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NARRATIVE THERAPY IN THE SOUTH AFRICAN CONTEXT: A CASE STUDY

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of the requirements for the Degree of

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by

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ABSTRACT

The Narrative Therapy approach has been developed in Australia, and is therefore refreshingly southern hemispheric in contrast to most psychological theories which have originated in northern hemisphere countries. However, its application has mostly been in first-world, white, middle-class, English-speaking contexts. Questions therefore arise as to the appropriateness and applicability of this approach with people from working-class, politically disempowered, and multi-language contexts. The context for this study is the broader African culture which has traditionally privileged the oral tradition in the sense of the shared telling of stories. A narrative or story approach to therapy recognises the client's story as a story and privileges the telling of it. The respect for the other and their story, implicit in the narrative approach, greatly facilitates cross-cultural exchange.

This research illuminates the process and appropriateness of applying Narrative Therapy in order to facilitate the client's preferred, alternative story of her life and her relationships in a South African setting of racial, cultural and economic refraction and diversity. Light is shed on the cross-cultural sensitivity of the narrative approach and on restraints inherent in the author-therapist's and the client's contexts and in the site of study, namely a South African university. The story of co-authoring a client's life and relationships is presented via a qualitative, exploratory design and single case study methodology. Data was collected from the author-therapist's session notes and transcripts of audio tape recordings. Data processing analysis and interpretation were informed by the characteristics and concepts of Narrative Therapy theory. Summarizing statements and recommendations suggest modifications to and extensions of the Narrative Therapy approach in the specified context. These include suggestions for cross-cultural training in the context of peer-group supervision, generation of a thesaurus of modified

questions by practitioners for use in multi-language settings, and further research with regard to application of the narrative approach to groups and families in settings which are similar to that of this study. Exchange across the spectrum of human sciences and social services is recommended to enlighten and enliven the narrative conversation in South Africa in order to move forward with regard to empowering and just practices.

CHAPTER ONE: INTRODUCTION

1.1 IDENTIFICATION OF THE RESEARCH PROBLEM

The Narrative Therapy approach has been developed in Australia, and is therefore refreshingly southern hemispheric in contrast to most psychological theories which have originated in northern hemisphere countries. However, its application has mostly been in first-world, white, middle-class, English-speaking contexts. Questions therefore arise as to the appropriateness and applicability of this approach with people from working-class, politically disempowered, and multi-language contexts. Given the black[1] South African setting for this research, some of these questions can be addressed.

Eagle (in Polkinghorne, 1988: 213) raises the question of the efficacy of a narrative approach to therapy. He argues that creative myths, coherent meaning schemes and narrative are not curative in themselves: "Whether or not they are in fact therapeutically effective...is a crucial empirical question". This study contributes towards addressing this broad, general question.

1.2 TERMINOLOGY

Narrative/story: Used interchangeably in this study. A unit of meaning that provides a frame for lived experience (White in Epston and White, 1992: 80).

Privileging: Dominant ideas in a narrative.

Restraints: Beliefs and values constituted by gender, culture, religion, theoretical position, etc.

Totalising: Fully encompassing.

Personal Agency: Self determining.

Unique Outcomes: Previously unelaborated lived experience which contradicts (or undermines) the

[1] The term 'black' in this research will include all people who have been classified 'black', 'coloured' or 'indian' in this country

dominant story and which is elaborated in the course of the therapy conversation.

Author-therapist/researcher: The variety of roles implicit in the research necessitates the use of varying terms. The former connotes therapists as co-authors, and the latter term is used when specifically referring to the research role. The narrator's perspective varies between first and third person.

Meta: Change of position; being above.

Other terms commonly used in the narrative approach and explained in the text, are:

Dominant Story
Problem Saturated Story
New-Old Story
Re-Authoring and Co-Authoring
Polysemy
News of Difference
Normalising Knowledges
Landscape of Action
Landscape of Consciousness

1.3 SIGNIFICANCE OF THE PROPOSED RESEARCH

Traditionally, psychotherapy has been an arena of "dominant knowledges" (White and Epston, 1990) whereby the therapist conducts the sessions from a position of power, as a guardian and purveyor of insights and solutions. These power-relations which are being challenged in psychology, reflect many levels at which power relations and Western assumptions are being challenged in South Africa. The basis for much of White and Epston's theory is the work of Michel Foucault which traces and analyses power relations, which are often surreptitious. White and Epston's Narrative Therapy postulates that solutions are to be found in the lives and relationships of the clients, and not in the therapists' heads. The therapists' task is one of facilitating the *re-authoring* of aspects of clients' lives. An empowering approach such as this is well needed in the

South African context. This study will contribute to the illumination of such an approach.

The context for this study is the broader African culture which has traditionally *privileged* the oral tradition in the sense of the shared telling of stories. A narrative or story approach to therapy recognises the client's story as a story and privileges the telling of it, each telling being recognised as different, and constitutive of experience (E. Bruner, 1986). The richness and diversity of people's lives is privileged in Narrative Therapy, features which are often lost in the factual ask-and-tell approaches of some therapy models. The respect for the other and their story, implicit in the narrative approach greatly facilitates cross-cultural exchange. While analytic, factual interviewing is derived from a Western tradition, stories are universal. Hence, both from a training and a practice point of view, Narrative Therapy provides an approach which is potentially relevant and meaningful to all South Africans.

1.4 METHODOLOGY

1.4.1 Aim

The purpose of the present study is to illuminate and explore the use of Narrative Therapy (as developed by White and Epston) within the South African context, by means of a detailed case study of therapy undertaken as part of educational psychology practice, with a black university student. This study aims to serve as a pilot study for a more comprehensive research study, and to provide some guidelines for practitioners working in the specified context.

1.4.2 Design

A qualitative, exploratory design has been used in which case study methodology is employed to illuminate concepts. As is acceptable in case studies, only the critical, formative aspects of exploring and experimenting with a Narrative

Therapy map are presented; likewise, only parts of the client's narrative (old and new) have been captured.

1.4.3 Selection of Subject(s)

Students who attended sessions with the author-therapist, an educational psychology intern at a local university's student counselling centre, formed the study's population. Most of this population do not speak English as a first language, are mostly from working class backgrounds and fall within the 19-25 age range. A small sample of six cases was considered as demonstrating of the Narrative Therapy approach (See Appendix One). This was based on the client's motivation to attend three or more sessions, and fulfillment of pertinent criteria for the narrative approach, namely the presence of a dominant, problem-saturated story which is directing the client's life and demonstration of the client progressively integrating unique outcomes to form a unique re-description of self. From the sample, the therapy-story outlined in this case study was selected as being the most illuminating of the content and process of Narrative Therapy.

1.4.4 Data Collection Procedures

As part of the therapy process, notes were made during and after each session. For the purposes of this research, these notes were kept in the following summary format:

Session	Problem Saturated Detail	Unique Outcome	Question Eliciting Outcome

In addition, audio-recordings of sessions were also made. These tapes were transcribed using the following summary format:

Tape Counter	Key Issue(s)	Verbatim Material	
		Client	Therapist

1.4.5 Data Processing Analysis and Interpretation

This case study did not attempt to be exhaustive in its analysis and description of the person and the situation. Rather, the researcher was selective with regard to issues which illuminate and demonstrate the application of Narrative Therapy concepts and characteristics (see Appendix One). Both the notes and transcripts were then perused in relation to the Narrative Therapy concepts and characteristics (refer to Appendix Two, Three and Four for further details). Self-reflective comments on the quality and timing of the author-therapist's questions were included to assist in highlighting difficulties and intricacies of experimenting with the narrative approach.

Summarising statements and recommendations were made about the use of the Narrative Therapy approach within the specified context, in order to provide pilot study material for a more comprehensive research study, and guidelines for other practitioners in this context.

1.5 ORGANISATION OF THE STUDY

Chapter One: INTRODUCTION

Chapter Two: REVIEW OF LITERATURE

Chapter Three: INTERFACES: A DESCRIPTION OF THE MULTIPLE CONTEXTS AND RESTRAINTS IMPACTING ON THE THERAPY PROCESS

Chapter Four: DESIGN AND METHOD

Chapter Five: DESCRIPTION OF THE PROCESS

Chapter Six: DISCUSSION OF THE PROCESS

Chapter Seven: CONCLUDING REMARKS

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CHAPTER TWO: REVIEW OF LITERATURE

2.1 INTRODUCTION

"We inhabit the great stories of our culture. We live through stories. We are *lived* by the stories of our race and place...we are, each of us, locations where the stories of our place and time become partially tellable." (Mair in Howard, 1991: 195)

Narratives are ubiquitous. Stories of our existence and experience have been transmitted orally since time immemorial, and relatively recently, have achieved a degree of permanence in their written form. In the human sciences, there has been a recent return to narrative as being central in organising and creating our experience. Psychology even more recently has become aware of the role of narrative in constructing human experience and in giving significance to events in our lives and form to the actions we perform (Howard, 1988). This awareness directs us to the realm of meaning.

2.2 NARRATIVE MEANING

"Narrative meaning is one type of meaning produced by the mental realm...narrative creates its meaning by noting the contributions that actions and events make to a particular outcome and then configures these parts into a whole episode" (Polkinghorne, 1988: 6).

If narrative is a structure for organising events, information, etc., into wholes in order to make coherent and consistent meaning of these, then variations on the meanings are possible. The narrative perspective emphasises polysemy, i.e, multiple meanings and interpretations of life, events, actions. It highlights the diversity of understanding. According to Polkinghorne (1988), we exist in three realms: the organic, the material and the meaning realms. Therefore, while some aspects of existence are given, the meanings we make of these 'facts' will differ and diverge. In its negation of universal truths, the narrative (constructivist) paradigm

contrasts with the logico-scientific (objectivist) paradigm in several respects (Bruner, 1986; White, 1992; White and Epston, 1990):

OBJECTIVISM (Logico-Scientific)	CONSTRUCTIVISM (Narrative)
BASIC PREMISE	
Objectivity exists Essentialism and reductionism: searching for something essential about human nature. Representationalism: descriptions of reality represent life.	No objectivity Essentialism is paradoxical - can't avoid descriptions Descriptions are not representations, but shape people's lives.
EXPERIENCE	
Systems, diagnosis, classifications are important	Particulars of lived experience are important. Complexity, subjectivity of experience
TIME	
Universal facts, general laws are valued. No temporal dimension	Unfolding of events through time.
LANGUAGE	
Quantitative descriptions, univocal words to reduce polysemy Technical language used.	Subjunctive mood. Ordinary and poetic descriptions. Conversation is exploratory rather than purpose-driven.
POSITION OF OBSERVER	
Objectivity is possible.	Filter of consciousness of observer and observed are considered.

Table 1: Comparison of Logico-Scientific and Narrative Paradigms

Psychology has traditionally fallen into the former category, with emphasis on refining and defining classifications and diagnoses (especially within the medical-psychiatric model), as well as honing skills for discovering the essential deep structure of the psyche (in psychodynamic theory), the

essential stimulus-response patterns (in behaviourist terms), and the increasingly technical information-processing and computational approaches in cognitive psychology. In a narrative perspective, "scientific theories represent refined stories (or rich metaphors) meant to depict complex causal processes in the world." (Howard, 1991: 189). No theories, therefore, are story-less; they *privilege* certain, selected information which is then moulded into a whole, complete theory with its internal consistency and validity. The *privileging* process depends mainly on culture; generally it is the dominant culture (whether in science, politics, arts) which determines which information to be selected and which is to be discarded or altered.

Narrative knowledge, rather than being like a mirror which reflects the actual, or a plate of glass through which one can view the scene as is, is like a diamond: its facets catching light at various angles, and refracting it into a variety of prism-like effects of different, multiple hues.

Perhaps the relativism of narrative meaning tastes like watery wine to connoisseurs of 'truth and reality'. Several narrative theorists have placed themselves between the extreme objectivists (truth as the superordinate goal towards which science should strive) and the extreme relativists with their "anything goes" attitude (Howard, 1991). These theorists recognise that as knowledge represents a human creation, it is therefore somewhat subjective and relativistic, but not all knowledge is perceived to be equal. 'Truth' is perceived to be a conceptual point at which theories converge and enjoy some consensual agreement; meaning, then, is negotiated and renegotiated. These theorists do not decry commitment to a viewpoint or moral stance; they accept personal preference and bias as inevitable, while encouraging open-mindedness, empathy and honesty. "It demands that we be conscious of how we come to our knowledge and as conscious as we can be about the values that lead us to our perspective. It asks that we be accountable for how and what we know. But it does not insist that there is only one way of constructing meaning, one right way." (J.Bruner, 1990: 30). This accountability has been put

into practice in Narrative Therapy (as outlined in Madigan, 1991). The therapist's questions are questioned by a reflective team in order to make transparent the therapist's version of reality and her/his contextual and conversational *restraints*. Waldegrave (1990) insists that therapists be conscientised about the power differentials of the socio-politically constructed world, lest they fall in to the trap of treating all knowledge as equal and inadvertently reinforce gender and other oppression.

The challenge to therapists then is perhaps to be a diamond, a useful analogy, as the incoming light (meaning and knowledges) appear the same, but upon encountering the diamonds angles and components, the deceptively mono-coloured light is refracted and separated into multiple colours, the particular hues thus being identifiable. Should therapists perceive of their function to simply hold up a mirror for the client, or function as glass, in emphasising transparent and value-neutral observer practices, they may perpetuate what they are attempting to eliminate.

2.3 NARRATIVE KNOWING

J.Bruner (1990), in what he terms his radical argument, suggests that human beings have an innate push towards organising experience narratively, which then influences language-acquisition. He argues that infant's language development fulfills the criteria of narrative, namely: "agentivity" - action directed towards goals controlled by agents, "linearising" of events to ensure their sequential order, sensitivity to what is and what is not acceptable and standard in human interaction, and finally, a narrator's perspective. He further argues that this innate predisposition to narrative knowing allows us to use it in a prescribed way, "the culture soon equips us with new powers of narration through its tool kit and through the traditions of telling and interpreting in which we soon come to participate" (J.Bruner, 1990: 80). These narrative environments, are vital for bringing children into the culture, a culture which thrives on narrative knowing for establishing what is normative, but also

what is breach and exception. Stories, he claims, make "reality" a "mitigated reality"; "Without those skills we could never endure the conflicts and contradictions that social life generates. We would become unfit for the life of the culture" (J.Bruner, 1990: 97).

In order to adopt a meta-perspective with regard to the meaning and function of a particular culture or sub-culture's narratives, and sensitivity to the richness of these narratives, Bruner highlights the "interpretivist" role necessary in the human sciences; Interpretation of the symbolic world that constitutes human culture (J.Bruner, 1990).

Polkinghorne (1988) argues that the human sciences have modeled themselves on the physical sciences with their emphasis on objective reality outside the realm of meaning. He claims that human sciences are at a turning point which will require a different kind of training, training in the realm of meaning and the linguistic structures and descriptions of meaning. He adds that the human sciences will have to increasingly conceive of themselves as social sciences, with input from multiple sources in lieu of distinct, discrete categories of knowledge.

2.4 NARRATIVE THERAPY

The main emphasis of this section of the review will be on Michael White and David Epston's work and conceptualisations (1989, 1990, 1991, 1992) which are the cornerstone of the Narrative Therapy approach and therefore of this research.

White and Epston speak of a *dominant* story of ourselves, created through the collaboration of culture, community, family and oneself. This dominant story creates meaning, explanations and understanding of all interactions. It is a developing and *totalising* story which is constitutive of lives and relationships through time. Within the dominant story are loose ends and gaps, pieces which do not fit into the total story of oneself and one's life. In order to maintain

cohesiveness, these pieces of the story are often discarded or altered. White and Epston believe that clients seek therapeutic help at the point at which their dominant story and lived experience clash.

2.4.1 Problem-Saturated Stories and Therapeutic Aims

"Every telling is an arbitrary imposition on the flow of memory, in that we highlight some causes and discount others; that is, every telling is interpretive" (E. Bruner, 1986: 7).

The stories which clients offer are *problem-saturated* and their perception is clouded by their dominant problem-story. It is through a process of Narrative Therapy intervention that previously dominant problem-saturated stories become obsolete, and alternative, more rewarding and helpful stories are identified or generated. These alternative stories enable the performance of new, more open-ended meanings which harness the clients' sense of *personal agency* (White and Epston, 1990). Narrative Therapy, then, is a process of deconstructing unhelpful stories and co-constructing improved stories, in a context of consensual meaning-making and transformation, which requires the creation of a context for adventure and discovery. Therapy should, according to White and Epston, be engaging of energy and imagination and recruit lived experience.

2.4.2 Externalizing the Problem

The technique of *externalizing* the problem is central to Narrative Therapy. Clients are invited to objectify and sometimes personify the problem, which dislodges them from their fixed, static world of problems being intrinsic to themselves and their relationships (White and Epston, 1990; Barker, 1992). The process of externalizing the problem and redefining clients as being under the influence of their particular difficulty, has several intentions, namely, to increase personal agency in the face of the problem, to undermine the clients' sense of failure for the continued existence of the problem despite efforts to resolve it, to

invite co-operation against the problem in order to escape its influence and discourage conflict about who is responsible for it, to provide options for dialogue (rather than monologue) about the problem, to open up new possibilities for clients to retrieve their lives from the grip of the problem and in the process, to take a lighter, less stressed approach to 'deadly serious' problems (White and Epston, 1990; Tomm, 1989; Barker, 1992).

2.4.3 Relative Influence Questions

The therapist invites clients to externalise the problem by asking *relative influence questions*. Firstly, the influence of the problem on the clients' lives and relationships, across all interfaces, is explored. The therapist elicits motivation by encouraging the clients to describe the unhelpful and unpleasant effects which the problem is having on their lives. Thereafter, the clients' influence on the life of the problem is explored which identifies clients' competencies, resources and resourcefulness. In establishing the clients' influence on the problem, *unique outcomes* are established.

2.4.4 Unique Outcomes and Performance of Meaning

"The performance does not release a pre-existing meaning that lies dormant in the text. Rather, the performance itself is constitutive" (E. Bruner, 1986: 11).

Unique outcomes refer to the lived examples, either recent or past, when the clients resisted the usual response prescribed by the problem. The unique outcomes are essentially the 'gaps' in the dominant story, which have been overlooked, and which the therapist assists the clients to identify and elaborate. In this way, the dominant story (and the dominance of the problem) is perturbed and *performance of meaning* around these unique outcomes is encouraged; a unique outcome at only one interface has the possibility of disturbing a whole (old) story. Unique outcomes should be unique not just to the therapist but to the client, though the therapist is required to use attuned senses to notice and point out the unique

outcomes as they often "enter the shadow of the old story" (White and Epston, 1990: 50).

It is skillful and specific questioning that elicits often subtle unique outcomes. They may be historical, current or future situated unique outcomes, thereby recruiting imaginative preference, for as White and Epston say, "since all stories have a beginning (or a history), a middle (or a present) and an end (or a future), then the interpretation of current events is as much future-shaped as it is past determined" (White and Epston, 1990: 10). *Landscape of action* questions encourage clients to situate unique outcomes in sequences of events that unfold across time; in this way they are similar to the plot of a story. Examples might be: "Could you give me some background to this? What were the circumstances surrounding this achievement?" (White, 1991: 30). *Performance of meaning* around these unique outcomes is invited by asking the clients to reflect on their significance; questions evoking such reflection fall within the *landscape of consciousness*. An example might be: "What do these discoveries tell you about what you want for your life?" (White, 1991: 31) *Experience of experience* questions invite clients to provide an account of what they believe or imagine to be another person's experience of them, e.g. "Of all those people who have known you, who would be least surprised that you have been able to take this step in challenging the problem's influence in your life?...What might they have witnessed you doing that would have made it possible for them to predict that you could take such a step?" (White, 1991: 32). Answers to these questions contribute to the circulation of the alternative story. It is misleading to speak of new stories; Hewson (1991: 6) speaks of *new-old* stories as it is "Experiences from the past, present and future being given new meaning so that they become embedded within the new story."

2.4.5 The Role of Questions

It is clear that in the Narrative Therapy approach there is an emphasis on questions: questions accounting for unique outcomes, questions inviting re-descriptions, and questions

which encourage speculation on new possibilities. Through this process, the clients' stories become extended and revised, so that the problem no longer speaks to them of their identity (White, 1991). The important role which questions play in developing narrative is highlighted by author Milan Kundera (in Madigan, 1991: 13), "The stupidity of people comes from having an answer for everything. The wisdom of the novel comes from having a question for everything. The novelist teaches the reader to comprehend the world as a question. There is wisdom and tolerance in that attitude."

2.4.6 Rites of Passage

The passage of time has significance in Narrative Therapy (as it does in all narratives), for it is only within the temporal dimension that one can be aware of 'news of difference' (or unique outcomes). The therapist's language, in the Narrative Therapy approach, reflects time's passage, for instance, the use of terms such as 'turning point', 'departure', 'transition' are time-referenced. Such departures, turning points and transitions are ritualised in many cultures. *Bar mitzvahs*, twenty-first celebrations, and the circumcision ritual of men in African culture, are examples of age-related transitions; weddings are an example of turning-points and a funeral is a literal example of a departure.

The analogy of a *rite of passage* constructs crises within terms of progress, rather than regression. Its passage can be organised into three phases: the *separation* phase where one separates from something (status, a role, an aspect of identity) that the person concerned no longer considers viable, a *liminal* phase which brings with it the confusion, discomfort and perhaps heightened expectations of transition, and the *reincorporation* phase characterised by the arrival at a new point which carries new responsibilities and possibilities (Turner, 1986; White and Epston, 1990). The rite of passage analogy can highlight the clients' perceptions of what their crisis might be telling them about what they could be separating from, what clues the crisis gives about new status and roles that could become available to them, and how

these new status and roles might be recognised. White and Epston encourage the use of rituals and celebrations which mark the culmination of a rite of passage.

2.5 APPLICATIONS OF NARRATIVE THERAPY

The application of White and Epston's Narrative Therapy concepts has been successful in many varied contexts, i.e. groups, individuals and families, and in varied settings, especially in Australia, Canada and the United States. Its appropriateness in a cross-cultural setting in New Zealand has also been recorded. A description of selected applications of Narrative Therapy follows.

2.5.1 Narrative Therapy with Families

Sluzki (1992: 219) proposes a list of micro-practices of narrative work which can be used with families, the aim of which is to challenge most dimensions of a family's reciprocally influencing narratives and to "generate a conversational environment that facilitates shifts of consensus". For instance, if the client focuses on an interpretation of an event, the therapist might turn this into a description by asking "Would you describe for me what actually happened, as if I were witnessing it?". Or if something is told in the passive voice, the therapist elicits personal agency by enquiring "And what did you do about it?" or "What have you done about it successfully in the past?" (Sluzki, 1992: 226).

2.5.2 Narrative Therapy in the Presence of a Reflecting Team

Madigan (1991) outlines a discursive approach (situated within the Narrative Therapy approach) whereby the imposition of meaning by the therapist onto the client is checked by a reflecting team which questions the therapist's questions, in the presence of the client, in order to make the therapist's cultural, theoretical, and other restraints transparent, thereby highlighting the multiplicity of other possible meanings and descriptions of reality. For, "It is through the

reflexive process of mutual shaping and influencing that each person's ideas act together to formulate the plot of the new story" (Madigan, 1991: 14).

2.5.3 Cross-Cultural Narrative Therapy

Waldegrave (1990) describes the cross-cultural work done at a family centre with Maori clients in New Zealand. The families' personal meanings of their stories are acknowledged, and alternative, liberating stories which recognise the clinical as well as the political domain, are offered. The therapist, aware of the cultural and political context in which s/he works, listens attentively and without intrusion or contamination to the family's narrative, but asks clarifying "what" and "how" questions (rather than blame-connoted "why" questions) where necessary. The therapist then meets with a team of "cultural consultants" comprised of people who are well respected in their Maori community and who are knowledgeable about Maori affairs and culture. Together they devise a message for the family in which information can be presented in an encouraging manner, in dilemma form, in a paradoxical form, "or in whatever way the therapist thinks will loosen the old threads of meaning and encourage the growth of new ones" (Waldegrave, 1990: 41). The message is based on the information accrued during the interview, and provides a "radical juxtaposition of the lengthy and detailed focus on the people's story with the trance-like, brief and positive reflection of the therapists" (Waldegrave, 1990: 45). These messages are colloquial rather than literary, and are more than reframes; they encourage changes in total patterns of meaning. The impetus of this approach is towards skilled simplicity, justice (given the socio-political setting) and integrated spirituality.

2.5.4 Narrative Therapy and Abuse

The Narrative Therapy approach has also been successfully applied in situations of abuse (Jenkins, 1990), either with the individual perpetrators of sexual or physical abuse, or with the perpetrators and the survivors together (this is

usually in the later sessions of therapy), or with groups of perpetrators (usually men), to create a context for understanding the abuse. The approach aims at engaging the perpetrators in a way that facilitates their taking responsibility for their actions. The perpetrators of abuse are invited to understand their "*restraints* to the acceptance of responsibility for abusive actions and the development of sensitive and respectful relationships with others" (Jenkins, 1990: 14). They are encouraged to examine the contexts in which their restraints have been developed and are maintained. Examples of questions in the final stages of therapy when the new actions are being planned and facilitated, include: "How would you know if anyone in the family was feeling scared of you?...What would you need to do to reassure them that they are safe?", and questions which promote self-responsibility include, "How would you know if you were starting to feel....? What warning signs would you pick up in yourself? What could you do to take responsibility when you pick up these signals?" (Jenkins, 1990: 96).

2.6 CONCLUSION

In reviewing the literature, it is clear that narrative theory is developing and disseminating, and its application to therapeutic practices is diversifying. Stories of people's lives and experiences which have previously been nailed to the cross of logico-scientific therapeutic practice can be resurrected through the narrative approach. In its respect for personal agency and its recognition of persons being experts on their own lives, the Narrative Therapy approach provides themes of justice and liberation to the therapeutic context. The pertinence of exploring the suitability and appropriateness of Narrative Therapy in the South African context is accentuated.

CHAPTER THREE: INTERFACES: A DESCRIPTION OF SOME OF THE MULTIPLE CONTEXTS AND RESTRAINTS IMPACTING ON THE THERAPY PROCESS

3.1 THE SOUTH AFRICAN CONTEXT - FROM A NARRATIVE THEORY PERSPECTIVE

The macro-context of the South African narrative, and its journey towards an alternative story, could be seen to mirror the therapeutic context and the co-authoring therapy process, in search of alternative narratives for clients. This synchronicity is displayed in the headings chosen to describe the South African context, and the therapy process. The following descriptions provide a window on the multiple influences which were, along with the theory outlined in Chapter Two, constitutive of the therapy sessions of this research.

3.1.1 The Problem-Saturated Story of South Africa

As the story of white supremacy becomes obsolete in this country, a network of multiple new (and old) political and cultural stories are in competition, each attempting to establish its dominant narrative of priorities, norms, privileges, attribution of meaning and ordering of events in time, which then penetrate all interfaces of existence (Sluzki, 1992). A clash of subjectively experienced stories is likely to be heightened at this point; previously totalising stories are no longer air-tight - a point at which White and Epston (1990) propose that clients seek therapy. As the personal stories we tell are embedded in the broad socio-political arena, our problem-saturated South African context is likely to increase the incidence of our personal problem-saturated stories.

3.1.2 Prevented Rather Than Elicited Unique Outcomes

Our South African context is currently a melting pot of very varied political narratives. Bruner (1990: 96) suggests that a major cause of breakdown in a culture is when there is

"rhetorical overspecialization of narrative" so that stories become so ideologically self-serving that the only response is that of reactionary distrust, rather than interpretation, and the 'facts' of the situation are discounted as fabrication. In its apartheid heyday, the government imposed and flaunted the dominant story of white supremacy, and used tightly controlled media (especially television) to ensure that there were no *unique outcomes* in this dominant narrative. Bruner (1990: 96) also outlines the cultural breakdown which results from "sheer impoverishment of narrative resources", such as in severely socio-economically deprived communities. In these situations, daily life is dominated by disaster so that variation of the narrative no longer seems possible. The rife poverty in most black communities has reduced the possibility of more rewarding and satisfying narratives; perhaps the sheer impoverishment of the narrative resources in those situations, particularly Natal and the Transvaal, only provides recourse to violence.

3.1.3 A Rite of Passage

The political process in South Africa since the radical changes announced by President de Klerk in February 1990, is analogous to a rite of passage. The stages of transition towards a post-apartheid South Africa have similarities to those of a rite of passage as discussed in the literature review. These include *separation* from some status, aspect of identity or role that is no longer considered viable, followed by a *liminal* ('betwixt') phase which is "characterized by some discomfort, confusion, disorganization, and perhaps heightened expectations for the future" (White and Epston, 1990: 7). That phase has seen considerable political and social upheaval and polarization of the extremes of the political spectrum and attempts at consensual meaning-making by the more dominant parties. The *reincorporation* phase towards which it seems this country is currently heading, is marked by "the arrival at some new status that specifies new responsibilities and privileges.." (White and Epston, 1990: 7). An alternative, more liberating political story (for most South Africans) is

currently being co-authored by the leaders (the new and old voices) of this country. At all levels of society, alternative stories are increasingly being co-authored in South Africa. In 'open schools', for example, new curricula have had to be considered, and provision made for different cultural and political stories to those (of white experience) which have till now been privileged in the classroom. As the education system moves towards one education department, the co-authoring process of the classroom experience will need to be taken further. It would be assisted by teachers, administrators and counsellors being grounded in the fundamental concepts of the narrative approach.

3.1.4 Dominant Psychotherapy Narratives in South Africa

"Dominant narratives are units of power as well as of meaning. The ability to tell one's story has a political component; ...one measure of the dominance of a narrative is the space allocated to it in the discourse" (E. Bruner, 1986: 19).

The apparent pecking-order of mental health professions in South Africa places psychiatrists at the top of the rung (confirmed by the fact that medical aids are more amenable to reimbursements for psychiatric consultation than for psychological consultation). The significant status given to the medical model is demonstrated by the South African Medical and Dental Council being the controlling body of all psychological/psychiatric practice in the country. Clinical psychologists appear next on the list, and much of the clinical training in this country falls within the psychodynamic approach, an approach which is closely allied to the practice in psychiatric hospitals. Below them are the educational and counselling psychologists. Emphasis on psychometric testing has traditionally been one of the major functions of educational psychologists. Again medical aids pay out more fully for consultation for psychometry than for therapy. The psychology profession is fraught with its own knowledge and power struggles, and that is before the profession's relations with other mental health professions

(e.g. social work) are addressed. What is clear is that the mental health professions are considered as occupying discrete, separate arenas, and that the power bases of the psychological professions are dependent on expert and *normalising knowledges* (White, 1992), which are organised around concepts of norms or 'truths' about what adjusted people are like, and as such, could be placed within the logico-scientific framework, discussed in Chapter Two.

3.2 THE AUTHOR-THERAPIST AND HER CONTEXTS

Having come through the conservative Christian Higher Education which is the privileged narrative in the white education department, I was surprised to discover alternative political and gender narratives at university. This discovery particularly perturbed my story of what it meant to be South African, and provided new themes for an alternative story which were then modified by teaching in a so-called coloured school, and later, assisting teachers at a 'squatter camp' school. My interest in psychology and my training in education were combined in pursuing post-graduate studies in educational psychology initially at a university where my white story was not the privileged narrative; a university to which I would later return. I have experienced and explored different dimensions of the Christian narrative, namely Methodist, Catholic and Quaker, which have been constitutive of my religious story.

During my M.Ed (Ed Psych) Year 1 training, at the University of Cape Town, I became interested in systemic thinking and therapy. I liked its emphasis on describing events/scenarios and the variations this made possible, rather than interpreting through narrow, specialised theoretical lenses. I was more interested in the idea that 'reality' is co-created between people rather than in the idea of internal, individual conscious and unconscious forces which individuals bring to bear on relationships.

During the same year, I encountered the use of therapeutic metaphors, stories, and first heard of the names of Michael White and David Epston and their Narrative (and Storied) Therapy. My background and interest in literary studies, and my enjoyment of creative writing linked with the idea of 'narrative'. In addition, this approach coincided with the systemic principles I valued. I was excited to find a creative and culturally-sensitive approach to working with people, given that I was working mostly in cultures different to my own white, middle-class, English-speaking culture. In addition, the narrative approach was apparently equally applicable to and effective in working with individuals, families or groups thus providing a broad repertoire of intervention options. The co-authorship role of the therapist in a Narrative Therapy approach appealed to my preference for establishing a democratic working relationship with clients. So it was with enthusiasm that I began reading about Narrative Therapy, the broader narrative approach, and applying it in therapy sessions, with the desire to fine-tune my skills and techniques in Narrative Therapy and I had the good fortune to attend a workshop presented in Cape Town by Michael White.

My internship placement in the second year of my M.Ed (Ed Psych) was at a different university to that of my first year of training. My training there encompassed various components: at the family guidance centre I saw children and the adults associated with them for psychometric assessment, parenting counselling, consultation with the school, and family or couple therapy. I was also involved, as part of a team, in a community psycho-education approach to parenting skills, particularly focussing on training the facilitators of parent education and support workshops. The remaining component of my training was at the student counselling centre, the context for this research. There I performed psychometric and career assessments with university and high school students, as well as counselling and therapy sessions. We, the staff of the centre, ran groups focussed on orientating first year students to university life, trained facilitators for such groups, and ran special interest groups focussing on, for example study techniques, assertiveness training and sexuality. The

theoretical framework of the supervisor of the intern psychologists at the centre, can be described as mostly eclectic, with respect for client-determined goals of therapy. This provided me with the freedom to experiment with a Narrative Therapy approach, though supervision within this approach was limited due to it being mostly unknown in psychological circles.

3.3 THE UNIVERSITY CONTEXT

3.3.1 Distinguishing Features

The university is one of the fastest growing in South Africa, having doubled its student numbers in the past five years and now accommodating approximately 12 000 students, with a disproportionately growing number of academic staff. Lecturers have had to find efficient means to cope with their large classes.

Many of the students are part-timers as the university caters for those unable to afford the costs of full-time tertiary education. Having been one of the universities most involved in the political struggle (e.g. university boycotts) in South Africa, it has suffered major cuts in government subsidies. In addition, the university policy until now has not been strict with regard to students' payment of fees, which means that the university has incurred a significantly large debt.

The university is very aware of its African and South African context, and this awareness permeates the academic curriculum, in contrast to many Euro-centric courses at other universities. In recognising the discriminatory and poor level of schooling which most of its students have had, the university has adopted an admissions policy whereby applicants are randomly selected by a computer. This has not been without major pitfalls and the university is attempting to adopt a more satisfactory admissions policy. Given the schooling background of the students, bridging courses for academic survival have been given priority.

Afrikaans has been more prominent than English at the university. As an increasing number of students speaking other South African languages are being admitted to the university, the language policy has been revised in favour of English being the privileged language. This, too, has not been without its conflicts.

At a resource level, one of the most distinguishing feature of the university is its emphasis on being accountable to, accessible to and providing resources for the broader community. It therefore places emphasis on outreach educational and service-delivery projects.

This description gives some indication of the often insurmountable challenges facing the university, and the policies which have been implemented and revised to deal with the ongoing, challenging issues which face this university and which will increasingly face all universities in South Africa.

3.3.2 The Campus Context

Although many of the students at the university are older students, the majority of full-time students are in the early twenties age-bracket. University provides an opportunity to assert their new-found adult freedom and to experiment with new ideas, values and experiences, this being done in the context of peer groups. Students with more traditional value-systems, such as the client in this research, often have difficulty finding the recognition and support they require and struggle to integrate the dominant peer groups' values with those of their upbringing. The students are from a diverse range of language, political, economic and religious cultures and persuasions. Owing to the many 'cliques' on campus, it is considered to be a generally unfriendly and unsupportive environment for those students who are not part of a particular clique.

3.3.3 The Therapeutic Context - Student Counselling Centre

As the dominant story of white supremacy has been imposed at all possible interfaces of South African life, it is not surprising that many of the clients presenting for therapy at the university's student counselling centre, report experiencing a poor self-image, low self esteem and lack of assertiveness: the client in this research being one of many. Other types of presenting problems include difficulties due to high anxiety levels (particularly at examination times), substance abuse, sexual or physical abuse and harassment (the incidence of harassment on campus is high), unplanned pregnancies, difficulties with career and subject choice, problems in sexual, familial and other relationships.

The student counselling centre offers free service to all students on campus. First-session clients are assigned a counsellor/therapist by the secretary, based on who is available. The centre is staffed by, on average, three intern counselling and educational psychologists, by approximately four qualified counselling and clinical psychologists, a social worker and one post-graduate social work student, two administrative staff members and several student (administrative) assistants. A major role for the centre is to organise and run the orientation programme which assists first year students to cope with all facets of university life. Peer-facilitators (for the orientation programme) are trained by the centre. There is a strong impetus towards counselling and research with regard to sexuality, at the centre.

Counsellors see approximately five clients per day and are also part of working groups such as the residence policy committee and the women's resource centre committee. The interns have the luxury of attending case presentations, discussions and supervision with other students, while the permanent counsellors work mostly alone.

As a result of the supportive orientation programme and other such programmes, the centre is increasingly utilised. One of the difficulties of the centre is that clients often do not

return after the initial session(s), although this is reported to be changing. Statistics are compiled from records of all the clients, and a questionnaire has been developed to assess from the clients whether their needs are being adequately attended to at the centre. Many proposed groups do not function, due to a lack of attendance, reasons for which have yet to be more fully explored. Abuse of the centre's services occurs when students request exemption from university disciplinary action (for harassment, etc.) on the basis of having attended sessions at the centre, and during examination time when students request letters of exemption from counsellors on the basis of emotional difficulties. Judging by the large number of such requests, there is a myth that attendance at a counselling session means permission to be exempt from an examination, as long as the letter is written by a counsellor.

Most of the clients are self-referred, while others are referred by the staff at the adjoining health centre, or by lecturers. Clients with severe difficulties (e.g. psychotic episodes) are referred and admitted to the local psychiatric hospital.

3.4 THE CLIENT AND HER CONTEXTS

The client's home-town, a fair distance from Cape Town, derives its livelihood from its fruit farming and fruit industries. It is situated within conservative white Afrikanerdom. The so-called coloured population is mostly Afrikaans-speaking, and like any rural population, is probably 'less sophisticated' (in terms of middle class values) than their city counterparts. For someone from that community, adjustment to a city-based university life would likely be all the more difficult. From the client's description of her community, it emerged that there are discrete hierarchies of status, epitomised by the river which separates the privileged members of the community from the less privileged ones. It seems that those who live below the river expect and are expected to live in accordance with the roles imposed on them

which means not "acting too good for your past" (client's quote) nor becoming too educated. It is almost prescribed that above average scholars should enrol at the local teacher training college. The unwritten rules of that community, as described by the client in therapy sessions, appear double-binding, for although there is an injunction for members of that community not to live beyond themselves, there is another injunction to 'not let the side down', especially in the face of the more privileged community. Therefore one should display new dresses and throw large, fancy 21st (and other) parties. It is from this community that this bright and conscientious client originates.

At university, she is separated from her closest friends, and during the academic year, she is mostly involved with a group of friends who are part of her Christian denomination. She works hard at her business courses, and would like to be a successful business woman in her home-town. She assuages her mother's apprehension about her proposed honours course by assuring her that it will prove to be financially beneficial to both of them which means that they could renovate their home for one thing.

CHAPTER FOUR: DESIGN AND METHOD

On reviewing the literature and upon considering the interfaces impacting on the therapy process, the following design and method were evolved.

4.1 AIM

The purpose of the present study is to illuminate and explore the use of Narrative Therapy (as developed by White and Epston) within the South African context, by means of a detailed case study of therapy undertaken as part of educational psychology practice with a black university student. This study aims to serve as a pilot study for a more comprehensive research study, and to provide some guidelines for practitioners working in the specified area.

4.2 DESIGN

As this study is a qualitative and exploratory one, the case study methodology was considered most appropriate for the presentation of the study, in that it provides more latitude than methodologies which emphasise empiricism, statistics and 'hard facts'; similar to a poet's experience, the case study format allows for "being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason" (Keats in Ellis and Flaherty, 1992: 5). It was the most currently appropriate methodology "to keep a conversation going" (Rorty in Ellis and Flaherty, 1992: 5) and for allowing consistency between the narrative premise of this research (in contrast to the logico-scientific approach, discussed earlier), the narrative focus of the therapy sessions and the narrative style for reporting the findings.

The issues of reliability and validity in this study have been addressed by noting the usual case study limitations of generalisability. This study involves recommendations for further research rather than generating generalisable conclusions. Also, as is the practice in systemic research, more detailed information about the contexts and the

researcher have been provided so as to inform the reader of bias in reporting on findings. (Sowden and Keeves, 1988).

4.3 METHOD

4.3.1 Rationale for Applying the Narrative Therapy Approach and Selection of the Therapy-Story for This Study

As long as there are stories to tell and narrative resources to tell them with, Narrative Therapy can be applied. According to White (1992), Narrative Therapy is not contra-indicated for any specific problem. Given the particularly empowering nature of Narrative Therapy, as well as my personal interest in narrative, it was appropriate to adopt this model in working at the site of my internship placement where clients were from politically disempowered contexts (described in the previous chapter). Using the criteria of the presence of a dominant problem-saturated story which was directing the client's life and which became increasingly perturbed in the course of the sessions, resulting in the client's performance of new, preferable meanings and re-descriptions, a small sample of cases were selected from which this therapy-story was chosen as the most illuminating of the content and process of Narrative Therapy (outlined in Appendix One). I was more familiar with the general Narrative Therapy approach, having read about and experimented with this approach by the time G (the client in this study) made her entrance.

4.3.2 The Client's Presenting Problem

G presented her problem as being conflict with people and a lack of social contact. In particular, she was experiencing difficulties with her room-mates, and she felt distanced in her relationships by being the daughter of a single parent.

G is a so-called coloured woman, twenty years old, in her final year of a commerce degree. She originates from a rural town within 150 kilometres of Cape Town. When at home, G lives in the lower socio-economic part of the town, but during that

academic year in which she participated in this study, she had been sharing two-bedroomed accommodation, close to the university, with three other woman. Her home language is Afrikaans and she speaks fluent English.

4.3.3 Structure of the Therapy Sessions

There were seven sessions of, on average, fifty minutes each, at two-weekly intervals, except for a long break over an examination and vacation time. The sessions therefore spanned approximately five months. The sequence of sessions coincide more-or-less with the Narrative Therapy headings outlined in the following chapter. These are:

Initial session:	Discovering G's problem-saturated story.
Second session:	Eliciting unique outcomes.
Third session:	Externalizing and personifying the problem through the use of relative influence questions.
Fourth session:	A celebration of a rite of passage.
Fifth session:	Her own voice.
Sixth session:	Her own voice (continued).
Final session:	The new-old story of G.

The long break after the third session was not a concern to me as this provided time for G to practise disentangling herself from her old story, and to experiment with new themes. Similar to Epston and White's perception, I considered it "inappropriate to place this (therapy) world above all other worlds" (Epston and White, 1992: 25), though I recognised its value as a springboard for G's alternative story. In keeping with a Narrative Therapy approach, I did not encourage a "termination as loss" approach to the final session, for as Epston and White succinctly put it, "We prefer to construe the concluding stages of therapy as being about new beginnings" (Epston and White, 1992: 25).

I explained to G my requirements for research, and asked her permission to use our sessions for illuminating Narrative Therapy concepts in the research; I assured her of anonymity. She generously consented, responding, "if it will help you."

4.4 DATA COLLECTION, PROCESSING, ANALYSIS AND INTERPRETATION

Notes were taken during the session and were summarised in the following format (see Appendix 3a for an example):

Session	Problem Saturated Detail	Unique Outcome	Question Eliciting Detail

Audio-recordings of sessions were transcribed and summarised using the following format (see Appendix 3b for an example):

Tape Counter	Key Issue(s)	Verbatim Material	
		Client	Therapist

These summary formats were processed and analysed in relation to Narrative Therapy concepts and characteristic (see Appendix One). Interpretations were evolved from the processed and analysed data records, and reference to broader theory (see Appendix Four for an example). Self-reflective comments on the quality and timing of my questions were included to assist in highlighting difficulties and intricacies of experimenting with the narrative approach.

4.5 SUMMARIZING STATEMENTS AND RECOMMENDATIONS

Within the limits of an exploratory design and case study methodology, this research comments on the process and appropriateness of applying Narrative Therapy in a South African setting of racial, cultural and economic refraction and diversity. The cross-cultural sensitivity of the Narrative Therapy approach is highlighted and training and research implications are discussed. Specifically, recommendations are made for further research work in this study's context.

CHAPTER FIVE: DESCRIPTION OF THE PROCESS

The process of the sessions is described and illuminated. Reported speech is used to convey information and the application of Narrative Therapy questions, while direct speech has been used to convey the session *in vivo;* the combination of these two styles is typical of narrative writing in a literary sense. Discussion of the process occurs in Chapter Five.

5.1 THE PROBLEM SATURATED STORY OF G

G arrived at the first session, having indicated on a student counselling form, difficulties in the social domain, more specifically, conflict with people and lack of social contact. She indicated on the form that these difficulties were affecting her social life considerably and her academic and emotional life to a lesser degree.

Upon the author-therapist (H) exploring G's relationship difficulties, it emerged that G felt embarrassed and inferior about being the daughter of a single parent. Her mother had an affair with a married man, producing three children, of whom G is the youngest. This secret meant that G had to keep distance in her friendships, lest friends found out. The shame she carried about her 'illegitimacy', and her humble home environment had the effect of isolating her and *totalising* her story of herself as inferior, therefore not worthy of owning a voice.

H: *How had she been recruited into this belief of her prescribed inferiority*?
By, she said, her extended family who gossip and remind her immediate family about the 'sins of the mother', and therefore the lesser-ness of the children. They believe that G's family is acting "too good for their past", and the children will "end up the same way". H likened it to a scarlet letter being passed down from generation to generation, and wondered aloud at what point the family would stop blaming the wearer.

At the end of the first session, an assignment of telling her room-mate (whom she felt relatively close to) about her mother being a single parent was prescribed. The therapist had positively reframed the mother's sole parenthood as indicating her courage and her ability to cope despite lack of support. G was requested to use similar positive connotations when revealing this 'secret'.

5.2 ELICITING UNIQUE OUTCOMES

In contrast to G's anticipation (expressed to H) of her room-mate being "shocked and inquisitive" in response to the news of G's mother, her room-mate treated the information matter-of-factly, which surprised G. Recently, then, H pointed out, she had revealed the 'secret' to three people: a boyfriend, the therapist and her room-mate. None of these people had given the negative responses she had expected. This provided a good-enough basis for testing others' responses. She felt relieved about having accomplished this task, as it meant she would no longer have to "structure the way I speak" (in order to avoid inadvertently letting the 'secret' out).

In the second session, H enquired if G had ever *resisted the prescription by the family that she was inferior.* She recounted how a primary school friend's mother had attempted to break up their friendship as a result of G not being 'good enough'. In order not to fall into fulfilling this prophecy, G "never stepped out of line" in her presence.

By the third session, G had had an opportunity to elaborate a growing description of herself as acceptable. A few university friends insisted on visiting her in her home-town despite her protests. She said she had not noticed "a look of disappointment on their faces" when they entered the house, which decreased her nervousness and enabled her to actually enjoy the evening. One of her boy-friends assured her that she need not be ashamed of her house and said she had a "nice mom", despite the formidable picture she had conveyed about her mother in order to dissuade them from visiting.

H: *how had G been recruited into this idea that appearances matter a lot?*
G said that in her community, there is a river separating the under-privileged from the privileged people, who believe they are superior.
How could she resist their labelling her as inferior, as a result of living below the river?
G suggested that she could resist feeling ashamed of her house.

To elaborate this story in time, a future visualisation technique was used. G imagined herself as a 24 year-old, holding a good job and living with her mother in their modified house to which she was NOT ashamed to invite people. In response to H's invitation to the older G to give the younger G advice, G said "do what you want, don't let them label you."

5.3 EXTERNALIZING AND PERSONIFYING THE PROBLEM THROUGH THE USE OF RELATIVE INFLUENCE QUESTIONS

5.3.1 Tracking The Influence of Inferiority on G's Life

G's feeling of inferiority led her to believe that she had secrets to keep about herself and her life which then isolated her, resulting in "moodiness and depression", whereby she felt others did not understand her, and G feeling that she was to blame for all of this. She may even have thought of herself as ugly. H asked how often these cycles occurred; G reflected that they occurred once or twice a month. H asked if this had any links to premenstrual tension; G said she had not thought about those links but she pointed out that she experienced intense menstrual pain and nausea.
How would making that link affect the way she saw things?
She would, she said, feel relief, as she would not believe she has a problem which she has to hide; she would be "easier" on herself.

G was requested to observe the validity of such a link, and H gave practical suggestions for dealing with menstrual difficulties (such as a check-up at the Student Health Centre, taking vitamin B tablets, exercise).

5.3.2 Tracking Her Influence on the Life of Inferiority

Was there a time recently when she could have allowed herself to feel inferior but she did not?
G said that she had been visiting friends over the road, despite her fear that they might find her boring.

H then personified the problem and asked how Inferiority would be feeling. G responded that 'it' would be feeling weaker and bad. It was clear that Inferiority's strength depended on G's 'weakness' in relation to it. She was asked to note events in the following week where Inferiority might ask her to co-operate with it, but where she did not.

5.4 A CELEBRATION OF A RITE OF PASSAGE

The fourth session represented a climax in the therapy-story and a turning point in G's narrative. Her 21st birthday celebration provided the occasion for her to punctuate her developing new-old story. She excitedly told H that contrary to her expectations that she would feel "exposed" at the celebration, it had been a wonderful occasion and a positive turning point in her old story. "I'm not ashamed anymore of what people think...if they don't accept the home, they don't accept me as well."

G expressed how there had been pressure to have a fancy celebration and a new dress, but G was aware of limited finances and chose to wear a former confirmation dress. She commented that her mother was concerned about what other people would think - which H highlighted - but in the end G felt she had made the best choices and what others thought "didn't matter"; she felt that they would be understanding of their financial situation anyway.
H: *What does all this say to you?*

G: I recognise this as a major change. I was not so interested in what they thought of the celebration, but how they enjoyed the week-end...it was such an experience you want to cry and shout with joy; before, I would have spent my week-end worrying 'what do they think of me?'

H: *How do you understand these changes and how you got to this point?*

G:"You made me realise no-one has the right to judge me even if they're rich."

H went on to highlight how G was writing her own story with new themes and that she should take credit for the courage in choosing to re-write.

G added that her older sister had made the 'secret' of her mother being a single parent public at a lunch-time celebration. G said, "When she started to say my mother is single, I didn't feel ashamed; normally I would stiffen and think 'how can you do this to me?' I told my mom I don't have a problem with that anymore."

It emerged in doing a genogram[2] that G's brother had a son (J) outside of marriage. H asked G what advice she would give J; her response was not to allow himself to be looked down upon nor to look down on his mother, and to "do things in a way you must do it." H, role-playing the role of J, asked how to follow that advice. She said that this shame is "something of the mind" and which had made her keep people away (see Appendices Two, Three and Four for further elaboration).

5.5 HER OWN VOICE

Subtle and dramatic shifts occurred in relation to her room-mates whom G had had difficulties with. H pointed out that G was at this point no longer using descriptions implying her 'lesser-ness', e.g. "they are more sophisticated than me." She now used descriptions such as "Maybe we're just not people that could be friends. We have different interests." She was also able to observe the house-mate situation with more

[2] A diagrammatic depiction of the structure and history of the family

detachment, and commented that her room-mate had attempted to keep G in a "bad girl" role with regard to the other two house-mates, in order to maintain her "good girl" position. H pointed out that this marked a move from viewing herself with all the problems, therefore seeing every relationship difficulty as an indictment on her, to someone who could now adopt a meta-position by, in her own words, "observing and comparing situations; I'm more sensitive to seeing others might have problems."

G became increasingly confident about being able to create her own circle of friends, though with less pressure on herself to have a close confidante: "(I) won't have close friends but (I) won't be isolated" (at university).

By the second last and the final sessions, G had had two occasions to test the strength of her own voice. She had confronted one of her house-mates about leaving dirty cups in her room and using goods from her cupboard. "I thought I'd just leave it, but I just had to say something. It surprised me that I could express myself calmly." H explored what had allowed her to be assertive without feeling guilty or afraid. G felt that she had grounds for her complaint, and had had time to formulate her words in order to convey her sentiments respectfully. She had managed to banish a thought that her house-mate's negative reaction would be to do with some inherent problem with G.

H: *You're finding a lot of strength even though assertiveness can be scarey. Who would be least surprised by this?*
G said her mother and a few friends. She reported having confronted one of these friends as he insulted her hairstyle.
H: *What would these friends and your mother expect the next step to be?*
G: Continue with it, not going back to not being able to express myself.

G had also been assertive in telling her mother about her plans to continue with studying for an honours degree the following year; her mother was against this as she felt G

should return home and find work, especially as people in the community might start to wonder where she (the mother) obtained money from to support her daughter. G reflected that "My mom is very concerned about what other people say."

H: *You know how subtlely you've slipped that in? At first it mattered to you that people saw your house, now you're at a point where you're recognising that it matters to your mother what others think, and what's more important to you is what YOU feel. Had you noticed that change? That's remarkable: "it doesn't matter what others think but what I think."*

G managed to convince her mother about her honours course being a viable option.

H: *You seem to be a person who knows what you want and prepares yourself and others for this. Is this a characteristic?*

G: Yes. In my small town most people go into teaching. I never thought of me being a teacher. The teachers assume you'll teach; people told my mom she must send me to a college. Fortunately a nice guidance teacher proposed this course, but the answer from the university came too late. Mom told me to hang on a bit. I was afraid to, so I went to a teaching college. I was there two weeks when I received an answer from university, and so I just left college after two weeks. My family was upset that I wasn't doing teaching, but my mom knew that teaching was never right for me.

H: *This reminds me of the advice the older G gave to the younger G "don't let them label you." You've already been taking steps towards this. What does it tell you about what you want for your life?*

G: What's best for me, not what others say. I don't have to do something just because they tell me to and I don't want to live with label of being lower than others.

H: *Who would most support you in this?*

G: Close friends, my mother and my sister.

H: *There have been one or two people all along to support you when you've chosen different options, and a lot of people to resist you. Perhaps it's important to continue to identify those one or two people who make the difference.*

5.6 THE NEW-OLD STORY OF G

H: *You're now a 21 year old and you've taken courageous steps. What are the differences that you've noticed?*

G: I'm more confident, not letting others step over me.

H: *And you prefer this?*

G: Yes. I won't let people say harsh things to me. I don't have a problem with my mom being a single parent - that's so important to me.

H: *It sounds like you've been winning the struggle against Inferiority and that frees you. What hasn't changed?*

G: I'm still sticking to old friends; I don't have a problem with that anymore.

H: *So your behaviour hasn't changed but your understanding of it. There may be things that you value that haven't changed.*

G: My attitude to people hasn't changed; because of the fact I'm more confident, I'm not stepping over others. I'm more sensitive to seeing others might have problems, and I've learnt to speak up.

H: *So the oppressed has not become oppressor. You've kept those qualities you value. Other parts of your story have changed quite quickly: what others think doesn't matter as much, you feel confident to do things that are right for you and you know that there will be some people to support you. You're not feeling inferior, just aware of differences. What would you expect from this G in the future?*

G: She will live from day-to-day and not live according to rules other people has made. She will not allow other people to step over her again, and she will tell people if she's not liking what they're doing. She will take advice but follow her own nose.

H: *Is this what you'd like for yourself?*

G: Yes.

H: *You've experienced oppression. Maybe you will experience it in other forms, especially if as a woman, you become successful in business. So the story isn't complete, you may meet other crises, but those keep us growing and moving.*

5.7 THE AUTHOR-THERAPIST'S EXPERIENCE OF THE PROCESS

"Therapy might be seen as cross-cultural experience where two life stories come together and each life trajectory is altered by this meeting" (Howard, 1991: 196).

I was excited and challenged by this process. It offered possibilities for creativity, and required a thematic overview of the information being presented as well as sensitivity to the modification of such themes. The anxiety of doing 'good therapy' was reduced by my experiencing myself in a co-constructing role - participating in the client's developing of her own solutions, rather than having to be two steps (in the direction of the therapist's solution-framework) ahead of G lest the therapeutic power be undermined. I experienced excitement about the co-authoring ethos of the therapy sessions. I was satisfied with the rapport established between myself and G, and could share in her joy at the celebration of a rite of passage. My tone was enthusiastic, encouraging and accepting. I respected the socio-economic difficulties which G had lived through, G's courage and commitment to working towards a non-oppressed and non-oppressive narrative of herself, and G's wisdom. By G providing an intimate narrative account of her life, and glimpses into the many levels of prejudice operating in South Africa, as well as a description of values some of which were different to mine, my own narrative of being a South African person and practitioner was extended. Perhaps the only conflicts lay in wondering sometimes whether I should be addressing G's relationship with her mother, and perhaps G's development of sexuality, although this would have taken the course of the therapy sessions on a different path, the path being more dictated by me than by G.

Initially, in experimenting with the narrative approach in therapy sessions with other clients, I began to feel 'strait-jacketed' by what I perceived to be the prescribed order and structure of questions in Narrative Therapy. The sessions would then feel automated. At this point, I encountered an article by White, entitled "Family Therapy Training and Supervision in a World of Experience and Narrative" (in Epston

and White, 1992), which encourages origination of the copying process, following Geertz's comment (in White, 1992: 85) "It is the copying that originates." This provided a basis for more flexibility, and integration of this model with my style and sometimes different models. Although I realised that I still had a way to go in the copying and originating processes of Narrative Therapy, I felt less 'strait-jacketed' by this model when working with G.

CHAPTER SIX: DISCUSSION OF THE PROCESS

The process described in the previous chapter is discussed, with the aim of illuminating the specific Narrative Therapy steps which were applied and my intentions in using them, informed mostly by my review of pertinent literature.

6.1 THE PROBLEM SATURATED STORY OF G

In the initial session, I elicited agreement as to the unhelpful effects of the problem on G's life and relationships, thereby increasing motivation for therapy. There was consensual agreement about the definition of the problem which I summarised as being G's perceived sense of herself as inferior; I named the problem 'Inferiority'. The aim was to name, and thereby objectify the problem, rather than to define it. This name was deemed to be compatible with G's experience as a black person in a country where superiority (white supremacy) and inferiority have been made synonymous with colour, and this belief formalised in South Africa's legislation. G's perception of herself as inferior was her *totalising* story. Although I belong to a different racial group to G, our shared gender enhanced the development of rapport (e.g. in discussion about menstruation).

How had she been recruited into the belief of her perceived inferiority? The wording of the questions, based on White and Epston's examples (1989, 1990, 1992) is very specific, and in keeping with the narrative approach of consensual meaning-making. The aim of such terminology is to emphasise the problem as being socially constructed, belonging 'out there', rather than being an inherent characteristic. This is consistent with the intention of this form of therapy, namely, to externalise the problem and internalise personal agency.

My metaphorically likening the label of illegitimacy to a scarlet letter was intended to emphasise the ludicrous image of G's extended family attributing blame for the mother's actions to the children. The metaphor was an allusion to the

book of the same name which I considered G likely to have encountered in her literary studies.

I positively reframed G's mother being a single parent as a testimony to her strength. Reframes challenge accepted meanings of situations thereby contributing to the deconstruction of a dominant story - an important initial phase in Narrative Therapy (White and Epston, 1990). Waldegrave (1990) considers such double descriptions as more than just reframes, but a challenge to a whole meaning structure in a tightly woven story. I chose to echo G's terminology of 'single parent', but also used the term 'sole parent'. This follows White's (1991) reframe: 'single' having connotations of incompleteness while 'sole' connotes 'only but complete' and hence recognition of the extraordinary responsibilities of these parents. I envisaged that by reframing G's mother's position, G would be more able to open up this tightly-guarded topic, and in doing so, allow her to share her self-determined narrative with friends and acquaintances. This was confirmed by G expressing relief in no longer having to structure the way she spoke, previously devised to guard against revealing the 'secret'. Opening up this aspect of her story, and the narrative she told others, provided possibilities of new, more rewarding interactions and relationships.

I firmly grounded this new story within experience, by prescribing the homework task of G telling her room-mate that her mother is a sole parent. I pointed out two other occasions when this information had been revealed (therapy being one of them), further entrenching the story that other people are not shocked and disappointed by sole-parenthood. This *unique outcome* was unique not just to me, but more importantly, to G.

6.2 ELICITING UNIQUE OUTCOMES

How had she resisted the prescription by the family that she was inferior?
This question, situated in the *landscape of action* was seeking occasions of defiance, which then undermine the problem. This

would allow space for the *new-old* story of a life free of the totalising theme of inferiority to emerge. Current attempts to undermine the problem could then be seen as a continuation of the past, and consistent with an unwritten history (Hewson, 1991).

In my ascertaining how G had arrived at a point of believing that appearances mattered a lot, the socio-cultural influence of meaning-making emerged. The concreteness of the separation of rich and poor in the form of the river in the town, could have been used metaphorically, e.g. "If you wanted to cross that river, how could you do it?", or questions to challenge the dominant belief of the superiority of those who live above the river, for example, "If the whole community were to have a picnic at the river, how would they get together, and what would the 'have nots' be able to provide and add to the picnic which the 'haves' would not be able to (and vice versa)?"

I continued with the theme of resistance: *how could G resist their labelling her as inferior as a result of living below the river*? To elaborate G's idea of not feeling ashamed of her house, I employed a future-visualisation technique, for within narrative organisation of meaning, the past and the future inform the present to create a "unitary meaning" (White, 1991; E. Bruner, 1986). Future prediction questions provide hope, and assist in making the leap from possibility to probability, and later to actuality (Sherman *et al* in Hewson, 1991). As the narrative approach emphasises temporality in human existence, Narrative Therapy has employed time-consciousness in its conceptualisations and questioning techniques. Although time is usually perceived to be linear, its circular nature is highlighted in Narrative Therapy by the future informing the present and the present being able to inform the past. My rationale for using a future visualisation technique was to develop in G's narrative, the coding of differences into events in time (White and Epston, 1990). The subtleties and nuances of the use of (future) time are captured in an example of White's questions, "How will this new future be different from the future of your *old past*?" (White, 1989: 93).

According to my conceptualisations, if the future is as much part of the present as is the past, then the person who G could become could inform G as much as the person who G has been. I could only empower G to increasingly becoming the expert on her own life, and requested the future-based, older G to give the younger (present G) advice. The older G was firm and direct in her advice "Do what you want, don't let them label you." The technique of imaginative advice-giving was again used in a later session, when I requested G to give advice about being a child of a sole parent, to her nephew (see Appendix Two, Three and Four for further elaboration).

6.3 EXTERNALIZING AND PERSONIFYING THE PROBLEM THROUGH THE USE OF RELATIVE INFLUENCE QUESTIONS

6.3.1 Tracking the Influence of Inferiority on G's Life

It was clear from tracking the influence of Inferiority on G's life that it was having far-reaching effects on her life and relationships. I challenged G's story of the problem (moodiness, ugliness, depression) as being inherent qualities by enquiring *if G had noticed a link between these feelings and premenstrual tension*. In this way I invited a potentially liberating connection which would link her to her womanhood rather than to the problem. My question about *how making that link would affect the way G saw things* allowed her to *perform meaning* around the new connection, and her response (of relief) indicated that the problem's influence would be undermined and new possibilities about the way she perceived herself would be dramatically altered. G's task was to observe whether such a link was valid, thereby encouraging G to perceive the old story with different lenses. The new theme was further supported with my advice about dealing with premenstrual tension. It emerged that G did in fact experience particularly difficult and painful menstrual cycles. A few sessions later, G confirmed that there she had observed link between her depressive feelings and her periods.

6.3.2 Tracking Her Influence on the Life of Inferiority

G was taking courageous steps in overcoming her difficulties of feeling inferior (e.g. taking the initiative to visit friends over the road). I provided a different way of seeing the inferiority difficulty by personifying it and conceiving of a relationship between G and the problem. G was able to comment on the significance of the steps she had taken by reflecting on Inferiority's dominance or submissiveness, rather than by my deciding that these had been important steps, for White (1991) points out that the unique outcomes should be unique to the client and not just to the therapist. The personification of Inferiority introduced an element of fun, and in keeping with the functions of externalization, allowed a lighter view of the 'deadly serious problem' (White and Epston, 1990; Barker, 1992). The idea of choice being involved with the co-operation of a problem was again intended to challenge G's notion of the problem being intrinsic to her. I encouraged G to apply this new perception of her separateness from the problem by being aware of whether, in the following week, she would choose to defy or co-operate with Inferiority. As Tomm (1990) points out, such externalizations are not new; the idea of choice to co-operate with or defy spirits or the devil who attempt to entice individuals into being their subjects, has existed since ancient times. I could have at this point put G's relationship with her problem into a time-frame by asking "Knowing what you now know, how will this affect your future relationship with Inferiority?" (White, 1989)

6.4 A CELEBRATION OF A RITE OF PASSAGE

G's 21st birthday celebration provided an occasion for her to be an audience to her own alternative story; reflexivity being one of the important features of the development of new narratives (White, 1989; Tomm, 1990).

The arrival at a point of an alternative, liberating story was made dramatically evident to G at her 21st birthday celebration. My questions, situated in the *landscape of*

consciousness allowed G to reflect on the developments in her life, what it revealed about the process involved at arriving at this point, and what it indicated about her further direction. G chose to link this process directly to me; I refocussed on G's own efforts at arriving at this point. The co-authorship aspect of therapy was encouraged.

In the role-play which followed, with me playing G's nephew, it was clear that G's perception of events and relationships was no longer static, but seemed to have a new flexibility. Her comment to her nephew (me) that "shame is something of the mind" reflected her awareness that meaning is socially and personally created, and has the power to shape lives and relationships. An important aim of Narrative Therapy had been marked: G's recognition of the unhelpful effects of the old narrative and her experience of an alternative, more liberating and open-ended narrative (White and Epston, 1990). In the role-play, G's role of being the 'victim' of single-parenthood was given new status by her being the 'expert' on what being the child of a sole parent involves. Her uniqueness lay not with her situation (many others also have a sole parent), but in the unique steps she had taken and was taking towards resolving the socially-constructed shame imposed on her (See Appendices Two, Three and Four for further elaboration).

6.5 HER OWN VOICE

Further consolidation of G's alternative narrative was being demonstrated in the therapy sessions. The task of the therapist to be tuned into *news of difference* (White, 1989) is highlighted by my noticing and commenting on G's subtle (though dramatic) language-shift; the word 'more' and the concept of lesser-ness had disappeared from her descriptions of other people and her relationships with them.

G's ability to observe roles indicated that her problems were 'out there' enough for her not to attribute self-blame to dissatisfying interactions. It seemed she had new lenses from which to see and interact, and with that, new sensitivity to

others' difficulties, and assertiveness to deal with situations when people were being imposing. My question: "*You're finding a lot of strength even though assertiveness can be scarey. Who would be least surprised by this?*" falls within the *experience of experience* range of questions which reflect on perceptions of other people's perceptions. These types of questions are effective in the re-authoring process in that they invite clients to recruit, from their stock of lived (and often forgotten) experience, supporters for their alternative story (White, 1991; Hewson, 1991). They also point back to past incidents which provide 'sneak previews' of the alternative story which could be made available. An appropriate question to ask here would have been: "What would they have noticed you doing in the past that would have indicated that you could in the future, assertively deal with people and situations which impose on your rights and freedom?" The meta-perspective encouraged by the experience of experience questions was further demonstrated by my question as to *what G's mother and friends would expect the next step to be*. This question invited G to speculate on future possibilities given the steps she had already taken.

Sensitivity to news of difference is again illustrated by my noticing and commenting on G's alternative descriptions: she now emphasised her mother's concern, rather than her own, about what other people think. As with other unique outcomes, I adopted a tone of excitement, and a stance of curiosity: "*Had you noticed that change*?"

Further questions in the session can be situated in the *landscape of action* ("*Is this a characteristic?*") and in the *landscape of consciousness* ("*You've already taken steps towards this* [not letting herself be labelled]. *What does it tell you about what you want for your life?*"). These questions allowed G to develop her perception of herself as someone who would not let herself be labelled by others, especially not as inferior, and to situate this theme of her story firmly in the past, present and future. There was a clear sense of increased *personal agency* about G's responses. *Experience of experience* questions again encouraged the circulation of G's alternative

narrative amongst a supportive audience: a small but important (and changing) audience who had been present in the past and whom G could trust, based on my eliciting past experiences, would be present in the future.

6.6 THE NEW-OLD STORY OF G

Interviewing in a way that would contribute to the endurance of G's alternative story is reflected in the question: *"You're now a 21 year old and you've taken courageous steps. What are the differences that you've noticed?"* It was important to root these new themes, and to assess G's commitment to the new themes by enquiring whether it was a preferred story (White, 1991). Her story had become one of no longer being ashamed of her mother being a sole parent, a story she certainly preferred.

I returned to the personification of the problem: "...*you've been winning the struggle against Inferiority and that frees you...*" in order to remind G of problems taking on their own identity, and the significant influence of this identity on the life of the person of which it is a part. In asking consolidating questions about what had changed in G's life, I was careful to point out that some aspects may not have changed, either because she now felt more comfortable with those aspects, or because change was not appropriate. Her new story did not have to be totalising of all aspects of herself, her life and her relationships. She could decide, with her increased sense of personal agency, which of the older themes she valued and wished to retain. In the comment-question: "*So your behaviour hasn't changed but your understanding of it. There may be things that you value that haven't changed.*", my initial comment emphasises that it is the meaning one makes of situations, rather than the behaviour or situation itself, which is most influential.

In the last part of the final session, I made brief reference to the political situation in South Africa, and acknowledged the oppression which G would have experienced as a black person in this country: "*So the oppressed has not turned*

oppressor. You've kept those qualities you value." and *"You've experienced oppression. Maybe you will experience it in other forms..."*
G's alternative narrative was an integration of old and new themes, forming a more open-ended, rewarding and liberating story, and which was not at the expense of others. I elicited the future processes and images, *"What would you expect from this G in the future?"*, and G's commitment to and preference for this, *"Is this what you'd like for yourself?"* I reminded G of new conflicts and challenges possibly awaiting her, including gender-oppression, but reframed crises as an opportunity for growth (White and Epston, 1990): *"So the story isn't complete, you may meet other crises, but those keep us growing and moving."* I had speculated about future possibilities and difficulties (and could have invited G to estimate how those difficulties would be handled), thereby emphasising that narratives are "indeterminate" (Bruner, 1986), and therefore need to be continually extended and revised (White and Epston, 1990).

6.7 THE AUTHOR-THERAPIST'S EXPERIENCE OF THE PROCESS: HER OWN VOICE

I displayed sensitivity and respect towards G's cultural experience, and did not attempt to impose my world-view on the client. However, no therapy or practitioner is ever entirely free of their own theoretical and cultural restraints, hence the use of reflecting teams in order to question the therapist's questions in some settings or to provide cultural expertise in others (Madigan, 1991; Waldegrave, 1990; White, 1992). Questions themselves can steer narratives in the direction of what the listener perceives to be the correct outcome. A narrative approach safe-guards itself by encouraging the therapist to be conscious of her/his own restraints (Bruner, 1990; Waldegrave, 1990), and warns of the danger of the narrative approach being hoist with its own petard of perceiving itself as the purveyor of truth and reality (Bruner, 1990; Polkinghorne, 1988, Waldegrave, 1990).

I am aware that "concepts of self and individual assertiveness are products of individualistic Western living" (Waldegrave, 1990: 16) and that this theme emerged strongly in therapy, but I am also aware that a more assertive manner of being and an increased sense of personal agency was the preferred, liberating story for the client (I checked this with G several times), and was part of G's unwritten history. It was also part of the world she was in at university, and the world she would enter as a professional. I encouraged and trusted G's ability to integrate new themes with old themes, as was revealed by my question about what aspects of G's life that she valued had not changed: "...because of the fact I'm more confident, I'm not stepping over others...". I acknowledged this. Her story of assertiveness was integrated with respect, and her capacity to integrate values, as well as a therapeutic environment which assisted rather than hindered that process, is again demonstrated in G's response to what she could expect of herself in the future: "She (the future G) will take advice but follow her own nose."

This reminded me that assertiveness is not 'correct' simply for its own sake, nor simply 'incorrect' for being Western, but that underlying it should be a principle of self-respect and respect for others. Cultures can minimise self-respect by denying one's right to assert oneself, or allow an ethos where respect for self is at the expense of respect for others. It is the integration of these which the client achieved and which the therapeutic context made space for. Herein lies the my conscious and preferred narrative theme, or perhaps a restraint?

My approach accords with authors (Bruner, 1990; Polkinghorne, 1988; Waldegrave, 1990) who disclaim the complete relativism of a pure, constructivist (narrative) viewpoint. Although I am excited about all the possibilities provided by a Narrative Therapy approach, I feel that it should consistently remind itself that it is, like all theoretical frameworks, a (metaphorical) story for understanding human existence and functioning and will lose its open-endedness if it forgets its 'as if' character. The narrative approach, as with all

stories, also needs to be extended and revised, and its themes (particularly the relativity-of-meaning debate) edited by ongoing discussion and negotiation, if it is to be relevant to all therapeutic practice and research, particularly within multi- and trans-cultural contexts such as the context of this research.

CHAPTER SEVEN: CONCLUDING REMARKS

7.1 LOOKING BACK

It would seem from the descriptions and discussion of the therapy process outlined in the previous chapters, that fulfillment of important Narrative Therapy criteria was achieved, these being a problem saturated story which was directing the client's life, a move towards greater personal agency by the elaboration of unique outcomes, fresh perceptions of past and present events which opened up new possibilities for the client's perception of and expectation for the future, and evidence that the client was satisfied with her alternative story. The researcher has demonstrated the types of questions which were asked in order to elicit the client's alternative story. Included self-reflective comments on the process of experimenting with a Narrative Therapy framework, and variations of the questions at some points. The particular conceptualisations of the Narrative Therapy approach (gleaned from a review of pertinent literature and attendance at a workshop) which informed these therapy sessions have been discussed, and their integration with the therapy process has been demonstrated, particularly in chapter five. Awareness of the multiple contexts in which therapy occurs has been displayed by a description of the particular contexts impacting on the therapy described in this research.

7.2 RESTRAINTS AND LIMITATIONS

"...there is a big difference between a story and an actual adventure. The story is written within the consciousness of somebody and is a contained world. Being on an adventure, writing a story with your life, is somewhat different. What you are involved within is 'total drama', and the images of drama can also be of use in refreshing your vision of process and outcome..." (Mair, 1989: 36)

Obviously both the client's and the author-therapist's adventure have not been fully captured in this research. Part of the adventure and limitation of this study is that the

author-therapist was experimenting with the Narrative Therapy approach, without any lengthy training. Consequently the process described in this research might be used as a basis for, rather than a proto-type of, further work in this area. In addition, the case study method has facilitated the selection of material which best demonstrates the Narrative Therapy approach.

Madigan (1991:13) points out that "To ask questions about therapists' questions can act to historically situate therapists in their specific sets of actions or discursive practices." Although situating this research in a systemic (constructivist) paradigm, where therapy is perceived as dialogue, discourse and conversation, the limited scope of this research did not encompass the questioning of the therapist's questions by the client or a reflective team in order to deconstruct the therapist's conversational, cultural, political (etc.) restraints. Awareness of the author-therapist's possible restraints has been communicated, and a description of her contexts has been included in order to make transparent the potential restraints which she brought to the process.

Despite the limitations of generalisability of the case study methodology, it was found to be useful in illuminating the complexities and subtleties of applying the Narrative Therapy model to an individual case; it allowed for alternative interpretations since the process was being <u>described</u> (rather than quantified) (Breen, 1989; Cowley, 1991). In addition, the case-study format is accessible to people working in related disciplines; the possibility of such interchange being one of the recommendations of a narrative approach, and is accessible to clients so that researchers can write <u>with</u> clients (e.g. clients could check the document to determine if it fits with their experience of the process), rather than writing <u>about</u> clients for a professional audience. In this sense, the case-study format is democratic and public-service oriented, and hence, empowering and liberating as a methodology. This methodology has been particularly useful in facilitating the integration of theory with personal experience. In providing

for exploratory, descriptive outcome research (Sowden and Keeves, 1988), the case study is deemed to have been the most appropriate methodology for this particular research. It is consistent with the dimensions of a constructivist, narrative approach outlined earlier.

7.3 LOOKING FORWARD

Given the multi- and trans-cultural contexts of this study, and the demonstrated appropriateness of the Narrative Therapy approach within this context, the suitability of this model for the South African context is supported. The Narrative Therapy model's adaptability and applicability in working with people who are from working-class, politically disempowered, and various cultural contexts, has been highlighted. In addition, this study also illuminates the sensitivity of the Narrative Therapy approach when the therapist's cultural and political experience is different from that of the clients. The collaborative nature of therapy which this model encourages, has been illuminated in this study, and this was found to be empowering for both the author-therapist and the client. Application of the Narrative Therapy approach was, in this case, directed by reading, attendance at a workshop, and limited supervision. This implies that such skills can be readily disseminated amongst trainees without expert supervision necessarily being a pre-requisite.

If 'good therapy' can be assessed by its commitment to the themes of liberation and self-determination (Waldegrave, 1990), then the model's provision for 'good therapy' has been demonstrated, in the client's movement through the process of therapy towards a more self-determined and liberating narrative. Again, the appropriateness of the Narrative Therapy model for the South African context, which is in the process of constructing alternative stories with strong themes of liberation and self-determination, is accentuated.

7.4 MOVING FORWARD

As the client in this study was not from an English-speaking background, and although she spoke English fluently, the (sometimes) grammatically difficult questions which White and Epston provide as the proto-type, were sometimes inappropriate. Although the essential ideas contained in the questions were maintained, their grammatical level was sometimes simplified. In working with clients who do not speak English fluently, difficulties may arise in maintaining the essential idea (contained in White's examples, for instance "How were you recruited into this idea?") while simplifying them. A thesaurus of questions which have been grammatically simplified and/or transformed, or which have been extracted from clients'comments could be compiled by counsellors working at the student counselling centre, the setting for this research, and by other practitioners working in similar contexts.

This study illuminates the application of Narrative Therapy to working with an individual client. The efficacy of working with families, groups, and an extended range of problems has yet to be illuminated. The family guidance and student counselling centres mentioned in this study, as well as similarly multi-cultural South African contexts, are suggested sites for this work. Applications of innovations, such as the use of reflecting teams or the creative use of letters in a Storied Therapy, provides another direction for further application and research. For such work to be optimally effective, resources (such as documents and videos of sessions) of the narrative approach should be accessible. Group meetings for practitioners interested in the narrative approach and its application to the South African context could be initiated to keep the conversation going and peer-group supervision could provide an efficient, effective means of honing the application of the Narrative Therapy.

The application of Narrative Therapy practice, as described by Waldegrave (1990) and outlined in Chapter Two, appears to be particularly appropriate to therapeutic work in South Africa.

Therapeutic work is monitored by "cultural experts" who are members of the same (or a similar) cultural milieu as that of the clients. Besides their contributions to making therapy more culturally appropriate and sensitive, these 'experts' also receive training in clinical work in the process. Given the shortage of mental health workers in this country, this could be a mutually beneficial way of developing culturally-sensitive practitioners. The centres described in this research are ideal sites for multi-cultural work, could employ peer-facilitation and supervision to this end.

In attempting to establish a separate identity, psychologists have often neglected to listen to the voices from other disciplines. As the narrative approach is relatively familiar across the Social Sciences, more interchange within the various social science/humanities disciplines will be important for developing the narrative discourse, and revising and extending the Narrative Therapy approach. Such a discourse will assist in ensuring that therapeutic practices in South Africa challenge oppressive practices in all its forms. "In order to address the themes of liberation and self-determination, the therapist cannot continue to categorise clinical knowledge separately from cultural, socio-economic, or gender knowledge. The therapist must be informed in all of these areas and ensure that they are included in the therapeutic conversation...Instead of colluding with the system that has mistreated socio-economically deprived people, therapists should facilitate transformation in meanings that will encourage new stories" (Waldegrave, 1990: 25). In so doing, practitioners and authors' own stories will be enriched and elaborated, for

"In writing the other, we can (re)write the Self.
That is the moral of this story" (Richardson, 1992).

7.5 A CONCLUDING STORY

inferiority once inhabited a country where he was a servile and respectful citizen; he knew his place amongst the strong and proud inhabitants. Much to inferiority's good fortune, after many years, an invasion occurred. Those who had previously been first-class citizens were now given second-class status, and the second-class citizens were promoted to an almost royal status. Because of his loyal service as a servant, inferiority was given the honour of replacing his small dot of a hat (i) to boast a new dash-crown (I) which made him look so much grander. Inferiority enjoyed the endless invitations he received from the citizens, although some would be more hospitable and some were down-right rude. The challenge he provided to those who had invited him for a visit was that they credit Inferiority for all their opinions, replacing the I of self with a little i, and using the grand I only when referring to Inferiority's dominance in their lives. This would make them his loyal and respected citizens to whom he would be ever generous, an honour they could not refuse. He did not anticipate the subversion which was to occur. He was doing his daily rounds of his favourite subjects when one of them, g, proclaimed publicly that she was tired of this relationship, after all, she felt she deserved more than this and she had lived without Him in the past. G wanted her I of self back from Him, and she told Inferiority that from now on, she would only recognise him as inferiority with his small dot-cap and not his big dash-crown. He received no more invitations from G, which made him feel terribly uneasy and he lay at night worrying about the extent of this revolt. But, he reassured himself, he still had other loyal subjects to visit. And that is the end of this story, which goes to show that **"Stories may have endings, but stories are never over"** (E. Bruner, 1986: 17).

APPENDICES

APPENDIX ONE

Characteristics and Concepts of Narrative Therapy

* Exploration of the problem-saturated story.
* Externalization and personification of the problem.
* Discovery of unique outcomes which contradict the problem saturated story and invited re-descriptions.
* Elaboration of unique outcomes by rooting them historically and establishing the implications for the future thereby allowing fresh perceptions of past and present events which open up new possibilities for the future.
* Encouragement of client's increased sense of personal agency.
* Evidence that the client is satisfied with the new story.
* Celebration or ritualisation of the turning-points.
* Promotion of client as consultant to other victims of the problem

(Epston, 1991)

APPENDIX TWO

Excerpt of a Transcript (From Audio-Recording) of a Session.

In the fourth session, it emerged that the client's (G) nephew (J) was also the child of a sole-parent; he was being raised by woman with whom G's brother had conceived J.

H: What advice would you give J?

G: To be himself in the first place, and not to look down on to his mom for having a child without being married; it's not fair to hold her responsible. And not allow people to label him. It's very important that he must do things in a way he must do it.

H: Let's pretend that I'm J and I ask "But how? What have you done about this?"

G: This shame, it's something of the mind. I can now look someone into the eye and tell them that my mom is single without being ashamed.

H: Now what if he said "That's useful...but how will things be better for me if I follow your advice?"

G: You won't keep it as a secret that keeps people away. That's why I kept friends away. You will be more open and feel more worth; it will be your tool to be assertive.

H: How will this help me, J, to be more assertive?

G: Some people are richer or think they're richer, and you can say "I don't want to and I don't have to do something just because they tell me to."

H (as J): Will I have more friends?

G: Maybe you won't have close friends, but you won't be isolated.

H (as J): You've been through the whole process and it is a luxury for me to have someone like you to turn to for advice about dealing with this problem. Thank-you.

APPENDIX THREE

Appendix 3a: Example of Case Record

S[3]	Problem Saturated Detail	Unique Outcome	Question Eliciting Outcome
4	Believing in own inferiority.	Increased personal agency - not being dictated to by others. Releasing mother from burden of guilt.	What advice would you give J?
	Shame of being a child of a single parent.	Overcoming shame. Release from shame's rigid grip.	What have you done about this i.e. being self?
	Distancing others by keeping the secret.	Openness - reducing distance and allowing new-found assertive-ness.	How will things be better for me if I follow your advice?
	Inferiority.	Privileged people don't have the power to dictate to her.	How will this help me to be more assertive?
	Experience of isolation by keeping the secret and believing in inferiority.	No longer isolated but no pressure to have a confidante.	Will I have more friends?

[3] S represents Session Number.

Appendix 3b: Example of Record of Audio-Taped Material

TC[4]	Key Issue(s)	Verbatim Material Client	Therapist
168	Invitation to G to be an expert on her problem-able to be a consultant to her nephew.		What advice would you give J?
170	Increased personal agency.	To be himself in the first place.	
176		Not allow people to label him. It's very important that he must do things in a way he must do it.	
172	Freeing self from shame and mother from blame.	And not to look down on to his mother for having a child without being married; it's not fair to hold her responsible.	
179	Drawing on G's lived experience.		Let's pretend that I'm J and I ask "but how? What have you done about this?"
184	G's relative influence on shame and awareness of the flexibility of meaning.	This shame, it's something of the mind. I can now look someone in the eye and tell them my mom is single without being ashamed.	

[4] TC represents Tape Counter Number.

TC	Key Issue(s)	Verbatim Material Client	 Therapist
189	Determining whether this is a preferred narrative.		Now what if he said: "That's useful, but how will things be better for me if I follow your advice?"
193	Reduced shame, creating opportunity for more satisfying relationships.	You won't keep it as a secret that keeps people away. You will feel more worth...it will be your tool to be assertive.	
200	Specifics w.r.t G's new theme of assertiveness.		How will this help me to be more assertive?
202	Increased personal agency-privileging own choices, not the injunctions of the privileged.	I don't want to and I don't have to do something just because they (the rich) tell me to.	
206	To what extent are the new themes totalising of all of G's relationships?		Will I have more friends?
207	Self-acceptance	Maybe you won't have close friends but you won't be isolated.	
209	Affirming her role as expert-consultant.		You've been through the whole process and it is a luxury for me to have someone like you to turn to...thank-you.

APPENDIX FOUR

Example of Analysis of Excerpt According to Narrative Therapy Concepts and Characteristics

This extract follows on from G announcing her rite of passage experience at her 21st celebration. My intention was to root her new descriptions of herself by providing the opportunity for her to be an audience to these descriptions (in giving advice to J), and by setting her up as an expert and a consultant on her problem, thereby giving her and her relationship with her problem a new status (Epston and White, 1992). The content of the extract illuminates the final stages of therapy (See Chapter Six for further discussion).

The question "But how? What have you done?" elicits the particulars of her lived experience. She was at a point of realising that sole-parents cannot be given the burden of blame. G's response that "it (shame) is something of the mind" alerted me to a new departure, that she grasped the social construction of meaning - a fundamental concept in the narrative approach. My question "How will things be better?" allowed G the opportunity to reconsider the influence which her relationship with Inferiority had had on her life - it had made her keep people at a distance. The question allowed her to reflect on her new relative influence on the life of Inferiority - she could now look people in the eye and tell them her mother is single, without feeling ashamed, and she could resist the prescriptions of people who act rich. She also implied that her story now included preferable themes of openness, self-worth and assertiveness. My question "Will I have more friends?" was to assess how much G's new story included themes of self-acceptance or whether the more dominant theme was that of being 'more' popular, 'more' everything. Should that have been the case, I would have chosen to perturb the story of 'more-ness' by reflecting, as J, that I would feel uncomfortable giving up all the familiar parts of myself to become a 'better' person and by enquiring how she had managed to avoid this pressure. However, G's response "Maybe you won't have close friends, but you won't be

isolated" revealed that she had integrated new and old themes of her story. I confirmed her status as expert on the problem by thanking her for the luxury of being able to consult her on how she had lived through her experience of being the child of a sole-mother.

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