

Narrative means to transformative ends: Towards a narrative language for transformation¹

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Abstract: *Narrative therapy has its intellectual roots in and derives its concepts and language from a postmodern concern with experience, narrative and social critique. In this paper the narrative therapy of White and Epston is explored as a body of theoretical and practical knowledge about how to free people from the stories that imprison them in closed and limiting visions of themselves, their relationships and views of the world. Narrative therapy with its focus on changing the frame of intelligibility within which we interpret the world, in how it brings about this change and in how it interprets the social and cultural dimension of one's narrative, is a useful reframing of the language of transformation theory. The paper identifies the implications of this connection for enhancing the social dimension and understanding of transformation and enhancing the ways in which transformation may be facilitated. Finally, attachment stories are proposed as particularly useful narratives for adult educators.*

Keywords: Narrative Therapy, White and Epston, Adult Learning Theory

Introduction

Adult education has been central in reclaiming narrative from the demise predicted for it by Benjamin (1988, p. 87) who announced the end of storytelling. Narrative has become the defining characteristic of the postmodern age. In this paper narrative therapy, as developed by White and Epston (1990) in *Narrative means to therapeutic ends*, is outlined as is the way its insights enhance the understanding of transformative learning theory and practices.

A narrative, in contrast to events described randomly, offers a way of making sense of our experiences by ordering them temporally according to a theme. Many narratives might be constructed from a set of experiences and the account chosen reflects decisions made concerning the significance of events and what theme(s) provide a coherent plot. Narratives are extended metaphors (Ricour, 1984); a fundamental structure of human meaning making (Bruner, 1986; 2002); and “the primary scheme by means of which human existence is rendered meaningful” (Polkinghorne, 1988, p. 11).

Important contributions have been made to our understanding of how narrative (Wiessner, 2001) and autobiography (Dominicé, 2000) can be instrumental in transformation. The transformative dynamic lies in the recognition that one is not only the main character but also the author of that story and that one can gain a more critical and empowered perspective on one's life through telling and interpreting a life story.

What is narrative therapy?

The theory and practices of narrative therapy are well established by Freedman and Combs (1996), McLeod (1997) and Parker (1999). While many therapies are narrative therapies, White and Epston engage in a more specific exploration of and a more deliberate

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stance on narrative and their sustained focus on narrative concepts and processes is the therapy (Payne, 2000, p.4).

Narrative therapy builds on the work of Bateson (1972; 1979) and Foucault (1977). Bateson suggested that the meaning we ascribe to events is constituted and determined by the set of premises and presuppositions, our map of the world. While the map is not the landscape any statement that gives meaning does so within our interpretive frameworks (Goffman, 1974), which determine the questions we ask about events, the realities we construct and the 'real' effects experienced by those parties to the inquiry.

Stories constitute this frame of intelligibility.... it is the story of self-narrative that determines which aspects of our lived experience get expressed, and it is....self-narrative that determines the shape of our lived experience....these stories actually shape our lives, constitute our lives.... (White, 1995, pp. 13-14)

Narratives are akin to Mezirow's frames of reference. White and Epton (1990, p. 3) resist models of family therapy that see the underlying dysfunction in a family as determining behavior. In therapy the problem has a text and the therapy is a therapy of "literary merit" (p. 4). What is transformed is not only the meaning perspective by also the life narrative. The problems that people present in therapy are a result of the narratives, in which they are storying their experience, and/or in which they are having experience storied by others, not sufficiently representing their lived experience. Others may be participating in stories that are unhelpful, unsatisfying, closed, and loaded with contradictions.

A problem is seen not as a dysfunction in the individual but as a story in need of reauthoring through therapeutic conversations, a 'restorying experience.' One may need to get in touch with other memories and understandings that are usually forgotten in order to be able to tell a different story. We tell stories as versions of ourselves and the way we weave them together in a particular way makes them the dominant plot. If, for example, an adult says they are not good at Mathematics, they will have a network of stories built around this, a dominant plot. What is remembered and what is forgotten, what is excluded and what is included is done both consciously and unconsciously according to the overall version one has of the situation. This dominant plot is not comprehensive. It does not explain or include all experiences.

Borrowing the concept of unique outcomes from Goffman (1961), the untold experiences that are outside the dominant stories are the raw material for narrative therapy and from these unique outcomes alternative stories are generated. The unique outcomes are neglected in the normal meaning making process in favor of dominant stories that are in possession of the individual or group. According to White and Epston (1990, p. 16) these unique outcomes include the range of

events, feelings, intentions, thoughts, and actions, etc. that have historical, present or future locations and that cannot be accommodated by the dominant story.

Narrative therapy helps to identify the unique outcomes by a process of externalizing the 'problem-saturated' story of a person's life and relationships.

The externalization helps in interrupting the habitual reading and performance of the stories, helps one separate from stories and also achieve agency. Through the use of imagination the unique outcomes are plotted into an alternative story or narrative. Then, by working through the contradictions between the dominant narrative and the new one, there can be a redescription of self, others and one's relationships.

Alternative stories are the acceptable outcome of therapy, stories that enable one to perform new meanings that are experienced as more helpful, satisfying and open-ended, bringing with them desired possibilities. How does one decide if a reauthored story is better than the previous one? Reauthoring is about the reorganization of experience and a better story is more inclusive of experience. People are not only performers of their own stories but

also an audience providing reflection and critique. The “consciousness of one’s production of one’s productions, provides for a context of reflexivity” (White and Epston, 1990, p. 18).

Power is frequently overlooked in therapy at both theoretical and practical levels. Narrative therapy encourages people to look at the broader sociocultural context and to look at or include considerations of power, how it operates and the effect it has on people’s lives. Foucault states that we are subject to power through normalizing ‘truths’ that shape our lives and relationships. These ‘truths’ are constructed or produced in the operation of power (Foucault, 1977). He is not subscribing to the idea that there are objective or intrinsic facts about the nature of persons but to the idea that there are constructed ideas that are accorded the status of truth. These truths are normalizing in that they construct norms around which people shape or constitute their lives. These truths specify a person’s life. The effect of power is to specify a form of individuality that is in turn a vehicle of power that subjugates. It constructs people as docile or subjugated bodies.

Relying on Foucault, White and Epston propose therapy as a means of assisting people to counteract the effects of overt or invisible power relations in their lives (Payne, 2000, p. 39). Many of the problems brought to therapy are seen as socially constructed issues arising from the ‘practices of power’ which lead people to define their identities and their lives in circumscribed ways and these political dimensions are directly addressed in narrative work. Social and cultural factors include the taken-for-granted assumptions and values of the group, family, community, society and culture. We incorporate them into perceptual or meaning making lens and are seldom aware of it happening. The range of unexamined and invisible socio-cultural norms takes on ‘truth-status’ for individuals, groups and communities. Language and narrative are products of our culture, embody its assumptions and influence our interpreting by providing ‘ready made thinking’ (Payne, 2000, p. 22). Narrative therapy echoes the language of transformation theory.

Narrative means: The methods of narrative therapy

The first step in the process of narrative therapy is to tell one’s story. It is usually a problem-saturated description which embodies the dominant story of one’s life. The therapist asks questions about the detail of the story, the way one is experiencing difficulties and the effects on one’s life. The problem is named, even given a name, helping the process of externalization, and implying that the problem is having an effect on rather than existing in the person. This helps the person separate from the problem.

Such problem-saturated stories often leave little room for counter-stories, for contradicting evidence, that may call into question one’s entrapment (White, 1995, p. 25). Some can see little room for alternative versions of reality, e.g. in cases of unemployment, brutality and violence, terminal illness, etc. White sees problems as constructions created through the stories people tell. These stories are shot through with ideas, assumptions and ‘given truths’ of social and cultural origin. Because the stories do not explain everything, they omit experiences and leave room for identifying contradictions (Payne, 2000, p. 68).

By deconstructing the unique outcomes that deny, contradict or modify the dominant problem-saturated story there is a focus on what does not fit the dominant story. This helps the second, until now hidden, description or new story to become a firm account rather than dissolve away. Questions about how other people may have witnessed or perceived these unique outcomes are also asked. “Through deconstruction the person gains a wider perspective on her experience, ‘writes a richer story’” (Payne, 2000, p.14) or thicker story. For example, a person may describe a bleak childhood, but remember an enjoyable birthday party. The clues may highlight hidden experiences, strengths, tenacity, resourcefulness and courage.

The therapy engages in a process of externalizing internalizing discourses through questioning. Discourse does not mean a conversation but is a philosophical term meaning the habitual ways of thinking and assuming, with resultant language habits, that are common currency within particular social groupings, e.g. couples, families, communities, organizations, clubs, professions. It involves the “explicit examination of the ideas which inform beliefs and narratives thus directly bringing issues of ‘politics’ into the therapy room” (Payne, 2000, p.59). It could involve the discovery that habitual, significantly limiting discourses, deriving from one’s history and from ‘assumed truths’ in contemporary society, no longer make sense. This sounds like desocialization.

In therapy written documents may be introduced or readings given to support new stories; outside witnesses may be involved as an ‘audience’ for the telling and retelling of stories. The end of therapy arrives when the narrative is strong enough, rich enough, thick enough to sustain a future.

Questioning is central to narrative therapy. According to White and Epston (Payne, 2000, p. 109) there are different kinds of questioning: according to either a literary or an anthropological metaphor. The literary questioning is about authoring, reauthoring and storying so that the telling and the retelling of the story increasingly incorporate additional sub-plots. The anthropology metaphor is of moving through a ‘rite of passage,’ a ritual of three stages: *separation* from previous dominant perceptions of history, situation and identity; *liminal* or transitional where the confusion brought about by the first stage is replaced by the emergence of new possibilities for change and *reincorporation* where the person’s rediscoveries and new knowledges are authenticated and reinforced by being communicated to significant others and by hearing their response. The questioning is a process of deconstruction, scrutinizing culturally influenced assumed knowledges and ways of thinking in order to see their previously invisible implications and to separate from them, if this is what one wishes to do.

Transformative ends: The implications of narrative therapy

Firstly, narrative therapy is a transformative process and deepens our understanding of transformation theory. Secondly, it provides a different language, a narrative language, for describing transformation. Thirdly, it provides useful pedagogical tools for facilitating transformative learning.

Narrative therapy alerts us to the way we are inclined to adopt narratives that are carried in and reflective of the ‘truth’ disciplines of our society and culture. Moreover, it alerts us to be careful about locating our practices as educators in the ‘truth’ discourses of our profession. In underlining its social concerns, narrative therapy alerts us to the danger of adult educators acting as if education has nothing to do with social control. There is always the strong possibility of this and so critique is necessary. We are always engaged in political activity. Narrative therapy and transformative learning can challenge the techniques that subjugate people to dominant ideologies.

Narrative therapy is a process of changing frames of intelligibility (frames of reference) through critical reflection on assumptions (Mezirow, 1998, p. 191), the defining characteristic of transformative learning. It is a process of becoming aware of the “production of one’s productions” which is the White and Epston version of critical reflection on assumptions (1990, p. 18). Narrative therapy and transformation theory see therapy and teaching as a hermeneutic process of textual interpretation. In the emphasis on a critical unearthing of the social and cultural dimensions of assumptions they are also a critical hermeneutic. Though not framed in that language, White and Epston are interested in conceptual, psychic, and

theoretical reflectivity. This is a form of critical consciousness and transformative learning (Mezirow, 1981, p. 13).

Secondly, the emphasis on telling one's story, a description and sharing of understandings with others; the emphasis on the lack of fit in one's dominant story; the search for alternative outcomes and new meanings; the importance of other people as audience for telling and retelling; the focus on contradictions between dominant story and unique outcomes; the emphasis on the better story being more integrative of experience; deconstruction being a procedure for subverting taken for granted realities and practices; and the emphasis on agency and acting on the basis of new narratives and network of assumptions – all are transformative ideas in narrative guise and a new language for transformation.

Thirdly, narrative therapy alerts us to the possibility that the educational use of narratives can be transformative. The process of transformative learning is clarified by the pedagogy of narrative therapy. Narrative therapy has a methodology of questioning that is Socratic in its critical intent. Deconstruction, sharing stories, retelling, digging out alternative versions, other people as witnesses, taking action on the basis of new stories are all outlined as useful therapeutic processes that have implications for pedagogy. How to identify and articulate new stories is developed well in narrative therapy.

The 'rite of passage' involving moments of separation, transition and reincorporation are evocative of the stages of transformation as outlined by Mezirow, from disorienting dilemma to reintegration back into society. It is not necessary for the two processes to be identical. It is sufficient that facilitators of transformative learning can look to narrative therapy as a process of some interest and practical import.

Conclusion: A most unpostmodern thought

For good reasons, adult educators have traditionally paid little attention to theories that have a clear biological base. I am suggesting that attachment stories form a set of narratives that are of significance for adult learning and education. Bowlby (1969) implies that the internal working models (secure, avoidant, resistant or disorganized) laid down in infancy as a paradigmatic or epistemic frame of reference influence profoundly the ways one deals with disorienting experiences and other perceived threats to our taken for granted world of meaning making. One's early attachments are influential in the development of a dominant narrative that influences how we approach development, change, learning and relationships and the many other experiences of adulthood. In its ability to work with narratives, narrative therapy confronts us with the exciting possibility that adult educators interested in transformative learning might be able to facilitate significant learning in the context of the variety of attachment stories that adults bring to their learning. Like Bruner (1987, p. 12):

I have been looking at another kind of thought, one that is quite different in form from reasoning: the form of thought that goes into constructing not of logical or inductive arguments but of stories.... might we not be well advised to explore in equal detail what we do when we construct ourselves autobiographically.

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