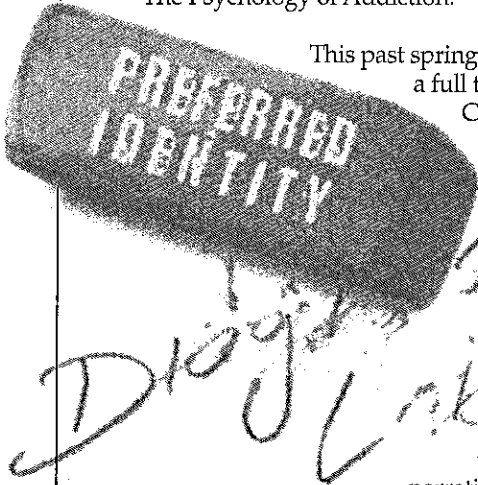
By externalizing the dilemmas of bulimia and of alcoholism, and beginning to comprehend their identities as other than what these categories implied, these two persons became able to literally separate themselves from the identities contained within these descriptions.³

Education and transformation: News of difference.

As an educator in the field of counselling, I am aware there always exists the possibility of slipping into tacit support for, and the reproduction of, psychological normalizing and prescriptive discourses and perspectives, devoid of socio-cultural context. In the field of counselling theory and practice, to engage in such a manner may contribute to what Kenneth Gergen has referred to as the "...lamentable repercussions of mental deficit language" (1990, p.360 [114]). In a conversation, Michael White (in Malinen, Cooper & Thomas, 2012, p.157) referred to "the hazards of normalizing ideas," saying, "In the culture of the professional disciplines, there is a lot of encouragement for us to subject people to these normalizing ideas..." (ibid).

In my own facilitation with students, I attempt to be as open and collaborative as possible, engaging students in dialogue from the perspective of a critical pedagogy, as informed by the thinking and writing of Freire (1996) and McLaren (1999), and others.

For example, within the domain of addiction studies, I have all too often become aware of academics, and practitioners, who promulgate normalizing perspectives without proffering a critique of the ideology within which



¹ The course title is currently evolving to reflect not merely psychological interpretations of behaviour and experience, but socio-cultural, socio-economic, and related influences and restraints.

² The intention in this brief reflection is not to suggest that only ideas and practices associated with narrative therapy alone can assist persons in re-authoring their identities; rather, the intention is simply to share aspects of lived experience of two students with whom I have collaborated over the past year.

³ For a comprehensive, insider appreciation and erudite historical description of narrative therapy theory and practice, see Madigan (2012).

these perspectives are embedded, and without offering up alternative perspectives.

This way of being does not strike me as collaborative pedagogy. Rather it appears more akin to simply teaching the party line of psychological explanations for dilemmas that arise within a person's life, with no attention to the complexities of socio-cultural, socio-economic, and related contexts within a student's life and relationships, or within the life and relationships of a person who presents in therapy with a particular dilemma or dilemmas.

Re-authoring moments.

Amy, having borrowed and read my copy of the text "Biting The Hand That Starves You: Inspiring Resistance to Anorexia/Bulimia" (eds. R. Maisel, D. Epston and A. Borden, 2004) wrote:

What stands out to me about this powerful goal, as a person with insider knowledge of the prison of Bulimia, is creating the possibility of a life that is free from shame, self-hurt and suffering and an identity that is untarnished by "disorder." Often times, the way the medical model explains, diagnoses, and treats mental health problems, including eating disorders, can make someone feel like they have been given a "life sentence" (Sanders, 1998, Amy, personal communication, August, 2011, emphasis in original).

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In her paper, Amy reflects upon the socio-cultural context within which body specification regarding women exists:

...I believe that the fight against a/b [anorexia/bulimia] needs to include a political stance against the cultural epidemic of objectification and sexualization of girls and women, which research has shown is linked to eating disorders, chronic low self-esteem, and depression in women, (personal communication, August, 2011).

Adam, in his reflection paper, "A whole-systems approach to recovery: Re-authoring as a critical step" (2011) writes:

For many who struggle with substance abuse, the thought of announcing that they have a problem is terrifying due to the social stigma associated with addiction. In North America, addiction has been hijacked by the disease and medical models [that] create a culture that judges and labels individuals who find themselves misusing a substance, as sick (Adam, personal communication, August 2011).

Adam goes on to write that in becoming aware of the narrative therapy concepts of re-authoring and externalizing, he came to realize that engaging with such ideas and processes can be transforming of one's identity, such that "[a person]... is no longer bound by the 'addict' label but is free to lose the chains of that oppressive story and

live into a new affirmative chapter where they are free and capable of moderation" for instance. Adam further reflects:

From my own perspective as one who has struggled with substance abuse, re-authoring has completely changed my life.

In my recovery I had always fought against the notion that I was an alcoholic and it took me years of going to AA to finally agree to the term [alcoholic]. Once I claimed the title, it was like I was now part of a club that no one wanted to join. Initially, this prompted me to make some drastic decisions, like leaving my work environment as a Vice President of Sales in the wine business and choosing abstinence (personal communication, August, 2011).

Adam goes on to reflect upon the ways in which narrative ideas have assisted in challenging the totalizing notion that he "is an alcoholic," writing: "Clearly, the concept of re-authoring and claiming one's identity as separate from the problem allows an individual to restore clarity of who they are" (personal communication, August 2011).

Similarly, Amy, reflecting too upon how narrative ideas have assisted her within her own transformation, writes, "What the narrative theorists have done is create space for people who are struggling with anorexia/bulimia to reclaim their lives and to 'fight the power' of

society's messages, which I find incredibly hopeful" (personal communication, August 2011).

In Conclusion.

Paulo Freire wrote, "relationships are dialectic and not mechanical" (1996, p.149). And in the educational experience of Amy and Adam, as espoused in this brief description, it is sustaining and inspiring to realize that within the dialectic between teacher and student, not only new learning (Bateson, "news of difference," 1972, 1979) can become generated, but that the ideas and practices some students are being apprised of may in turn assist them in creating preferred identities, intentional and purposeful lives, and meaningful relationships within their community.



Biography

Colin James Sanders, MA, RCC, PhD Candidate, currently is Director of Counselling Programs in the Master of Counselling Program of City University of Seattle, Vancouver, B.C. Colin also coordinates the City University Community Counselling Clinic, and presents workshops and therapeutic consultation through Metanoia Consulting. Colin has been on the teaching faculty of The Vancouver School of Narrative Therapy since 1993.