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**SO DIFFERENT AND YET SO COMMON –
INSTITUTIONAL CONTEXTS AND NARRATIVE APPROACH**

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**So Different and Yet So Common –
Institutional Contexts and Narrative Approach**

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**A thesis submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy**

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CERTIFICATE OF ORIGINALITY

I hereby declare that this thesis is my own work and that, to the best of my knowledge and belief, it reproduces no material previously published or written, nor material that has been accepted for the award of any other degree or diploma, except where due acknowledgement has been made in the text.

_____ (Signed)

Lit Siu-wai

_____ (Name of Student)

To the project participants whose bravery gives me the courage to go on my life journey in creating space for people to make a difference to the stories they tell about themselves and to be different in the way they live their lives.

Abstract

This thesis represents a record of my narrative journeys of discovery as well as being a reflective account of an exploratory study, using the narrative approach in therapeutic, educational and community institutional contexts respectively. The central concern of that study was to explore whether the use of the narrative approach allows for the creation of an emancipatory, liberating and enabling space that is conducive to evolving narratives that allow multiple voices and transformation in social work practice. This journey was inspired by three critical personal experiences, leading me beyond self-searching, self-dialogue and self-discovery into a critical reflection about dominant social work institutional practices and a search for their ontological and epistemological implications hindering or enabling transformative and emancipatory future practice.

The first Chapter offers an account of my heuristic entry into this thesis through the personal encounters with three perplexing and complex experiences, leading to my 'letting go' of the known and familiar and thus paving the way for further explorations in the second Chapter. This Chapter includes the construction of an ontological and epistemological framework in support of my later explorations in the use of the narrative approach in three distinct institutional contexts relevant for social work practice. Chapter Three, then, examines how historical and recent changes within the broad local/societal/institutional contexts have re-written the foundational conditions of social work practice in Hong Kong.

Chapters Four to Six represent the data chapters that explore the conditions, structures and processes that need to be created to enlarge the liberating space in the selected institutional contexts; I also focus on the ways I needed to negotiate my role and participation in the concrete settings of the three institutional so that they may become more conducive for rich narratives to evolve and that can make a difference to the stories people tell about themselves and which are constitutive of their very lives and relationships. The final Chapter summarises the trajectory of my discoveries and develops suggestions on how the use of the narrative approach could create a more emancipatory and liberating social work practice by abandoning the desire for a single, homogenous context for all human lives and for finding *solutions* to (assumed)

problems; by appreciating that life is to be fashioned in a fluid process of *becoming who one is* and by showing concern for and interest in how people's lives are created; and by bringing back the voices of persons that are virtually absent in the institutional discourse through our every encounter with them, looking at this process as *a mutual construction that can make differences in the way people tell their stories and hence live their lives*.

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Chapter One

A Heuristic Entry into the Research Journey

1. Introduction

I start my account of the journey leading to this thesis with a reflection on more personal aspects of my search, a search for the meaning of certain personal experiences and phenomena which accompanied – if not led – me, as I engaged with aspects of this work. The sensation of experiencing a ‘*split self*’ as well as other contradictions becoming apparent in my personal encounters was so potent that they seemed to demand further heuristic exploration; as Moustakas suggests:

*“I begin the heuristic journey with something that has called to me from within my life experience, something to which I have associations and fleeting awareness but whose nature is largely unknown. In such an odyssey, I know little of the territory through which I must travel. But one thing is certain, the mystery summons me and lures me **to let go of the known and swim in an unknown current.**”* (1990:13) (my emphasis)

Swimming in an unknown current is an apt description of the intense sentiments accompanying the sudden encounter with the contradictions and incoherence in what I previously perceived and experienced as a homogenous and coherent personal and professional identity. It was, however, also challenging, exhilarating and inspiring, as it

“requires a return to the self, a recognition of self-awareness, and a valuing of one’s own experience...it challenges me to rely on my own resources, and to gather within myself the full scope of my observations, thoughts, feelings, senses, and intuitions; to accept as authentic and valid whatever will open new channels for clarifying a topic, question, problem, or puzzlement.” (ibid)

The self-awakening, self-transformation and discovery of new meanings inhabiting the experiences and phenomena that I encountered along the journey have been well-worth the anguish and insecurities the unknown sometimes occasioned, but in trying to spell-

out the reflective journey, I struggle to convert my reflections into the written word, since they are both intensely personal and descriptive. As Fook states,

“People regard it as ‘un-academic’ to write in a personal way, and certainly ‘lightweight’ to write in what appears to be a descriptive style. The hidden assumption appears to be that, if it is easy, it can’t be good! (And also if something is personal, it is by definition un-academic, and therefore of limited value).” (1999:205)

Whilst indeed not being ‘difficult’ to enunciate, the following critical reflections certainly do not feel ‘lightweight’; initially just confusing, I now know that they carry ontological and epistemological implications and I will discuss them in-depth in later chapters. I, therefore, fully identify with Fook’s further comment that,

“although written in a highly personal and descriptive manner, they are redolent with analysis, with theorising, with creative connections and original insights, with difficult emotions and realisations – moreover, with ideas which have the capacity to change constructed ways of thinking and acting.” (1999:205)

Moreover, the question central to this heuristic inquiry is both personal and social because

*“...heuristic inquiry is a process that begins with a question or a problem which the researcher seeks to illuminate or answer. The question is one that has been a personal challenge and puzzlement in the search to understand one’s self and the world in which one lives. The heuristic process is autobiographic, yet with virtually every question that matters personally, **there is also a social – and perhaps universal – significance.**” (Moustakas, 1990:15)*

In other words, in any research question to be illuminated and – possibly – answered, there is both an autobiographical and a universal connection between a researcher’s personal encounter with a phenomenon (an experience or a social issue) that is vital, intense and fully relational. Further, as White (1995) asserts, the narrative and story-ing technique is an appropriate means to engage in this heuristic process and not just because humans live through stories and are active in making new stories. Stories enable the transformation and self-growth of the researcher herself when, on the one

hand, she is trying to extract essential meanings from experiences that are present in the living context of the community she is part of, while, on the other hand, entering the deeper regions of a human problem or experience and attempting to know and understand its underlying dynamics and constituents more fully (Moustakas, 1990).

In the following, I will convey the stories of three critical experiences I had and which reflect my existential reality of simultaneously being a professional social worker, a (social work) university teacher and a mother of three children, experiences that urged me to step into this heuristic journey – a journey involving self-search, self-dialogue and self-discovery.

2. The stories of three critical experiences

2.1 People with a psychiatric diagnosis: so normal yet so abnormal/pathological

What is ‘normal’? While the definition varies with the referent, it generally describes some commonly held understanding, a culturally accepted belief about what is typical, usual and natural; in the medical area, ‘normal’ can be taken to be a defined standard or, when taken as the ‘norm’ (which is the noun from which ‘normal’ derives) to be achieved or conform to, allows any variation to potentially be defined as ‘disease’ or ‘abnormal’. Too often, normal and healthy variability is converted into disease(s) or disorder(s), because it deviates from the ideal norm (Donley & Bickley, 2000:3). The DSM-IV (the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition*), a collection of the most common assessment instruments used in the scientific ‘medical model’ approach to mental health, as I will later argue, being grounded in a positivistic and objectivistic epistemology, states that

“The utility and credibility of DSM-IV require that it focus on its clinical, research and educational purposes and be supported by an extensive empirical foundation” (APA 1994:XV).

According to the DSM-IV, people with psychotic or neurotic symptoms are diagnosed and ‘slotted’ into different types of mental illness, e.g. schizophrenia, depression or obsessive-compulsive disorders. Within dominant notions of health and normality, it becomes ‘normal’ to define persons who have been given psychiatric diagnoses as

'abnormal' and *'pathological'*; they are to follow – *'comply with'* – the psychiatrist's instructions for medication, so as to prevent them from being disturbed by *'voices'* or whatever else may be bothering them, thus neutralising the *'danger'* or *'risk'* they are believed to be in and - possibly - would impart on others. When imposing assessments and diagnoses, psychiatrists and other professionals seldom seem to care about the subjective experiences of their patients and their ways of making sense of their diagnoses; the treatment regimes which are imposed are rarely of concern to those who impart them, as it is *'normal'* to become *'abnormal'* and *'pathological'* once diagnosed as suffering from mental *'dis-order'* (another way of describing deviation from the *'norm'*).

Having worked in a psychiatric rehabilitation centre for some years and facing the situation of people with psychiatric diagnoses - *'so normal yet so abnormal and pathological'* – occasioned a deep sense of contradiction in me. On the one hand, I considered the side-effects of the medications (the empty eyes and fatigue) like *'torture'* inflicted on patients, as they not only affected their physical condition but their entire social lives adversely; on the other, I could do nothing about the psychiatrists' prescriptions, though I wondered whether they really came to know their patients and understood their predicaments through the monthly or even less frequent ten to fifteen minutes follow-up consultations. I had no basis upon which to challenge them, however (*'only'* being a social worker without requisite training), even though I spent about eight hours per day and five days per week with my *'clients'* (their *'patients'*).

Given the dominance of the medical model, this is not an exaggeration: psychiatrists possess the power, based on law-like generalisations derived from specialised scientific knowledge. By adopting a scientific view based on positivistic epistemology, psychiatrists and other helping professionals are thought (and believe themselves) to possess the requisite expertise and – hence – be able to play a superior, even manipulative role vis-à-vis service users. In turn, people suffering from mental illness are rendered helpless, because

“when we treat people with this kind of objectivity, we regard them as objects, thus inviting them into a relationship in which they are passive, powerless recipients of our knowledge and expertise” (Freedman, 1996:21).

In addition, people diagnosed as psychiatrically disabled often have internalised their condition as their personal problem, not realising that they are being manipulated by the expectations of what it means to be a real (or normal) person in our culture. The continuous self-accusations and self-attributions of personal inadequacy further construct a '*problem-saturated description*' of their own lives, which is totalising and contributes to a strong sense of personal failure (White & Epston, 1990), a process Weick (1983) calls '*giving over*'. Weick notes that '*the 'giving over''*' process, in which the act of surrendering not merely information about oneself to another, "*but also the power to create the meaning to this information*" (1983:486) is based on the willingness to give someone else the power to define one's own personal reality.

In response, people with psychiatric diagnoses tend to miss out on the small grant of moral worth that is '*normally*' accorded to others in our communities, in turn, losing all sense of self-worth and giving themselves an even harder time for not '*making it in normal society*' and, as if this wouldn't already be stressful enough, they so often go on to subject themselves to a great deal of pressure in their attempts to craft their life according to what society's notions of health and normality specify. They end up being perpetually '*stretched*' (White & Epston, 1990).

2.2 The professor's supervision during a father-son interview: so powerful yet so disempowering

Before social work's professionalisation had taken its course (as reflected in its historical development in the west, especially in the US and the UK and their spheres of influence and in the local context of Hong Kong and which is discussed in greater detail in Chapter Three), it could, somehow, be seen to offer advocacy and support to the lower classes, as social workers continued to '*help*' the recipients of their services to '*improve*' their position when dealing with the socially and politically powerful and the associated structures set up to maintain the status quo. However, adherence to the values of morality, virtue, the common good and altruism, historically promoted by the (Christian) churches as reasons for serving the poor, is at present considered by many to be intellectually unsophisticated and professionally embarrassing (Specht and Courtney, 1994). As the 1935 Social Security Act was passed in the United States, the

philanthropic functions of private charities changed as they – seemingly – were not required to provide services to the poor any more, turning instead to providing primarily psychotherapeutically-based social casework (Hamilton, 1931). In contrast, in the United Kingdom, the passing of the National Assistance Act in 1948 marked the completion of the shift in emphasis of state support for the poor from help in kind to help in cash (Baldock, 1989) and formal social work services, also known as *personal social services*, were supplied by local government and funded by the central government; the much larger and expanding private sector in the US as well as the ‘reluctant’ acceptance of a state-based welfare role in that country largely explains the difference between the two welfare systems and the associated role assigned to social work. As well, the individualistic culture of the US which explains part of its welfare regime also contributes to a high level of ‘*consumption*’ of psychotherapeutic services (Richardson et al., 1999), which has opened up a large professional services ‘market’ (Fizdale, 1961; Wessler and Wessler, 1997; Specht and Courtney, 1994) with competing practitioners and approaches, amongst whom social workers may do well because of their being less costly. Indeed, social work represents the largest proportion of all professions providing psychotherapy in the US (Barker, 1987; Hardcastle, 1987).

Having been a British colony for about one-and-a-half century and thus not a – in effect – a ‘country’ but a colonial state until 1997, when it partially re-unified with China, the Hong Kong administration carried certain predispositions based on British traditions in managing the territories and populations under its reign, including the philosophy and operations of the social welfare policy system. Social work and social work education were introduced to Hong Kong as an *imported* profession about 50 years ago under the influence of *both* the British and American traditions.

I studied social work in Hong Kong in the 1980s and worked as a frontline social worker for some years. Positivist epistemology – which I will elaborate on in another Chapter - was dominant in the theory and practice of counselling and social work during that period and many social workers tried to assert themselves as ‘*professionals*’ by emphasising and confirming the links between their practice approaches and the ‘*scientific*’ model of social knowledge. As Heinemann (1981:374) stated,

“the prevailing model of social work research posits a hierarchy of research designs, which run the gamut from least to most scientific and is ordered by the extent to which the criterion of prediction and its concomitant requirements – such as experimental manipulation, control groups, and randomization – are satisfied”.

With the dominance of such logical empiricist philosophy of science, it was not surprising that social workers who focused on doing casework and later family therapies were being regarded as more ‘*professional*’ when compared with those who worked in group work or community work settings, because

“psychosocial casework is, as I have already said, a blend of concepts derived from psychiatry, psychology, and the social sciences with a substantial body of empirical knowledge developed within casework itself. The direct empirical basis of the approach rests on the continued systematic study of treatment, focusing upon client response to the procedures employed” (Woods & Hollis, 1990:16).

I was one of these social workers being affected by this positivist view and its associated practice approaches; somehow this was also understandable, because, as Laird (1993:4) stated,

“modernism brought us a sense of hope in social work, a belief that if we could be scientific enough we could locate the causes of our clients’ miseries and, with a high level of certainty, intervene appropriately to eliminate the problems”.

I remembered well how, for me, it seemed rather obvious that, if the client’s problem could not be fixed by employing the interventions associated with the scientific ‘paradigm’ and supported by empirical knowledge, there could only be two reasons: either the inadequacy of the social worker(s) (i.e. ‘me’) when applying the knowledge (or theory) to their specific practice situation or it had to be the lack of motivation for change on the part of the client; at any rate, the ‘*method*’ could not be ‘*wrong*’...! This pattern of thinking remained central to my ways of operating, of assessing and judging practice situations and my role in them and I spent much time in learning various therapies, hoping to master the professional skills needed to eliminate – or at least

alleviate - my clients' problems. I never questioned this mode of thinking and operating until witnessing an interview with a teenage school drop-out and his caring father.

The episode occurred in the context of a formal post-graduate professional training institute, where a group of experienced social workers were given family therapy training so as to 'earn' their Master Degrees. I was one of them, eager to learn from our Professor and grasp the professional skills needed to conduct family therapy, somehow waiting for the '*miracle*' to happen in a consultation session. In this session, one of our course colleagues, a school social worker, brought a family to the interview room, having found that the family's situation didn't change as expected even after his intervention had gone on for some time; we were all in favour of '*evidence-based*' practice, whereby interventions with service users are expected to deliver '*measurable*' results (Macdonald and Sheldon, 1998) and within a certain amount of time. Our Professor, a 'structural family therapist', and we, experienced social workers in post-graduate education, were sitting behind the one-way mirror as a '*reflecting*' team. In the course of the interview, we learned that the son had not attended school for several weeks and the teacher had warned that he might not be able to continue schooling if he didn't return to school immediately. The son was not willing to do so, the communication between mother and son was really bad, while the father was busy earning the family's livelihood.

Halfway the interview, the professor called for a break and we, the reflecting team, discussed the proceedings and events occurring in the interview. We raised our ideas and formulated questions about what we had heard, whereby each of us gave our own version of what we saw as the problematic issues in the case. Andersen maintains that

"such ideas are often of value to talk about because they have proved to have a positive impact on the dialogue about the presented problem" (Andersen, 1991:44).

After our reflective discussion, the social worker continued the interview according to directions and suggestions we had discussed, but the Professor then instructed him to tell the family members that, "... *it is me, the Professor, who suggests you doing so!*" How obviously this sentence reflected that it was the Professor (in tandem with all the social workers behind him),

“who determined what the problem was, giving rise to sophisticated and widely-varied diagnostic catalogues. It was the social worker (in this case, mainly the professor) who orchestrated the course of treatment, presumably based on the diagnosis. The social worker took the role of actor and organizer; the client took the role of obedient recipient” (Weick, 1993:16).

It was *so powerful yet so disempowering* – the superior position taken by the professionals, assuming that they (or we) have power over others simply because we ‘*possess professional knowledge*’, while the father and the son, who had achieved only low educational levels, could only be the obedient followers when faced with a group of ‘*learned professionals*’.

Observing the father-son conversation during the interview, I was deeply moved by the caring attitude of this father, who did not blame his son at all, but, instead, explained the reasons why he wished him to continue his schooling, even though he knew and admitted that it would be difficult to face the ongoing labelling by his teachers – he worked as a construction worker and earning the living for the whole family was really difficult for him and prevented him to be more involved with his son. So, he hoped that the son would be better educated and thus not have to live a life as difficult as his own, since being better educated brought the promise – seemingly guaranteed by society – for better and more comfortable living circumstances. The son, sensing his father’s loving and tender expression as he explained the situation, replied that he understood the hardships his father endured to provide for the family and that he wanted to go and work as well and help earn for the livelihood of the family. The love and care expressed by father and son caught my attention and occasioned many deep reflections on my part, also about my ‘*tense*’ relationship with my own son. Consequently, when it was my turn to give reflective feedback, I shared why I was moved by the conversation between father and son and how this conversation had stimulated further reflections about my own mother-son relationship.

Listening to my response, the Professor told me that “...*this is your own personal matter and should not be discussed in this context...you should not be over-involved with service users.*” It is because in our professional training, as Butler, et al. (2007:282) explained,

“In the intervening period, however, theoretical trends in social work have moved away from such relationship-based approaches in favour of evidence-based practice...such approaches suggest that outcome is now viewed as being more important than process, and that by implication, how we work with service users is seen as being less important than achieving a measurable result at the end.

As a **professional**, I had made the additional mistake that I **mixed** personal matters with professional issues, which was inadmissible, as Grosz (1990:166) highlighted,

“in its commitment to the ideal of a ‘stable, reliable, transhistoric’ subject of knowledge, science, including the social sciences, insists upon the distancing of the subject from the object known. Thus, in this perspective, feelings, emotions and values, as well as political and other interests, are to be quarantined: nothing must be allowed to interfere with the ‘disembodied, perspective-less, sexuality indifferent subject’.”

2.3 My relationship with my son: so helpful yet so helpless

The history of the social work profession has been marked both by its adherence to and its attempts at maximizing its linkages with the scientific model of knowledge (Weick, 1993). Moreover, the separation of subject and object is the prevailing imperative of ‘sound’ scientific knowledge. As a university lecturer, one of my important responsibilities is teaching – teaching students various approaches that help ‘solve’ clients’ problems by making a thorough problem assessment, formulating treatment goals and proposing treatment strategies on the basis of a selected and espoused theoretical approach. Hudson and Faul (1998:381) have clearly stated the importance of using standardized measures of client’s personal and social functioning because

“standardized assessment scales that reliably and validly allow clients to self-report the seriousness of their private anguish (personal and social problems) can often be used to avoid the serious oversights in the assessment of client problems that result in the use of inadequate or misguided intervention” and “a second very important reason for using standardized measures of personal and social functioning relates to professional and fiscal accountability and to treatment monitoring and planning”.

In this sense, as and because the problem assessment and subsequent interventions are based on the scientific model of knowledge, the treatment goals can be achieved or else the only reason for not being able to achieve the expected outcomes is the '*lack of motivation*' of the client. Such were my understanding of and approach to my clients' situations and responses in my early social work practice and I never questioned them until faced with a conflicting relational issue with my son.

My son – being just six years of age – was deemed 'problematic' at school; he had refused to do his examination and resisted the demands of his homework. He also refused to accept the evaluations of his schoolwork and the results of his examinations. Even though I did not really agree with the use of academic results as the only means to evaluate the capabilities of my son, I did realise the importance of performing better at school, lest he be labelled a '*problematic*' child by his teachers. This was the reason why I decided to cooperate with the school system by '*helping*' my son to conform to the system so as to fulfil the expectations of the school.

As a mother with professional social work training and working as an academic, as I had been teaching my students, I believed that by applying the requisite theories in treating my son's '*misbehaviour*,' his '*problem*' could be '*fixed*' as expected: applying the scientific models of knowledge in assessing my son's 'problem situation', formulating intervention plans and executing the intervention strategies based on my professional knowledge, skills and experiences. However, it came as a great shock to me that I seemed unable to solve (what I thought was) the problem of my son. The more I tried, the more he resisted; the stronger he resisted, the harder I pushed and nothing improved.

There were lots of quarrels between us and our relationship became conflict-laden; in the face of what I understood my son's situation to be, I tried really hard, feeling *so helpful yet so helpless*! In past practice experiences, if my clients' problems could not be sorted out or solved through my professional intervention, the only reason I could think of was their (the clients') lack of motivation to instigate change. But the situation with my son seemed (and felt) totally different: my six-year-old little boy deeply and sincerely expressed that he hated himself for not being able to do well in school and,

therewith, causing me, his mother great difficulties. My motherly intuition clearly helped me to see that he was more than motivated to make a change, even though he was only a little child. If I could not pass the blame and responsibility for not changing on to him, what was I to do? I felt a very deep sense of failure and loss, also very much aware of the power of the school as an institution to do great harm to him as he was only just at the beginning of his educational journey...

3. My heuristic journey

According to Moustakas (1990:15), a heuristic journey begins with a question or a problem which researchers seek to illuminate or find answers for; the few stories I shared above, *so familiar yet so novel*, set me off on such a journey and I almost immediately made the second step – self-dialogue – which involves to

“enter into dialogue with the phenomenon, allowing the phenomenon to speak directly to one’s own experience, to be questioned by it...in self-dialogue, one faces oneself and must be honest with oneself and one’s experience relevant to the question or problem” (ibid:16-17).

This was a critical process, as I continued to ask myself what made me so uncomfortable with these experiential episodes which were so *familiar* before. Was it the sense of *otherness* that the people with mental problems experienced in a community context? Was it the juxtaposition of *superiority* and (assumed) *apathy* in the therapeutic relationship that gave me discomfort? Was it my sense of *helplessness* that disturbed me most? What was going on with me and why?

This difficult self-interrogation went on for several years, but – as I can now identify thanks to my reading of Moustakas – I gradually moved onto another stage, that of

“tacit knowing”, which “underlies and precedes intuition and guides the researcher into untapped directions and sources of meaning.” (ibid:22)

Moreover,

“Tacit knowing is a basic capacity of the self of the researcher and gives ‘birth to the hunches and vague, formless insights that characterize heuristic discovery’.” (Douglass & Moustakas, 1985:49)

Using Polanyi's (1964) elements of tacit knowledge, the '*untapped directions*' I gradually decided to take were based on *subsidiary* factors, which are essential to knowing but thought to be of secondary importance. I discovered that what attracted my attention were those who were or were supposed to be *in control* of the situations – the psychiatrists, who controlled the medications of their patients, the professor, who controlled the interview process as well as our discussion and I, who controlled my son's behaviours. Polanyi (1962) also suggests that tacit knowing is like finding our way in the dark – we 'feel' our way along, picking up subsidiary clues and combining them with our sense of the focal qualities of space, shadow, and light; we develop a sense or meaning of where we are and thus are able to locate an empty seat. And this helped me to make a *novel* sense of my understanding of the above scenarios; those who suffer from mental illness – though seemingly passive recipients of medical treatment and having surrendered their lives to the medical professions – are *so weak yet so 'tough'* because, in my working experience and relationship with them, I see how they are really isolated, but this is not their only way of imagining and living their lives. Indeed, they do face a lot of difficulties but, at the same time, I witness their insistence on continuing to live, even as they face tremendous hardships and exclusion. The love and care expressed in the conversation between father and son was *so simple yet so beautiful* and I kept wondering why I couldn't tell them that their dialogue had moved me, so much so that I had started to reflect on my own relationship with my son. Why couldn't they, as clients, be allowed to know that their lives, though seemingly utterly problematic, could still have a positive influence on me as a professional and that I could learn from them? As for my son, I remembered how he had once expressed his opinion about the examination system; he didn't understand the reason why students had to sit in examinations so as to prove/show/demonstrate what they had learnt in the classroom; he wondered whether there were any other forms of assessing his growing knowledge and understanding. A query from a six-year-old boy, *so challenging yet so inspiring*, trying to question the rigid school examination system by resisting its singular form of evaluation of his performance; can there be any reason or excuse for me to put the entire responsibility for his 'failures' on his tender shoulders, as I would in my professional practice, when putting all the blame and responsibility for not striving toward the '*resolution of their problem(s)*' on my '*resistant*,' '*non-compliant*' or '*recalcitrant*' clients, as I had told or instructed them?

These *novel* understandings helped me to open the door to the *focal* factors of tacit knowing, which had remained *implicit* or *subliminal* and I will share their gradual discovery in my heuristic journey in the following section.

4. The dialectics of experience

“Dialectics is about contradictions...essentially, the theory of dialectics is that the recognition or the generation of contradictions is necessary for producing new knowledge or change” (Tsang, 2000:421). Dialectics challenges dichotomous, *logocentric* thinking, which supports the use of binary opposites and constitutive of the ways in which *differences* are defined as *problematic* (Fook, 2002). A number of contributions related to dialectics found in *Social Work Abstracts* (Ben, 1995; Melito, 1985; Frease, 1987; Hasenfeld and Schmid, 1989) call attention to the coexistence of opposite forces and the possible results, either positive or negative, from the interaction of seemingly contradictory forces in interpersonal relationships. I had started to realise the coexistence of ‘opposite’ experiences during the *intuition* stage of my heuristic journey in which

“one senses a pattern or underlying condition that enables one to imagine and then characterize the reality, state of mind, or conditions...intuition makes possible the perceiving of things as wholes” (Moustakas, 1990:23).

This realisation not only drew my attention to the existence/coexistence of opposites, but also alerted me to the need to examine the *possible relationships between such opposites*.

Turning inward to seek a deeper, more extended comprehension of the dialectics during the *indwelling* stage of the heuristic process – one which acknowledges and makes sense of power, conflict and change (Pease, 1992:7-8) – I especially focused on the power of professionals. When professionals use their power to define others’ lives (psychiatrists defining the lives of people with mental illness; a Professor defining the quality of communication between a father and a son and the quality of students’ feedback; and me, a mother-cum-professional-and-academic, confirming the behaviour of my son as ‘problematic’), *dialectics* alerts us to the fact that a person is

“both an autonomous individual with a unique personal identity and a social being shaped by his/her social, cultural and economic milieu” (Tsang, 2000:425).

It was this that Fook (1993:42) argued for in her ‘*radical*’ approach to casework: to incorporate in our understanding notions of how the broader socio-economic structure, such as dominant ideologies, power conflicts and hidden exploitative or oppressive socio-economic practices and institutions affect individuals’ lives. Tsang (2000:427) equally alerted us to the fact that

“social workers work with service users on a particular level, for example the individual level; in their ‘focal awareness’ they must not lose sight of the social and structural level in their ‘subsidiary awareness’, and vice versa. Furthermore, social workers can switch between the ‘focal’ and the ‘subsidiary’... ‘Subsidiary awareness’ is necessary to provide a context for the ‘focal awareness’.”

With this reminder – and returning to the father-son interview - I wondered, why we, as professionals, load the full responsibility for their situation on the shoulders of the ‘*truant*’ son, without any thought given to the structural constraints and the inadequacy of the school and the harsh reactions of teachers, who were unable to properly and understandingly deal with the overall situation in which the family found itself?

5. The availability of a ‘Liberating’ and ‘Emancipatory’ space

Further indwelling into my disturbing experiences, I started to realise the importance of the availability of *liberating spaces* that would be helpful in discovering the dialectics and complexities of human experience. If those with professional training, who are used to occupying *powerful* positions, regard the people they encounter as *problematic* in whatever sense (be it as mentally ill, lacking communication skills or having a behavioural problem); and if they also believe that, by applying professional knowledge through their assessments and intervention skills, they bring forth expected outcomes; it struck me that they would not at all be *curious* about the *stories* those persons would have (about) themselves! As Seymour (2006:461) (quoting McGill, 1999: vii) suggests:

“in this sense, theory – or theorization – can seem to represent an escape: ‘a denial of our everyday experience of the diffusion of power, of the multiple and complex nature of oppression.’”

In other words, to create a *liberating space*, one has to be *curious enough to listen to the stories/narratives* of the person, especially the *discontinuities* in people’s narratives, because, as Botella and Herrero (2000:412) claim,

“very often the narratives we hear our clients tell us have been critically fragmented by some life event that has introduced an illness, or a given symptom. This is likely to be the reason why most of our clients express their main goal in therapy as ‘I want to be again as I used to be’.”

As it is impossible for us to turn back the time, to listen to the *continuity* ‘underneath’ the *discontinuities* is of paramount importance, as Bateson (1993:45) suggests that *“much of coping with discontinuity has to do with discovering threads of continuity. You cannot adjust to changes unless you can recognize some analogy between your old situation and your new situation”*. I wondered whether there would be any *difference*, if medical professionals would become able to *listen* to their *patients’* stories of resistance against the *pathologising* labels put onto episodes or aspects of their lives; and I wondered whether *both* medical professionals and patients, who had *internalised* the ‘problem’ labels, would be able to *“appreciate their unique history of struggle and more explicitly embrace these knowledges in the constitution of their own lives and relationships”* (White & Epston, 1990:32).

6. New forms of relationship

Early social work texts placed *relationship* as central to the social work process; David Howe identifies the importance of relationship as potentially still constituting the principal power to change and improve people’s lives (Howe 1998). In addition,

“social workers were expected to utilize their own emotional and psychological repertoire in seeking to understand what service users were going through, and to enable them to work in an empathetic way” (Butler, 2007:282).

However, under the ‘regime’ of competence-based and evidence-based practice, the conceptual tools used are those related to positivism, whereby social workers search for skills and competence in practice. As

“in the intervening period, theoretical trends in social work have moved away from such relationship-based approaches in favor of evidence-based practice, whereby interventions with service users are expected to deliver statistically measurable results and where research is seen as providing the clearest directions for future practice” (Butler, 2007:282 quoting McDonald and Sheldon, 1998).

This might be the reason why Tsang (1998:170) stated that

“the technical-rational model is challenged as a misplaced technological model in a field where human encounter, interaction, feelings and existential issues are at stake”.

Under the ‘regime’ of competence- and evidence-based practice, *clients* encountering *professionals* are usually regarded as fragile and problematic, while the latter are taught not to become ‘over-involved’ with service users (and their time-allocation based on ‘rationalist’ and economic criteria would not allow such ‘over’-involvement anyway!). But as Butler (2007:295) alleges:

“Yet we are unquestionably changed through our relationships with service users. We need to stay open to this change and to the constant reconstruction that comes with it, in our understanding of who we are as social workers”.

Seymour (2006:466) equally emphasises that,

“while the drive to professionalize social work, by, for example, asserting professional authority and establishing status via expertise, seems to make good (common) sense, I argue that this is precisely what we must not do.”

Stronger still is Rossiter’s (2001:4) contention that

“discourses that create professional certainty and infallibility as the ordinary professional, consign us to the boredom, the harm to others, and the harm to ourselves...there is no such thing as knowledge that doesn’t exclude at the same time that it includes.”

Referring back to the father-son interview, I continued to wonder why I was not supposed to tell them that their conversation had so moved me, so much so, as I already mentioned that it made me reflect on my own relationship with my son. Why weren't they, as clients, allowed to know that their 'problematic' lives had a positive influence on me as a professional; that I could *learn from them*? What *difference* would it make *for them* when I would meet them acknowledging my own frailty? Nikos Kazantzakis (quoted by Hogan, 2002:45) stated that "*true teachers use themselves as bridges over which they invite their students to cross*" and Tsang (2006:274) uses the *bridge* metaphor for the teacher-student relationship, putting out the challenge as to whether "*teachers can learn from their students and allow themselves to be changed by the students in the teaching and learning process*". Borrowing this metaphor, could true social workers/professionals offer themselves as bridges across which they invite their service users to walk and, in addition, might those who use our services also be bridges we can cross as professionals, so that we can be changed by them and learn from them? After all, such was my authentic (and emancipatory!) experience when witnessing the love and care expressed during the father-son dialogue and I believe that father and son would have experienced similarly if they would have known that I learned from and was changed by them!

According to Fook, et al. (1997), emancipatory practice requires social workers to be fully present in their encounters with service users, including those that question the nature of professional expertise and accentuate the tensions that may exist between the worker's personal and professional identities. In this process, active listening to the *particularities* of their stories is of paramount importance because

"minutiae may carry the powerful and symbolic meanings of events that are eclipsed by conventional accounts with socially attributed meaning. Active listening in this way requires us to pay attention to detail, even when it appears to be unconnected to the narratives" (Butler, 2007:295).

7. The core themes of the heuristic journey

"Focusing is an inner attention, staying with, a sustained process of systematically contacting the more central meanings of an experience. Focusing

enables one to see something as it is and to make whatever shifts are necessary to remove clutter and make contact with necessary awareness and insights into one's experience" (Moustakas, 1990:25).

In addition, *"through the focusing process, the researcher is able to determine the core themes that constitute an experience, identify and assess connecting feelings and thoughts, and achieve cognitive knowledge that includes 'refinements of meaning and perception that register as internal shifts and alterations of behaviour"* (Douglass and Moustakas, 1985:51).

Referring back to the experiences I shared before, *'discovering the differences'* stands out as the central theme for further exploration in this thesis and under this theme, several foci shall be explored in its ongoing heuristic journey.

7.1 Discovering the differences in people's lives

As mentioned, people given pathological labels *internalise* the problem and the continuous self-accusations and self-attributions of personal inadequacy further construct a *'problem-saturated description'* of their own lives, which is totalising and contributes to a strong sense of personal failure (White & Epston, 1990), whereby the 'logical' conclusion is drawn that *'the person is the problem'*. This is how one's identity is being constituted, as

"the way one selects the events to be included in (and excluded from) one's narratives, the main themes one organizes it around, the characters one regards as significant or non significant, the voices one privileges or silences when telling it...all of it is constitutive of one's own identity as the content of one's life story" (Botella & Herrero, 2000:410).

This self-limiting conclusion, however, is too *thin* when referring back to the *dialectics* of their lived experiences and given that there is always more than one way to tell one's life story, more than one voice to be heard and more than one plot to be voiced. Hence,

"identity is not fixed but dynamic, subject to 'thawing and freezing' as historical, social and psychological context change" (Williams, 1996:71).

As Laird (1989) claims, identity confirmation is further enhanced by the ability to comprehend personal narratives and to make them available to others. In this sense, if we try to uncover the story plots and voices being neglected by people, they are able to

“gain a reflexive perspective on their lives, and new options become available to them in challenging the ‘truths’ they experienced as defining and specifying of them and their relationships” (White & Epston, 1990:30).

7.2 Discovering the different relationship with self

Referring to the concepts of ‘*focal*’ and ‘*subsidiary*’ awareness and the emphasis on dialectics suggested by Tsang (2000) above, we should

“see individuals in contemporary society as functioning simultaneously both as autonomous agents and as products of discursive power” (Eagleton, 1986:145 quoted in Leonard, 1997:45), which *“calls attention to the subject as socially constituted, personal identity being the product of membership of specific cultures during particular historical periods”* (Leonard, 1997:33).

Re-defining persons’ relationship with ‘their’ problem (as the problem is *not located within individuals*, but is a product of culture and history, that is, socially constructed and created over time) opens up possibilities for them to describe themselves, each other and their relationships from a new, non-problem-saturated perspective and, hence, develop a different relationship with themselves, different, that is, to the problem-laden one adhered to before.

7.3 Discovering the different relationship with the professional

As mentioned, as I am interested in discovering the *differences* in people’s lives through conversations, the role of professionals and, hence, the relationship with their service users is also of concern. Based on my experiences, I realised the importance of a ‘*not-knowing*’ position acknowledged by practitioners, as it facilitates the *creation of space* (the liberating/emancipating space mentioned before) that makes possible the purpose of listening, asking questions and prompting the service users to tell their stories, not for the sake of assessment, but by accepting that

“the narrative is itself the means by which an individual articulates who and what they are in the context of past and future,...the task of the social worker is to enable previous silences on this subject to be broken” (Butler, 2007:292).

At the same time, it is also important for her

“professional expertise, [that] the individual practitioner...be able to move beyond broader organizational narratives in creating and re-creating her self as a social worker. Who we are, have been and are becoming are all crucial elements in professional development...If as social workers we are able to learn to respect our own need for self-exploration and validation we will be more likely to be able to respect this need in others” (ibid:294).

Hence, a transformative relationship that will facilitate emancipatory practice will develop.

7.4 Discovering the different in the creation of space

As conversations are constitutive of one's self-concept,

“a person can position himself or herself differently depending on the conversation he or she is taking part in. Such an amalgam of subject positions becomes constitutive of one's self-concept – conceived of not as a totally private process, but as the result of internalizing significant conversations” (Botella & Herrero, 2000:409).

In professional-dominated institutional settings, however, the social reality of the multiple and changing nature of self (Tregasksi, 2004) and our location in an infinite number of other social narratives and their interconnectedness in terms of our being are denied (Thomas, 1999). Lorde (1984) explained that the power of practitioners in using one clinically determined feature to describe the whole in this way is both destructive and fragmenting; on the other hand,

“for service users, inherent in all of these processes is the inequality of power, the denial of the right to tell their personal stories in the wider domain, and to have them heard; and the inability to participate in the construction of social

meaning and to exert influence over the meaning by virtue of telling one's own story" (Butler, 2007:288).

Thus, to facilitate each person's capacity to narrate his/her own life story in the conversation is of paramount importance and the practitioners should have the skills of *clearing the space* for such a *transformative* dialogue to take place if new subject positions are being voiced, new narratives are being told, new forms of intelligibility are able to emerge and the not-yet-said finds room to be consciously and mindfully heard (Botella & Herrero, 2000).

8. Starting the research project

"To know and understand the nature, meanings and essences of any human experience, one depends on the internal frame of reference of the person who has had, is having, or will have the experience. Only the experiencing persons – by looking at their own experiences in perceptions, thoughts, feelings, and sense – can validly provide portrayals of the experience" (Moustakas, 1990:26).

By the time I started my heuristic journey, I worked as an academic social work educator, teaching social work being my primary role, but, at the same time, still engaged in some direct social work practice; my interest in knowing and understanding others' experiences, in discovering the *differences* in people's lives continued to inspire me to pursue and listen to their stories/narratives. As Moustakas (1990:26) explains,

"one must encourage the other to express, explore, and explicate the meanings that are within his or her experience. One must create an atmosphere of openness and trust, and a connection with the other that will inspire that person to share his or her experience in unqualified, free and unrestrained disclosures".

Following this urge, I decided to undertake this present research project and decided to name it ***"So Different and Yet so Common – Institutional Contexts and the Narrative Approach"***.

9. Ontological and epistemological implications

My past professional experiences – as well as several crucial encounters discussed above - turned me away from searching for solutions to presumably known and understood (personal) problems, towards exploring alternative ways of understanding and knowing ‘*people-in-their-life-worlds*’. In other words, it was not just a matter of a novel ‘*choice of theory*’, but a novel ‘*political and personal stance*’, echoing Anderson’s quotation of the philosopher David Hoy’s (1986:124) observation that,

“theory choice in the social sciences is ...more relativistic than in the natural sciences, since the principles used to select social theories would be guided by a variety of values. Unlike a natural scientist’s explanation, which relies on the pragmatic criterion of predictive success, a social scientist’s evaluation of the data in terms of a commitment to a social theory would be more like taking a political stand” (Richardson, et al. 1999:178).

Thus, what I am moving into with this exploratory investigation into narrative practices in several institutional contexts entails a *political stance with ontological and epistemological implications*.

The heuristic journey encompassed a process of

“locating oneself in a situation through the recognition of how actions and interpretations, social and cultural background and personal history, emotional aspects of experience, and personally held assumptions and values influence the situation” (Fook, 1999:199).

In this sense, I was also going through a process of detecting what should be regarded as true knowledge and what the proper ways to obtain such knowledge would be and what they would entail. As well, I also resisted the dominant positivist assumptions about (social and other) knowledge and their imposition on those with less power, revealing itself also as a form of resistance against the decisions of *experts*, people who had appropriated professional knowledge and who were assumed to be acquainted with and privy to the law-like generalisations which inform and justify their decisions vis-à-vis the ‘*clients*’ they deal with, whilst the latter, by contrast, could only let go of the authority to make decisions about their own life by putting it in the hands of the former.

In other words, I started to question the dominant positivist and empiricist approaches to the discovery of people's knowledge and their experiences and what they made out of them.

So, my starting point for this research project and the guiding interest that underpins it is my desire to explore and develop an alternative way of knowing that

“with a basis in personal and concrete experience, [...] opens the way for the perspectives of marginalised groups to be valued and developed; and it opens the way for marginalised aspects of experience to be incorporated into understandings of world...In the process of critical reflection, you are forced to pay attention to interactive aspects of situations (your own influence on the situation – interpretations, behaviour, hidden assumptions), and how the influence might have affected power relations or perpetuated existing structure and thinking” (Fook, 1999:203).

In this sense, it was not just a critical self-reflective process that led to a new choice of theory; *ontologically*, as I will investigate later, the journey led to the rejection of the positivist paradigm and its profound and determined exclusion or repression of other bases and forms of knowing about human beings and their relationships than the rationalist/logical-deductive and empiricist ones; *epistemologically*, it led to my searching for and accepting of alternative ways of knowing and of acquiring knowledge (other than knowledge with an approved “*scientific*” basis).

10. The guiding purpose of this exploratory investigation

More pragmatically and concretely, the *purpose* of this exploratory journey can be summarised as follows:

- Whilst I have had a number of practical experiences with narrative work and have participated in specialist further education at the well-known Dulwich Centre, Australia, I have felt the need to further *systematise* the approach – especially in view of my need to hold its theoretical and practical dimensions in a fruitful and creative tension as I work with it across several institutional settings, including social work education.

- As I have found Foucault's historical-theoretical work to be foundational for my narrative work, his attention for the *institutional* dimension in his '*genealogy of power and powerlessness*' warrants further exploration of the different institutional contexts in which narrative work can be deployed; hence, my desire to more specifically examine such contexts as to their enabling and disabling characteristics in as far as the achievement of the '*emancipatory*' and '*liberating*' goals of the narrative approach are concerned.
- The study is, however, not intended to be a *comparative* one; rather, I offer it as a – rather modest and beginning – *exploratory* investigation into three institutional environments familiar to me and in which my own narrative work takes place, i.e. *educational*, *therapeutic* and *community* settings. A more elaborate *comparative* study might evolve as an outcome of this study and with more resources available.
- Still more precisely, the purpose of this exploratory endeavour is to *systematise* the *interface* between the respective institutional 'fields' or 'contexts' and the concrete interactions through which the narrative exchanges take place and to explore how *people* – situated at this interface – experience the promises of the narrative approach, including those I worked with and myself as the initiator of the narrative 'proceedings'.
- Finally, this work represents my own *narrative* and I am aware that my authorial voice resounds within the institutional context of tertiary education, post-graduate examinations, which have their own inherent restrictions and power differentials and I am not unknowing of these, given my major locus of employment, the university. I can, of course, only hope that the narrative spirit prevails and that my learning journey may continue...

11. The structure of the thesis

In Chapter Two, I offer a further account of what I understand the *Narrative Approach* to be and discuss the reasons why I have decided on using this turn of phrase for my explorations in this thesis and the research which informs it. I will also offer a brief summary of the *Narrative Turn* as it has occurred and taken hold in various social science disciplines while at the same time exploring the constitution of self-identity in

the Narrative Approach. The chapter gives centre-stage to the work of Foucault, which has been inspirational for many of those - in one way or another – working within the discourse of the *narrative turn*; especially his investigations into the creation of ‘*selves*’ and ‘*identities*’ within the context of disempowering biographical/historical/institutional processes of ‘knowledge/power’ impositions are constitutive for the analytical/reflective framework I develop in Chapter Three.

In the Third Chapter, I initially establish a brief critical-historical and interpretative tableau of the overall societal-institutional context of Hong Kong, the macro-background against which the more specific (therapeutic, educational and community) institutional contexts selected for this exploration are to be projected. I will then – again but briefly – call on Foucault to assist in establishing a series of critically-reflective ‘*parameters*’ which I will use to explore and analyse the narrative processes and their ‘outcomes’ (or the ‘*differences*’ as I shall call them) across the three selected institutional environments. Using discursive material associated with these ‘parameters’ and further informed by existing literature, I paint an summary ‘trptych’ of the three institutional contexts and conclude the chapter with information about (and justification of) the methodology, methods and concrete steps I employed to collect the narrative data upon which this exploration rests.

Chapters Four to Six then describe and critically reflect upon the application of the narrative approach in the three selected institutional contexts (starting with the therapeutic, followed by the educational and concluding with the community setting). I have structured each chapter in a similar way, not to encourage comparison, but rather for the sake of clarity and transparency and to allow more general concluding statements, both at the end of each of these ‘data’ chapters and in the final concluding Chapter Seven.

I conclude the thesis in that final Chapter with an overall reflection on my ‘findings’ and offer suggestions for further – hopefully more systematic – research and in the hope of having made a contribution to practice-theory development in the narrative field both for Hong Kong and beyond.

Chapter Two

The Trajectory of my Narrative Journey

1. Introduction

The several disturbing and disconcerting encounters in my personal and professional life – and the accompanying experience of having a *'split self'* – I shared in the first chapter started my heuristic journey and its trajectory entailed much more than just offering an additional and novel 'theory-option'; as I mentioned, it suggested a fully different *political and personal stance*, giving rise to critical reflections about the epistemological and ontological bases of this exploratory investigation. Searching for an appropriate and personally tenable epistemological and ontological framework, I had to immerse myself deeply in a process of *self searching* that involved addressing and reflecting on the various ways of approaching, seeing and interpreting our-selves as persons, the world around us and the relationship between our-selves and the world around us. It seems clear to me now that my usual ways of understanding and knowing were based on a *positivist* epistemology and its associated ontology, as I hoped and assumed that the issues I faced could be solved through employing *'therapy-based'* interventions. Indeed, therapy is often pursued and understood as a panacea for *'effective'* social work practice, despite it being labelled by some as *'the one percent solution to social problems'* (Epstein, 1993). Positivist ontological and epistemological frameworks, with their emphasis on and believe in scientific and empirical technologies as being most appropriate to truth-finding and offering the optimal correspondence with the *'objective'* facts of life we believe we have the professional – and social/moral - duty to change (Thyer, 1994; Parker, 1997; Schön, 1991), remain most prevalent in social work practice. They are aspired to by most of us, professional social workers, as offering the epitome of *'evidence-based practice'* and entire libraries could be filled with contributions to this assumed ideal. The stronger I upheld the promise of these therapy-based interventions to 'solve' the personal/social problems I encountered, however, the greater my despair and the deeper my continuing feelings of helplessness.

It was not until my encounter with the narrative approach that I felt able to enter into a dialogue with my own experience and also allowed myself to be questioned by it. The narrative approach – especially its *relational* aspect and its ability to help ‘construct’ a person’s *identity* – seemed to offer deep answers to questions I never learnt to formulate before. So I decided that it would be possibly worthwhile – both for me personally and as a contribution to the ongoing discourses within social work (education) and beyond – to explore *whether the use of ‘interventions’ as well as the conceptual understandings associated with (what I shall term) the narrative approach could open up liberating spaces in the various relevant institutional contexts in which I was situated and was professionally engaged.*

Referring to the dialectics and the complexities of the experiences mentioned in the previous chapter, the *relational* aspect so central to the narrative approach shed a new light on my understanding of the concepts of self and identity and encouraged me engage in further exploration, since “*not only is there a story of self, but the self itself is narratively constructed*” (Holstein & Gubrium, 2000:3), a socially-embedded self, thus, which is dynamic and can change in relation to others’ response. Somers (1994:616) further highlights the relational aspect of narrative in that

“...the chief characteristic of narrative is that it renders understanding only by **connecting** (however unstably) **parts** to a constructed **configuration** or a **social network** of relationships (however incoherent or unrealizable) composed of symbolic, institutional, and material practices”.

This way of understanding self and identity rejects the *essentialist* approach to and assumption of a ‘true self’ that would reside somewhere inside us and stands fundamentally apart from the social world (Gubrium & Holstein, 2001). Bruner (1990) suggests that *identity* should be thought of as an evolving story, narrated from the perspective of ourselves and used to make sense out of the events in our lives. Every individual is simultaneously the author, protagonist, and reader of his or her own story (Randall, 1995). Such *narrative perspective* – regarding identity as a lifelong, culturally-mediated process of reworking one’s personal meaning system – fits well with my self-searching journey towards finding a tenable (whilst dynamic and ever-changing) epistemological and ontological framework in understanding *relationship*

and *identity*. In the following section, I enter into an exploration and discussion of the epistemological foundations of this research project.

2. The construction of an epistemological framework in support of the narrative approach and its practical applications

As mentioned, the choice of a research methodology entails more than just deciding on a choice between quantitative or qualitative methods; rather, such choices reflect and ‘realise’ an underlying paradigm – therewith also constituting a social and political challenge. As Herda (1999:2) alleges,

“Researchers have the responsibility to reflect critically upon their philosophy of research. Ultimately, such reflection may change one’s research paradigm and cause a concomitant change in methodologies. Today, more than ever in the face of social and political challenges, researchers need to heed moral imperatives about how they collect data; how they interpret and use data; and how they, as researchers and members of social and organizational communities, need to act”.

Positivist epistemological frameworks still retain their dominant position in the social work field (Fook, 1996) and in Hong Kong, with the rise of *managerialism*, the call for *quality service* to be ‘evidenced’ through quantitative measures and responding to the criterion of cost-effectiveness, which together have elevated positivist epistemology to orthodoxy. The fundamental problem with deductive-logical-positivist ways of thinking – especially, in the realm of human activity, reducing *meaning* to *observable behaviour* – is that they deny the many other factors (social, political, emotional and cultural) influencing and being expressed through specific behaviours, thus not only limiting our understanding of such behaviours and the humans who express them, but equally preventing us from understanding the *interactive nature of the emergence of meaning* (Herda, 1999). As a result, the complexities and diversities of human actions are reduced to fragmented and segmented behavioural ‘*problems*’ over which it became necessary to exert control – after having been engaged in ongoing ‘*monitoring*’ – by using mostly *technological* means. Herda (1999:20) further points out that

“the prevailing tendency to reduce problems of actions to problems of technical control and manipulation results in power being taken away from people who have the problems and who need to develop capacities for solving them”.

The domination of technology and technical control, then, gives us a false and misleading reliance on the ‘*expert*’ to solve our problems, thus further ‘*giving over*’ one’s own life into the hands of those experts.

According to this reasoning, a positivist approach would be highly inappropriate for this exploratory research project, an issue which is, however, not solved by simply opting for qualitative research methodologies. This would, indeed, only represent a change of technique without a corresponding change in our underlying thinking and reasoning; rather, this issue needs to be tackled on a *philosophical* level, addressing both its epistemological and ontological dimensions.

2.1 Interpretivism and hermeneutics as the epistemological backdrop of this project

On the basis of what has been said above, positivist approaches that emphasise the existence of a ‘*real*’ world ‘*out there*’ that can be approached and assessed only through the utilisation of scientific, objective and empirical methods and lead to law-like generalisations, can not form a viable epistemological framework for this project. It is the *inter-subjectivity* (instead of objectivity) and the meaning-making process that is embedded in an historical-cultural-social arena and is being communicated through the use of linguistic signification that draws my attention. Knowledge cannot be separated from the knower and the (inter)actions s-he is involved in ongoingly; to know or to find meaning in an action of an actor is to *understand*, which involves interpretive activity that takes into account beliefs, traditions, our imagination and the consequences of our acts (which are *productive* in their own right).

Language is more than just a neutral tool or simply a way of expressing ourselves or a direct representation of the world; rather, it is a *critical medium as the language we speak holds our history*. Herda (1999:11) reveals the pivotal role of language:

“To think of language as a tool or as structure limits our creativity and binds us to designated acts outside of our being and apart from our history. When

we understand that language is an action that is the medium of our lives, we become connected to others in historical and current communities that have a future. Further, our being in the world is revealed historically in and through language as discourse – a concept in the hermeneutic tradition that implies a relationship with another. Our actions and our reflections on our actions are preceded by a historical community of speakers. Language as an action is an event, not a structure or a representational tool”.

Habermas (1979) equally described language as a *form of action* (instead of only playing a representational role); similar to social life, language is always part of a process of change and becoming, connecting the actors in society. The generative role of language – rooted in the social environment in which we live – has been further elaborated by Gadamer (1988:404), who posited that language has its true being only in conversation;

“The world is a common ground, trodden by none and recognized by all, uniting all who speak with one another. All forms of human community of life are forms of linguistic community: even more, they constitute language, but it acquires its reality only in the process of communicating. That is why it is not a mere means of communication”.

Instead of discovering law-like generalisations to explain causal relationships guiding people’s behaviour and that can then be used towards technical control, the understanding and interpretation of the *meaning* of human actions are at the centre of my concern. Hence, research is a *reflective* and *communal* act, allowed for by the interpretive nature of language, towards new understanding, evaluation and action, and the researcher is always *engaged* in the act of research (Herda, 1999).

Interpretivism rejects the assumed neutrality of language as suggested by positivism and it further emphasises that *interpretation of meaning* is embedded in every act and instance of understanding; it can, therefore, be understood as a revolt against positivism. The interpretivist approach itself, however, equally came to be criticised and Fay (1975) outlined four areas which have come in for criticism. Firstly, interpretivism does not consider how the particular actions, rules and beliefs of a group *arose*. Secondly, because the interpretivist’s focus is on the intentions and

meanings of people's actions, the approach misses the *unintended consequences* of action. Thirdly, the interpretivist has no way to examine the structural conflicts or contradictions that exist in a society (Peile, 1994:60); finally, interpretivists cannot account for the processes of historical change, that is, why a social order changes. One further criticism centres on interpretivists' assumption that they can come to understand the subject of their research *without changing those subjects* (Held, 1980:130). Gadamer has defended the interpretivist position by pointing out that prejudice is inevitable and there is no escape from tradition and historicity. For Gadamer, prejudice does not carry a pejorative connotation; as Broin (1990:44) stated,

“Prejudice as ‘pre-judgment’ may thus be conceived a judgment made before all the ‘parts’ or elements of the judgment have been examined. It is, then, a preliminary judgment, intended to be developed and altered, if need be. Our pre-understandings and pre-judgments, arise from our immersion in tradition, are preliminary horizons in which understanding proceeds. It is tradition that underlies all understanding, a tradition from which we cannot extricate ourselves and which provides a universal foundation of shared meaning by which we understand the text which we interpret”.

Gadamer's accepting the inevitable existence of prejudice and tradition as a living force that enters into all human understanding and that human understanding is 'lived' or existential equally has importance for this project. Gadamer (1970:87) maintains that

“Understanding is not an isolated activity of human beings but a basic structure of our experience of life. We are always taking something as something. That is the primordial given-ness of our world orientation, and we cannot reduce it to anything simpler or more immediate”.

In addition, socio-historically inherited 'bias' or 'prejudice' are not regarded as characteristics or attributes that an interpreter must strive to get rid of or manage in order to come to a 'clear' understanding (Schwandt, 2000); to the contrary, *they are necessary conditions of all understanding*. In other words, understanding requires the engagement of one's biases. As Garrison (1996:434) explained,

“the point is not to free ourselves of all prejudice, but to examine our historically inherited and unreflectively held prejudices and alter those that disable our efforts to understand others, and ourselves”.

It means that a continuous self-reflection is necessary for the fusion of perceptual and comprehending horizons to occur.

Another tradition merging into (critical) hermeneutics – Habermas’ critical theory – seeks to unveil the ideological distortions underlying understanding in order to free communication from their influence (Broin, 1990). For Habermas, inquiry rests on three aspects governed respectively by three interests: the technical, practical and emancipatory. He criticised positivism and interpretivism for their one-sided approach to knowledge development, positing instead that the latter involves a self-conscious activity in synthesising the subjective and objective – which do not operate in separation – and that it (optimally) occurs through non-coercive communication. With the assurance of the existence of the material conditions for such communication, the subjective and objective are united as contradictory opposites in a dialectical process and, hence, being unified, based on the same foundation which Habermas established to reject the positivists who believe theirs is the only legitimate form of knowledge (Bernstein, 1985; Van den Berg, 1980).

In addition, Habermas claims that *unconstrained communication is essential to the interpretivist position*. Inquiring into the conditions or structures needing to exist to allow the undistorted communication necessary for interpretivism to occur, he moved from an emphasis on the subject to one on the *inter-subjectivity between a speaker and a listener* – positing as an essential precondition to reaching mutual understanding *the human rationality inherent in communicative action* (Herda, 1999). Habermas associated communicative rationality with critique, recognising one’s own mistakes and choosing another way of thinking about or of doing something, in other words, he calls for a critical reflection process constituting epistemological reflection, which is what this exploratory project equally demands as its philosophical basis (in addition, though, recognising that critical reflection and questioning is more than just recognising one’s own mistakes in light of Foucault’s analysis of knowledge/power, which will be discussed in greater detail in the latter part of this chapter).

The parameter of critical self-reflection in which communicative rationality rests enables an emancipatory interest in securing freedom from underlying forces and conditions of distorted communication (Herda, 1999). According to Habermas, self-reflection can guide individuals in the recognition of conditions that dominate and repress people; it can also bring to consciousness structures of systematically distorted communication that can be, in turn, revealed and specified. Habermas, in his theory of communicative action, does not intend to present a detailed outline or plan for the perfect society or community, but has shed light on understanding the individual and his/her role in the discourse. The relationship between the researcher and the people in the community through listening and telling of stories constitutes a communicative infrastructure of possible forms of life, providing a backdrop for conversations out of which stories evolve and also renders possible the creation of difference in the lives of the people who are part of a research project through consensual action (Herda, 1999).

2.2 The contribution of Michel Foucault in the construction of the epistemological position of this project

Interpretivism and hermeneutics share a general rejection of the *scientism*, *instrumental reasoning* and *empiricism* and their emphasis on the constitutive role of language and interpretation is the epistemological backdrop of this project. Both of them fail to acknowledge, however, the issue of *power* in the language used and, in turn, the meaning making process through which those people who are further removed from the mainstream will be marginalised.

As mentioned, interpretivism is being criticised for missing the *unintended consequences of action* and for having no way to examine the structural conflicts or contradictions that exist in a society. In turn, the guiding interest of critical theory – its emancipatory interest – inherent in the act of self-knowledge through self-reflection that is believed to bring to consciousness the existing structures of systematically distorted communication, is being criticised as insufficient to establish the basis for legitimate social action as, in addition to reflection, memory and the mediating structures of community and education play a critical role in learning how to live in and shape a society (Bowers, 1987). Habermas (1982:227) also pointed out the utopian perspective in communicative rationality as he stated,

“...to be sure, the concept of communicative rationality does contain a utopian perspective; in the structures of undamaged inter-subjectivity can be found a necessary condition for individuals reaching a understanding among themselves without coercion, as well as for the identity of an individual coming to an understanding with himself or herself without force”.

Michel Foucault's analysis of the three modes of objectification and the inseparability of power and knowledge goes beyond the analysis of interpretivism and hermeneutics, giving me an insight in the construction of identity and enabling me to see how knowledge – in particular expert knowledge – excludes the voices and experiences of marginalised groups. He (2001/1982: 326 – 327) stated that:

“... The goal of my work...has not been to analyze the phenomena of power, nor to elaborate the foundations of such an analysis. My objective, instead, has been to create a history of the different of which, in our culture, human beings are made subjects. My work has dealt with three modes of objectifications which transform human beings subjects...the first is the modes of inquiry which try to give themselves the status of science...In the second part of my work, I have studied the objectivizing of the subject in what I shall call “dividing practices”...Finally, I have sought to study – it is my current work – the way a human being turns him– or herself into a subject...Thus it is not the power, but the subject, which is the general theme of my research...It is true that I became quite involved with the questions of power. It soon appeared to me that, while the human subject is placed in relations of production and of signification, he is equally placed in power relations that are very complex”.

In the following paragraphs, I will give a brief account of the three modes of objectification and the inseparability of power/knowledge.

2.2.1 First mode of objectification: disciplinary technology

Foucault was interested in how human beings are ‘*objectified*’ (or ‘objectivised’) in their specific culture, which is embedded in a specific technology. In his discussion of punishment, Foucault summarises the history of power relations and object relations

and how people were objectified through *disciplinary technology* – the change from *sovereign torture*, which was a public torture as well as a political ritual to the operation of unified standards, to the *normalising judgement*, whereby ‘criminals’ were to become ‘*docile bodies*’ and the prison became an expression of disciplinary technology (Dreyfus & Rainbow, 1982). According to Foucault, “*discipline is a technique, not an institution...It does not simply replace other forms of power which existed in society. Rather, it ‘invests’ or colonizes them, linking them together, extending their hold, honing their efficiency, and above all making it possible to bring the effects of power to the most minute and distant elements*” (Dreyfus & Rainbow, 1982:153). Discipline operates primarily on the body and through the central techniques of disciplinary power, examination, it was able to operate differentially and precisely on bodies. As White (1995:44) states: “*with the rise of scientific classification of the body and of life itself, this made possible the location of what we call ‘problem’ at specific sites of body*”.

Taking madness as an example, Besley (2002: 6-7) posits that

“Madness, in the Renaissance, emerged as a theme in literature and iconography because the mad person was seen as a source of truth, wisdom and criticism of the existing political situation. In the seventeenth and eighteenth centuries, madness was reduced to ‘unreason’, something shameful and to be hidden. It was only by the French Revolution, that madness was being redefined as mental illness and medical knowledge and power dominated the history of madness”.

People with mental illness, then, became an object of medical knowledge and a site where power was exercised. Nowadays, understanding ‘madness’ is based on a scientific, positivistic and objective paradigm; the most common instrument used in scientific psychiatry, as mentioned in Chapter One, is the DSM-IV (APA, 1994), which not only encourages a pathologising discourse, but also feeds into the objectification of people with a mental illness, who can only submit to the imposed disciplinary technology and the ‘totalising’ impact of its techniques.

2.2.2 Second mode of objectification: dividing practices

The second mode of objectification, *dividing practices*, occurs when “*the subject is either divided inside himself or divided from others. This process objectivizes him...Examples are the mad and the sane, the sick and the healthy, the criminals and the ‘good boy’*” (Foucault, 2001/1982:326). Again, using madness as an example, it was only since the French Revolution that madness was redefined as a mental illness and that medicine and psychiatry gradually moved into the asylum to treat the afflicted. In the eighteenth century, the asylum emerged as a specific site or institution for dealing with madness and became transformed into a space of therapeutic practices. Madness became medicalised in the nineteenth and twentieth century (Besley, 2002:6) and, in doing so, people were being slotted into categories and divided against one-another. Dividing practices are not just constituted by polarities between self and others, good and bad, normal and pathological; they create classes of features and categories of people. They also force people to ‘*subjectify*’ themselves and to produce the *self* required by the institutions actively – they have to acquire the necessary *technology of self*. Foucault (1988:18) claims,

“Technology of self...permits individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality”.

Madigan (1998:17) further elaborates that

“these dividing practices are social and usually spatial: social in that people of a particular social grouping who exhibit difference could be subjected to certain means of objectification; and spatial, by being physically separated from the social group for exhibiting difference. The actions of dividing practices are tolerated and justified through the mediation of science (or pseudoscience) and the power the social group gives to scientific claims. In this process of social objectification and categorization, human beings are given both a social and a personal identity.”

Dividing practices result from normalising practices (Chambon, 1999); in Foucault's view, as power is constitutive or shaping of persons' lives, there are also *positive* effects of power in so far as certain 'truths' act in 'normalising' ways in the sense that they construct norms around which people are incited to shape or constitute their lives. Such 'truths' actually specify persons' lives (White & Epston, 1990); but, as Foucault (1980:94) states,

"As subjects of power through knowledge, we are ... judged, condemned, classified, determined in our undertaking, destined to a certain mode of living or dying, as a function of the true discourses which are the bearers of the specific effects of power".

Dividing practices continue to occur at present; the masses of new immigrants entering Hong Kong from China offer a good local example for the *social* aspect of dividing practices, while people with a mental illness illustrate their *spatial* aspect. These two groups of people are not only objectified and isolated, but also marginalised and stigmatised, which adversely affects their social and personal identity. As White (1995:43) posits,

"...this modern exclusion was a different sort of exclusion – not an exclusion based on the absence of identity, not an exclusion based on absence of membership, but grand exclusion based on the assignment of identity. A marginalisation of persons through identity".

2.2.3 Third mode of objectification: subjectification

This mode is concerned with the way in which people are *actively involved in turning themselves into subjects*, which differs from the previous two modes of objectification whereby the individuals presented as passive. While disciplinary technology is the specific technology for the first mode of objectification, confessional technology became the specific technology for subjectification. Foucault's analysis of sexuality demonstrates how it became an object of scientific investigation, administrative control and social concern in the eighteenth and especially the nineteenth centuries. Instead of repression, a growing *channelling* of sexuality occurred by talking about it; Foucault referred to this as *"a regulated and polymorphous incitement of discourse"* (Dreyfus & Rainbow, 1982:169); and with the '*scientific*' breakthrough in

understanding sexuality during the course of the nineteenth century, not only was the construction of knowledge about sexuality made possible, but the

“individual has also become an object of knowledge, both to himself and to others, an object who tells the truth about himself in order to know himself and to be known, an object who learns to effect changes on himself” (Dreyfus & Rainbow, 1982:175).

In this process, people are actively involved in *turning themselves into subjects*; it is the individual who takes the initiative to talk, that is, to *confess*, because it is the belief that one can, with the help of experts, tell the truth about oneself and in the process, create a new kind of pleasure. According to Besley (2002: 8-9),

“‘confession’ means ‘acknowledging’, it involves a declaration and disclosure, acknowledgement, or admission of a crime, fault, or weakness. The acknowledgement is partly about making oneself known by disclosing the private feelings or opinions that form part of one’s identity...confession, then, is both a communicative and an expressive act, a narrative in which we (re)create ourselves by creating our own narrative, reworking the past, in public, or at least in dialogue with another”.

The confessional technology was made possible because of the normalising ‘truth’ that shapes our lives and relationships; when individuals internalise external cultural norms, they will conduct and monitor themselves according to their interpretation of these cultural norms and they may also seek out external authority figures, such as a religious leader or a psychoanalyst, for further guidance (Madigan, 1998:19).

In the social work context, the legitimisation for social workers to exercise power in their everyday encounters with clients creates the *subject of welfare* through the use of ‘*normalising judgments*’. Worse, being subjected to the totalising effect of the normalising judgment in the welfare system (all in the name of being ‘effective’ and ‘accountable’), clients (as well as their knowledge) are subjugated to the ‘welfare gaze’ through the classifying, measuring, comparing, differentiating, qualifying and judging ‘assessments’ made of them according to the norms set by the welfare system and they become ‘subjects to the ‘service’ (or, more appropriately, to the ‘correction’ expected of them).

So it should not be surprising that the language social workers use to describe their clients is usually negative, problematic and pathological, using notions such as *demanding, domineering, aggressive*, etc. In other words, the clients are *abnormal* and *problematic*; they need to depend on social workers (or other ‘helping’ professionals) for service, correction or healing. Hence, as mentioned in the first Chapter, it is not surprising that people who have been suffering from mental illness are ‘*so normal to be abnormal*’, since, according to the *normalising* judgment, they are ‘*abnormal*’ with a pathological classification attached to them – mental illness; hence, it is ‘normal’ for them to live with this ‘abnormality’; to live under expert power which defines their lives and their way of living; to accept the constitution of their identities as ‘problematic’, ‘pathological’ and ‘abnormal’. Thus, according to Epstein (1999:8), Foucault’s central theme is the study of the process by which society and its ‘helping professions’ *normalise* people. He further alleges that the reason for social work, one of those helping professions, to use normalising judgments is to *dominate* its clients, because

“...to be effective, to show results, it must influence people, motivate them to adopt the normative views inherent in the intentions of social work practice. It must produce an effect with force, without command, indirectly. It must not be authoritative. It must enable its clients to be transformed, to adopt normative ways and thoughts voluntarily”.

To which McDonald (2006:86) adds:

“The social work subject has (or should have) a rational ego, and is (or should be) self-determining. Foucault reveals that such a subject is created by discourses that divide people into groups: in his case the division of reason and unreason, sanity and madness...both the welfare state and social work developed upon such binary divides, some of which became the ground on which professional social work practice formed: good from bad, law abiding from criminal, healthy from sick, good mothers from bad mothers, and poverty from pauperism”.

This is the context in which *confessional technology* becomes possible; the construction of clients’ *institutional identity* is mostly (if not always) as ‘troubled’

subjects and only if they *confess* – by declaration or disclosure, acknowledgement or admission of a crime, a fault, a weakness – in front of the social workers will they have any chance of becoming ‘*normal*’ again.

2.3 The inseparability of power and knowledge

Foucault profoundly challenges the modernist assumption of an *essential human nature*; the prevailing emphasis of scientific inquiry in psychology and counselling practice was and still is on concepts of the *self* and *identity* as possessing an essentialist nature, assuming a stable, core personality or essence of being. For example, as reflected in the Freudian tripartite notions of the id, ego and superego and in variants of neo-Freudian theorists, the self is seen as having different components: an *inner* and an *outer* self, the concepts of ego and especially superego incorporating elements of the social dimension. With emphasis placed on the *inner* as being the ‘*real*’ or ‘*true*’ self, it becomes important to discover this inner being, especially its ‘unconscious’ part (Besley, 2002). Similarly, within the parameters of Humanism, humankind is seen to have unique capacities and abilities, leading to studies of the individual in all forms and under all conditions (Besley, 2002). It is precisely this core assumption of an *essential human nature* that Foucault challenges as he treats the self as a *contingent historical construction rather than an unchanging eternal essence or human nature, fixed once and for all*. Foucault presents the self as a contingent entity, shaped differently in different historical periods (Besley, 2002:xviii). He, therefore, makes visible the linkage between individual and society and how institutional practices generate social identities (Foucault’s analysis of *identity* will be further explored in greater detail in the latter part of this Chapter).

Foucault also shows how scientific practice actually constitutes an exercise of power; according to O’Brien & Penna (1998), *modernity*, a summarising term for a cluster of social, economic and political arrangements emerging ever since the Enlightenment period during the 18th century in Europe, signals a new way of thinking – the use of reason and systematic inquiry by intellectuals, rejecting superstition, rationality of thought becoming the new virtue and scientific thinking its dominant creed. As McDonald (2006:27) posits,

“Social science, started from this period, became the dominant rationality by which the world is both understood, and through its application, could be transformed...slowly, we became convinced that better and more advanced expressions of the human could be promoted in a social world shaped by human intervention through the application of social technologies”.

Confirming this stream of thought, Irving (1999:30) also alleges that

“Reliance on scientific method, regardless of field of inquiry, was seen as the only sure guide to progress and provided reliable standards for truth, because empirical models lead inexorably to conclusion on which everyone can agree”.

While within the context of modernity, knowledge was being regarded as a scientific way of approaching the truth, Foucault questions the foundation of modernity and its assumptions about truth and knowledge that underpin a field such as social work (Irving, 1999). He argues that there is no *objective* truth but that those interested in maintaining the prevailing norm of a particular society at a particular historical time (and therewith their power) made sure that their interest would be regarded as ‘fact’ and later as ‘truth’. His ‘genealogy’ of power through knowledge, *“seeks to explain present-day cultural phenomena and problems by looking to the past and analyzing how it was derived and constituted historically”* and strikes a chord with the intent of my exploration, in that knowledge should be viewed in relation to the historical-cultural (and thus *organisational-institutional*) context in which it is situated. (Besley, 2002:14) also reminds us that knowledge is an invention that makes us captives of ‘*regimes of truth*’ and thus should be understood within contexts. In other words, as Miller (1993:214) points out, *“Knowledge is not a permanent faculty, it is an event, or perhaps a series of events”*.

Following from this, in Foucault’s view, knowledge in the human sciences is not a disinterested, neutral, objective, or value-free phenomenon; it is *“inextricably entwined with relations of power”* and *“advances in knowledge are associated with advances and developments in the exercise of power”* (Smart, 1995:64). As Foucault states,

“powers produces knowledge (and not simply by encouraging it because it serves power or applying it because it is useful); that power and knowledge

directly imply one another: that there is no power relationship without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations” (Foucault, [1979] 1995:27).

Foucault is thus neither interested in knowledge nor in power ‘*as such*’, but in “*what it is to tell the true?*” and “*in what price?*” (Rothstein, 1994:387) To him, scientific practice manipulated by professionals and experts is an exercise of power because, in modernity, the scientific and professional knowledge (disciplinary knowledge), which aims at discovering the ‘truth’ about human nature and human development, empowers *institutionalised experts with the authority to administer knowledge*. In doing so, these regimes also produce a set of ‘*inferiorised*’ knowledges or disciplinary ‘*others*’, who, though subordinated and marginalised, remain historically viable and continuously in revolt (Berger & Quinney, 2005).

The scientific knowledge, manipulated by the professionals/experts, not only aims at discovering the ‘truth’ about human nature but also the *essentialist sense of self* of people, believed to be a *true* self that resides somewhere inside us in some privileged space. Rejecting such view of self, Foucault proposed to analyse the self or the ‘subject’ not as a source and foundation of knowledge, but rather as itself a product or effect of networks of power and discourse. As Chambon (1999:59) states,

“He historicized the self. Separating selfhood from the individual, he traced the constitution of a uniquely bounded (and rational) individual to the Enlightenment period. His point is that this individual self makes certain choices possible but restricts alternative forms of expression”.

Finally, Besley (2002:34) suggests that

“...the notions of identity itself, are historicist; they are context-dependent or contingent criteria – that is, not absolutely and necessarily binding. So, identity rests upon such culturally variable criteria as gender, class, ethnicity, sexual orientation, age group...”

2.4 Concluding Remarks

I have explored how and why a hermeneutic understanding should meaningfully serve as an epistemological backdrop for this exploratory research project; I explicated Foucault's understanding of power/knowledge through his analysis of the three modes of objectification, thus actualising the importance of *power* in the inter-subjective and meaning-making process and demonstrating how (certain) people's voices are being marginalised. From this derives the methodologically crucial recognition that it is from *inter-subjectivity* (instead of objectivity) and from meaning-making processes that are embedded in historical-cultural-social arenas, communicated through linguistic signification that this exploration will start. Politically challenging the techniques that subjugate persons to a dominant ideology (White & Epston, 1990) has, by necessity, methodological implications for this research project and I will discuss these in the following Chapter.

Before I engage with more methodological issues, I need to elaborate further my understanding of the *narrative*, starting with an exploration of the *meaning* of 'narrative', followed by a discussion of the so-called 'narrative turn' in the social sciences as well as a review of the relationship between the narrative and *identity construction*.

3. What does 'Narrative' mean?

As posited before, the '*narrative approach*' appeared to me offering deep answers to the questions that I never even had learnt to formulate before and which stimulated my interest in this inquiry. But what *is* 'narrative' and why did I choose the narrative '*approach*' as the epistemological-methodological underpinning of my explorations? Let me first elaborate in more detail what *narrative* means or, better, what it has come to mean in the contexts in which I have been involved and have 'employed' it.

When referring to the concept of 'narrative', people automatically think about *story* and *storytelling* and some confusion exists about the terms (although in this thesis, I do not intend to make a conceptual distinction between the two). 'Narrative' can be broadly defined as "*the telling, (in whatever medium, though especially language), of*

a series of temporal events so that a meaningful sequence is portrayed” (Kerby, 1991). Many consider the term ‘story’ to be equivalent to ‘*narrative*’ (Sarbin, 1986) and, in general, the concept of *narrative* indeed refers to stories and story structure and Maines (1993) argues that the narrative has three irreducible elements: events, sequence and plot. According to Ochs and Capps (2001:2), it is about imbuing “*life events with a temporal and logical order*” and about establishing continuity between the past, present and an as yet unrealised future, about transforming human experience into meaning. Story, in White & Epston’s (1990) view, is the ‘*lived experience*’ of people, which exists by virtue of the plotting of unfolding events through time and that construct people’s identity. In this sense, stories are not just the reporting of events or experiences; they convey meaning and further affect people’s actions and behaviour. Polkinghorne (1998:18) suggests that

“narrative is a meaning structure that organizes events and human actions into a whole, thereby attributing significance to individual actions and events according to their effect on the whole”.

In other words, lived experience can be understood through the stories people tell about it and these stories are not merely ways of telling others about ourselves, but they are ways of constructing our *identity*, of finding purpose and meaning in our lives (Berger & Quinney, 2005:5). It is this *constitutive power of narratives* that drew my attention and it is the reason why the *narrative approach* is utilised in this project.

Several scholars have alerted us to the constitutive power of narratives; Bruner (2002:7), for example, finds that “*we should not write off this power of story to shape everyday experience as simply another error in our human effort to make sense of the world...*”, whilst White (1995:14) suggests that

“we live by stories that we have about our lives, that these stories actually shape our lives, constitute our lives, and that they ‘embrace’ our lives”.

Davis (2002:12), finally, explained that

“...the order and position of an event within a story explains how and why it happened. In an important sense, then, narrative explanation operates retrospectively, since the events earlier in time take their meaning and act as causes only because of how things turn out later or are anticipated to turn out

in the future. Stories reconfigure the past; endowing it with meaning and continuity, and so also project a sense of what will or should happen in the future”.

Narratives and stories not only project what will happen in the future, they also further constitute our identity; when trying to make sense of their lives, people select from events, putting them in sequence and making them coherent in the account of themselves and ‘their’ world. This is what White (1975:7) calls *emplotment*, the way in which “a sequence of events fashioned into a story is gradually revealed to be a story of a particular kind”. Bruner (2002:100), in addition, claims that

“we nourish our identities by our connections, yet insist that we are something more as well – ourselves. And that unique identity derives in major part from the stories we tell ourselves to put those fragmentary pieces together”.

In striving to make sense of life through *storying* our experiences, however, we pay a price because in the course of the process of selection, many of the stories are excluded. Indeed, as White & Epston (1990:12) indicate, we eliminate

“those events that do not fit with the dominant evolving stories that we and others have about us. Thus, over time and of necessity, much of our stock of lived experienced goes unstoried and is never ‘told’ or expressed. It remains amorphous, without organization and without shape”.

3.1 The ‘narrative turn’

A fundamental shift has occurred in the way in which many social scientists and some psychologists, psychotherapists and researchers have come to understand the role of narratives and stories. We are living in a *storied world* and narratives are everywhere and are the ‘stuff’ of the everyday life-world. As Czarniawsk (2004:1) stated, one of the most quoted utterances proclaiming the central role of narratives in social life comes from the French semiologist, Roland Barthès (1915 – 1980), who said that

“The narratives of the world are numberless. Narrative is first and foremost a prodigious variety of genres, themselves distributed amongst different substances – as though any material were fit to receive man’s stories. Able to be carried by articulated language, spoken or written, fixed or moving images,

gestures, and the ordered mixture of all these substances; narrative is present in myth, legend, fable, tale, novella, epic, history, tragedy, drama, comedy, mime, painting...stained glass windows, cinema, comics, news, item, conversation. Moreover, under this almost infinite diversity of forms, narrative is present in every age, in every place, in every society; it begins with the very history of mankind and there nowhere is nor has been a people without narrative. All classes, all human groups, have their narratives...Caring nothing for the division between good and bad literature, narrative is international, trans-historical, trans-cultural: it is simply there, like life itself’.

Rather than seeing narratives and stories as a chronological order of events, it has also become apparent that narratives, as embedded in a larger social context, are the bases of understanding of how people are making sense of their lives and self, as well as the world around them. As Bruner (1990) has pointed out, stories create landscapes of action and consciousness and construct a moral world within which meaningful action can take place. Narratives are also regarded as modes of knowing and communication, hence, altogether being described as a global ‘*narrative turn*’ that has an impact on the works of many sociologists, psychologists, psychotherapists and researchers.

In *sociology*, after the discipline emerged as a value-free enterprise dedicated to the creation of objective, non-ideological knowledge derived from the scientific observation of empirical reality, very much in the positive mould, several challenges were mounted, notably by phenomenology (and its qualitative applications) and (neo-) Marxism and structural analysis. It was the emergence of post-modernist and post-structuralist thinking, however, which led to observations from within the discipline that sociology had become so dependent on quantitative instrumentation, removed from lived experience, that its claims of being an empirical science capable of ascertaining social reality became rather dubious (Berger & Quinney, 2005). As I indicated earlier, Foucault’s analysis of power/knowledge maintained that a domain of knowledge represents a domain of power and, vice versa, that the domain of power is sustained through the domain of knowledge through the proliferation of global and unitary knowledge – the ‘*objective reality*’ knowledges of the modern scientific discipline. This has challenged positivist sociology and other social sciences (as well as those resting on a ‘*meta-narrative*’, hence Foucault’s critique of *structuralist*

versions of sociology and the social sciences in general) and their dependent use of positivistic and empiricist research methodology, emphasising objectivity, replicability, linear causality and the like.

According to Gubrium and Holstein (1997:147), narratives constitute and sustain the meaningful realities of social life as they

“assemble[s] individual objects, actions, and events into a comprehensible pattern; telling a story turns available parts into a meaningful whole”.

There are different emphases in the narrative turn, with some narrative researchers employing more narrowly construed conversational analyses, examining the micro-structural features or rules of conversation that enable people to speak to *“one another in an orderly, recognizable fashion”* (Gubrium & Holstein, 1997:55), while some examine stories as embedded in a field of power and inequality that extends beyond the realm of *“pure narrativity”* itself. Robert Cole, in *The Call of Stories: Teaching and the Moral Imagination*, is one of the latter, trying to explain how the power of psychiatrists affects their understanding of the patients’ behaviours (or symptoms). He explains that when he learnt to be a psychiatrist, one of his supervisors suggested to him *“to make it clear that you’re the doctor, that you intend to see her in your office at a time of your choosing”* (1989:14) when treating a ‘phobic’ patient. He later realised (ibid:17) that it is

“No wonder so many psychiatric reports sound banal: in each one the detail of an individual life are buried under the professional jargon. We residents were learning to summon up such abstractions within minutes to seeing a patient; we directed our questions so neatly that the answers triggered the confirmatory conceptualization in our heads: a phobic, a depressive, an acting out disorder, an identity problem, a hysterical personality”.

Jerome Bruner and Donald Polkinghorne were two representatives of the narrative turn in the *psychological* area; as early as 1986, Bruner pointed out that stories create landscapes of action and consciousness that would construct a person’s identity. In his more recent work (Bruner, 2002:25-26), he further stated that

“to tell a story was to issue an invitation not to be as the story is but to see the world as embedded in the story. In time, the sharing of common stories creates

an interpretive community, a matter of great moment not only for promoting cultural cohesion but for developing a body of law, the corpus juris...Stories are like doppelgangers, operating in two realms, one a landscape of action in the world, the other a landscape of consciousness where the protagonists' thoughts and feelings and secrets play themselves out".

He also emphasised in his work how narratives create *self* (something I will discuss in greater detail in a later part of this Chapter) as well as the ontological and epistemological implications of using narratives (ibid:103)

"...ontology recapitulates epistemology in that our notions of what is real are made to fit our ideas about how we come to know reality. I'm suggesting that what stories do is like that: we come to conceive of a real world in a manner that fits the stories we tell about it, but it is our good philosophical fortune that we are forever tempted to tell different stories about the presumably same events in the presumably real world. The tyranny of the single story surely led our forebears to guarantee freedom of expression...Yet, despite such guarantees, the stereotyped single story still imposes an ontological hardening on our various versions of the real world".

And Bruner concluded (ibid: 107) that

"Narrative, we are finally coming to realize, is indeed serious business – whether in law, in literature, or in life. Serious, yes, and something else as well. There is surely no other use of mind that gives such delights while at the same time posing such perils".

Polkinghorne (1988:101) retraced the development of psychologists' interest from formal science to narratives, which initially were treated as (part of) a cognitive structure. He argued that human beings exist in three realms—the material realm, the organic realm and the realm of meaning. The realm of meaning is structured according to linguistic forms and one of the most important forms for creating meaning in human existence is the narrative. In order to have a fuller appreciation of the importance of the realm of meaning for understanding human beings, a different kind of training for students in the theoretical and applied areas of the human sciences, such as *hermeneutic techniques*, will be required. He further proposes (ibid:184) that

knowledge of the realm of meaning cannot be organised into laws, neither does it provide information for the prediction and control of future linguistic events, hoping that

“this awareness can redirect these sciences to the realm of meaning and provide a focus for future investigations”.

In the field of *psychotherapy*, Sigmund Freud’s psychoanalytic approach was most influential until the 1950s, but with the development of the systems perspective and a general shift – especially in US psychotherapy and psychology – to behaviourist-cognitive approaches, the emphasis of individual psychotherapy shifted to the family system. The General Systems perspective, as first proposed by the biologist Ludwig von Bertalanffy in the 1940s, represents an effort to provide a comprehensive theoretical model embracing all living systems, a model relevant to all the behavioural sciences. Bertalanffy’s major contribution is in providing a framework for looking at seemingly unrelated phenomena and understanding how *together* they represent interrelated components of a larger system (Goldenberg & Goldenberg, 1996:72). Various approaches of family therapy started to emerge, presenting an epistemology in which it is not the *structure* that defines an object but its *organisation as defined by the interactive pattern of its parts*. Hence, the interactive pattern among the family sub-systems and the dynamics inside the family became the focus of intervention and the role of the family therapists, then, became very important – if not central - because s-he is assumed to have the expert knowledge in assessing the interactive pattern among the family sub-systems and to ‘disturb’ the pattern in order to build a better (even ideal) communication pattern among various family sub-systems. Hence, s-he was thought to be able to ‘orchestrate’ the family members towards altering the existing (and ‘problematic’) family dynamics. The psychotherapy field, including ‘counselling’, whether emphasising working with individuals or with the whole family system, whether focusing on working with the cognitive, the behavioural aspect or the subconscious level, according to McLeod (1999) and as already repeatedly discussed before, is altogether very much a cultural and social process that reflects the essentially positivist traditions of Western European therapeutic endeavours, in which the ‘*expert’s*’ knowledge and his/her way of constructing individual, selves and society are privileged.

The narrative turn in the field of psychotherapy has had a great impact on counselling practices; the turn to the 'narrative', while part of the wider linguistic turn, can also be seen as a critical reaction to the formalism and scientific pretensions of structuralism by post-structuralist thinkers (Onega & Landa, 1996). According to Speedy (2000: 365-366), by adopting a narrative mode of understanding people's behaviour, people are no longer seen as unique individuals at the centre of their system, leading to a very 'individualistic' and Western representation of 'people in system'. Instead,

"people are situated amid a constantly changing web of connections and stories. This interconnectedness and cultural embeddedness moves the moral stance of counselling out of the therapy room and into the global community".

The focus of therapy is no longer the 'problem' and the way therapists approach it (in the narrative approach, it is not the problem but the *story* that concerns the therapist most) is also different and, consequently, the role of the therapist also changes. Besley (2002:128) suggests that

"Unlike some other therapies that see questions as intrusive and threatening and so avoid them, the narrative therapist asks creative, curious, persistent questions, yet this is nothing like an interrogation but is part of a dialogue. The questions aim to learn about the meanings of the person's world, to examine socio-politico-cultural assumptions in that world and to find sub-plots that are richer and closer to actual experience and to facilitate co-authoring the person's unique story".

Or, in McLeod's (2000: 332 – 333) words,

"Narrative-informed therapy occurs when theorists, practitioners, trainers and supervisors draw upon narratives ideas and perspectives in the process of reflecting on, and extending their approach. A narrative-informed approach to therapy refers to a willingness to learn from and apply narrative theory and research, appreciation of storytelling modes and traditions, and sensitivity to language, rhetoric and discourse...It represents an alternative to the pragmatic, empiricist, instrumental therapies and health-care systems that have come to dominate the global psychotherapy scene in recent years".

The debate over the relative virtues of quantitative and qualitative methodologies in research has lasted for many years; as already indicated, positivist-inspired quantitative research exhibits a preoccupation with operational definitions, objectivity, replicability, linear causality and the like, while qualitative methodology commits to seeing the social world *from the point of view of the actor*. Such methodological stance is a reflection of the researcher's epistemological basis; as Bryman (1984:76) notes,

“the choice of a particular epistemological base leads to a preference for a particular method on the grounds of its greater appropriateness given the preceding philosophical deliberations”.

Thus, as mentioned before, to be a narrative-informed researcher represents an alternative to the pragmatic, empiricist paradigm and it seems obvious that qualitative methodology is commensurate with the philosophical base of a narrative-informed researcher.

By the same token, the impact of the *narrative turn* is also profound in the field of qualitative inquiry; Lincoln & Denzin (2003:4-5) claimed that qualitative research experienced a series of crises, ruptures, rifts and even revolutions, beginning in the early-1980s and interpretivist approaches, phenomenology, case-study research, constructivist models of inquiry, narrative inquiry and other perspectives on such research played pivotal roles in them. They further argued that in the context of these upheavals, qualitative research provided a vehicle for incorporating theoretical and conceptual concerns stemming from post-modernist formulations, post-structural critiques, cultural studies and challenges to realist conceptions of anthropology and the social sciences more broadly. Moreover, the emphasis on the ordinary-language rhetorical and narrative forms and on the need to let respondents' voices reverberate throughout the accounts of the research aided and abetted the growing movement to reconnect art and science, literary forms with scientific information and social life with its storied, performative and narrated existence. In addition, ethical considerations have also come to the fore as inquirers see the relationship between researchers and respondents as either empowering or disempowering the latter, as fostering participation and human dignity or as having the power to negate control and agency. Rapidly, new methods, such as content analysis, conversation analysis

and discourse analysis were created or re-created; purposeful linkages of research with local and indigenous concerns and with the community as the relevant site emerged, as well as the re-emphasising of human experience as an *oral* experience, leading to experimentation in textual representational form, borrowed straight from literature and storied form and from performance. The arguments of Lincoln and Denzin, in fact, open up spaces for us, narrative-informed practitioners/researchers, to re-examine and reflect on the very important purpose of our work in terms of who we should serve – those who ‘*collect the data*’ or those *from whom* they are collected.

The narrative turn in various social sciences field, as mentioned earlier, is largely related to the constitutive power of narrative in shaping our everyday lives. Referring back to the dialectics of experience mentioned in Chapter One, the realisation of the existence and coexistence of opposites prompts me to go further to a deep comprehension of the dialectics – allowing me to more intensely reflect on the notion of power (especially that of professionals) and its impact in the construction of the identity of the people involved. Moreover, the particularities of the people’s narratives alert me to the fact that those involved struggled to use various ways to resist the dominating and totalising identity imposed on them by others. They are not passive recipients of what has been given to define them as who they are, but to “*elaborate it and reconstruct it with a view to maintaining and stabilizing our relationship to the world, particularly the social world*” (Bruner, 1997:146). In this sense, *identity* should be thought of as an *evolving story*, narrated from the perspective of people themselves and it should be used to make sense out of the events in their lives and it should be regarded as lifelong, culturally-mediated process of reworking one’s personal meaning system, as Bruner (1990) has suggested. Hence, we have to avoid ‘*rigidifying*’ identity into a misleading categorical entity and Somers (1994:606) suggests that one way of avoiding such hazards is to “*incorporate into the core conception of identity the categorically destabilizing dimensions of time, space and relationality*”. Saying this, it is necessary to offer a brief account of the narrative construction of identity, based on a brief chronological/historical overview of the emergence of the concept of identity.

3.2 Chronological/historical review of narrative and identity construction

The question ‘*Who am I?*’ is a fundamental to clinical psychology and the focus of a vast amount of research; as Callero (2003:115) claimed,

“the past two decades of the twentieth century saw the concepts of self and identity move to the centre of intellectual debate in social sciences and the humanities”. In fact, the topic of *self* and *identity* has had its vicissitudes.

In the mid-20th century, social psychological research on this topic was almost non-existent (Foddy & Kashima, 2002). According to McAdams (1998), during the 1950s and 1960s, the field of psychology fell out of favour with experimental psychologists. He pointed out (ibid: 20) that

“this was primarily a consequence of two factors. First, the rise of behaviourism tended to stifle research on such apparently vaporous mental constructs as the whole personality. Second, many of the techniques Murray et al. used, including life-histories, were regarded as unscientific by empirically oriented psychologist”

In the late 1970s and early 1980s, the idea that the *self* was to be represented as a categorical prototype was popular (Rogers, 1981); at the time, the analysis of the self-concept was based on cognitive psychology’s structure of concepts in general (Smith & Medin, 1981), which was characterised by defining features which were singly necessary and jointly sufficient to identify an object as an instance of a category.

Since *personologists* assume that behaviour is broadly stable over time and consistent over space and that this stability and consistency reflect traits which lie at the core of personality, social psychologists, by contrast, argued that behaviour is extremely flexible, varying widely across and place. If so, the *self-concept* should be context-specific, not emanating from ‘within’ but penetrating us from every angle.

Actually, the notion of identity as something that is ‘constructed’ can be traced back to James (1890 [1983]), who suggested that identity is the sense each of us develops as a being who exists in an ever-changing present, with a unique sense of a personal past and a unique sense of personal future toward which we move. But since this

conceptualisation of identity was considered to be amenable only to the methods of introspection, it was, therefore, regarded as scientifically un-operationalisable (Bruner, 1990). The most significant conceptual breakthroughs, according to Holstein & Gubrium (2000), came with what James (1961[1982]:43) called an ‘*empirical*’ understanding of the self. He meant that the self should be conceived as an entity whose existence in the world, knowledge of itself and sense of well-being *derived from experience*. As Gubrium & Holstein (2000:6) state,

“From this perspective, if there is a personal self, it is not a private entity so much as it is a shared articulation of traits, roles, standpoints, and behaviours that individuals acquire through social interaction. It’s not so much the essential core of our being as it is an important operation principle that we use to morally anchor our thoughts and feelings about who and what we are. In talk and interaction, the personal self becomes the central narrative theme around which we convey our identity. It is, in other words, our primary subjectivity, the entity we construct, and comprehend ourselves to be, as we go about our everyday lives”.

The self, thus, is *social* in that interaction and communication become its basis as we converse with ourselves and others, we learn and tell about who and what we are. It is in the *social* that we construct our identity because what we say about and to ourselves is always speaking in ways that are recognisable and meaningful within various *social contexts* in which we communicate. How the self becomes more socially interactive is already found in the writings of Charles Horton Cooley and George Herbert Mead (Gecas & Burke, 1995). Holstein & Gubrium (2000:26) suggest that for Cooley,

“crude feelings of self are instinctive, but are also shaped and transformed with our experience in the world. The self is embodied and visceral from the start, part of our natural human endowment...with experience self-feeling forms into the social self, with all the nuances and variety that experience can muster”.

Similarly, Mead (1934:135) argued that

“the self arises in the process of social experience and activity, that is, develops in the given individual as a result of his relations to that process as a whole and to other individuals within that process”.

Since then, many researchers and social theorists have endeavoured to elaborate, debate and explore what the processes of social experience and activities are and how they affect who we humans are (Hewitt, 1994; Geertz, 1973; Blumer, 1969 and Mills, 1959). Here I would like to highlight the contributions of the school of ‘*symbolic interactionism*’; Herbert Blumer (1969), Mead’s student, orients us to the principle that individuals respond to the meaning they construct as they interact with one another. Individuals are then, *active agents* in their social worlds, influencing and being influenced by culture and social organisation, but also instrumental in producing the culture, society and meaningful conduct that influences them. Thus, symbolic interactionists not only describe how people are formed but also how people revise what is meaningful to them, thus making it imperative that meanings should be included in defining the self.

Another relevant work that will help in furthering the understanding of identity is the *dramaturgical* model of social interaction created by Erving Goffman (1973:252), who, agreeing with the symbolic interactionists, takes the *self* fully into the situations of everyday life. He is deeply concerned about the situated contingencies and rituals of interaction, saying that “*self itself does not derive from its possessor, but from the whole scene of his action*”. In Goffman’s view, the self is not just social in that it develops from and responds to others in the course of daily living; circumstances being what they are, actors take account of the setting where and the occasion when self-formation occurs (Holstein & Gubrium, 2000:35).

Stepping into the post-modern era (the term ‘post-modern’ is kept rather undefined here as a *general* term, referring to an era that is suspicious about ideas such as ‘universal progress’, ‘objective science’, ‘technological advancement’ and that does so particularly because these concepts are linked to the belief that existence is engaged in a linear forward progression, based on so-called ‘*meta-narratives*’), the attention on identity is focused on *social constructionism* and *narrative*. Psychologist Kenneth Gergen in “*The Saturated Self*” (1991:7) explains that, “*the very concept of*

personal essences is thrown into doubt"; there is no essential, foundational understanding of phenomena, only a plethora of possibilities of what we can do. As such, selves are in continuous construction, never completed, never fully coherent or completely securely centred in experience (Holstein & Gubrium, 2000:63). According to Gergen (ibid: 7), under post-modern conditions,

"persons exist in a state of continuous construction and reconstruction; it is a world where anything goes that can be negotiated. Each reality of self gives way to reflexive questioning, irony, and ultimately the playful probing of yet another reality. The centre fails to hold".

He also alerts us to the role of *language* in discourse; as Burr (2003:47-48) picks up the argument, in the social constructionist view,

"people cannot pre-exist language because it is language which brings people into being in the first place...The alternative is that language provides us with a way of structuring our experience of the world and of ourselves and that the concepts we use do not pre-date language but are made possible by it...there are two implications of this. Firstly, that what we take being a person to mean (such as having a personality, being motivated by drives, desires etc, having loves, hates and jealousies and so on) is not part of some essential human nature which would be there whether we had language or not. These things become available to us, through language, as ways of structuring our experience. Secondly, it means that what we take being a person to mean could always have been constructed differently – and indeed we live in a world in which there is still an enormous diversity of languages and of ways of understanding personhood. The possibility of alternative constructions of the self and other events in one's world, through language, is fundamental to this social constructionist view".

Though life-history research was regarded as unscientific by empirically oriented psychologists by the 1960s, in the late-1970s, Dan Levinson (1978) revitalised interest in its techniques and McAdams used life-histories to study *narrative identity* in the mid-1980s. For McAdams (1988:18), narrative identity *"is the problem of arriving at a life story that makes sense"*. To life-story researchers, life stories are not

just strings of events; they are events tied together into groups of ideas that are meaningfully related (Bartlett, 1932; Scholes & Kellogg, 1966; Thorndyke, 1977). Some researchers, such as Luborsky (1990), proposed that ‘time’ is just one kind of thematic organiser of narrative, but as a uni-dimensional thematic category did not reflect the diversity of ways that people actually use time to structure their life-stories; Gee (1991) on the other hand, focuses on *linguistic* approaches to studying narrative structure.

When talking about *narrative identity*, the work of Bruner (1990) must be highlighted; he critiques contemporary psychology, arguing that it has failed to adequately study how humans create a subjective sense of meaning, because (cognitive) psychologists were too much concerned with objective performances such as reasoning and problem-solving that involved skills and strategies designed by experts. To him, “*self is, as it were, not only inside you, but in the world, in some sort of real world. In this sense, it is both private and public*” (Bruner, 1997:145) and self is indeed constructed through interaction with the world rather than being ‘*just there*’ immutably, it is constructed through transaction and discourse (Bruner, 1986; Goodwin & Duranti, 1992; Markus & Kitayama, 1991; Ochs, 1998; Shore, 1996). Thus, the experienced world may produce *Self*, but *Self* also produces the experienced world and in this transactional process, *narratives* are what the people tell in constructing themselves. According to Bruner (1997:157),

“Narrative, as we know, begins with an explicit or implicit indication of a stable, canonical state of the world, and then goes on to an account of how it was disrupted, elaborates on the nature and consequences of the disruption, and climaxes with an account of efforts to restore the original canonical state, or to redress its violation. It is specialized for dealing with troubles created by departures from legitimacy – a meta-genre for encompassing the travails of jeopardy. Trouble, then, may not only be the engine of narrative, but the impetus for extending and elaborating our concepts of Self. Small wonder that it is the chosen medium for dealing not only with Trouble, but for constructing and reconstructing the Self”.

He also claims (ibid: 156) that “*in our social world, the more fixed one’s self-concept, the more difficult it is to manage change. ‘Staying loose’ makes repair and*

negotiation possible". Hence, to him, *identity* is an ever-evolving, storied process and that's why he takes the term "*narrative identity*" from the work of the philosopher Paul Ricoeur (1992), which provides a sense of continuity and a sense of change.

An expanding chorus of post-modern authors proclaim the *death of the self* and no single theorist has made a greater influence on this understanding of self than Michel Foucault (Callero, 2003). As I have amply discussed before, for Foucault, the self is the direct consequence of power and can only be apprehended in terms of historically specific systems of discourse. In his analysis of *punishment* – it bears repeating – he showed how torture, as a public spectacle, gradually disappeared and was replaced by a humanising regime, informed by a discourse of independent, thinking subjects whose criminality is correctable. "*It is a subject with a mind or a self of his own, at least in principle, who can be incited to self-scrutiny and who responds to corrective action*" (Holstein & Gubrium, 2000:78).

Modern society thus controls people not through 'sovereign' but through 'disciplinary power', marking the transition from control through the power to punish, coerce or kill, to control over people through discipline and by subjects' freely subjecting themselves to the surveillance of experts and – in the end – through their own self-censure and self-control. The success of domination depends on how deeply and how well the subjectivities are constituted by dominant discourses, or, ultimately, on how well we discipline ourselves through the constitution of our self-understanding and identities. When society or dominant discourses are in favour of certain representations, people in such dominant groups have the power to appropriate it, while those who fall outside those dominant groups are *oppressed/marginalised* without much awareness thereof, a phenomenon described by Weick (1983) as a 'giving over' process, which I already discussed in the first Chapter.

The dominance of disciplinary power is thus closely related to the ways in which a society is organised and operates and, with Hoy (2004:64-65) we have to ask

"how were people made to accept the power to punish, or quite simply, when punished, tolerate being so?"

Foucault's (1980:102) concerns with the very techniques of power allow us to realise that "*it is the production of effective instruments for the formation and accumulation of knowledge – methods of observation, techniques of registration, procedures for investigation and research, apparatuses of control*" that are required for the growth of knowledge and hence the occurrence of oppression, which should not be viewed as *the conscious and deliberate acts by dominating groups* but is usually performed through everyday activities and those who are involved in them are not necessarily aware that they are contributing to its maintenance through reproducing it.

Most oppression is *built into our social institutions and our social practices*, being performed in our everyday activities and implemented by us *unintentionally*. Oppression is, therefore, often found in places such as our education systems, welfare services delivery systems and practices, the operation of our health systems, the practice of all types of experts, the production of goods and services and the operation of government bureaucracies. Oppression is often not obvious and conspicuous for those who are embroiled in it, be they the oppressed or the oppressors and Cellero (2003:117) suggests that this epitomises a new disciplinary technology that

"through the technologies of surveillance, measurement, assessment and classifications of the body, technocrats, specialists, therapists, physicians, teachers and officers serve as vehicles of power in diverse institutional settings. In this way, practices that are normatively represented as humane interventions in support of community health, safety, and education actually serve as mechanism of domination".

Hence, across these various institutional realms, newly emergent discourses formed *subjectivities* of their own and the *self*, under this discursive foundation of control and domination, is coerced into existence, not to become an agent but as a mechanism of control.

In Foucault's conceptualisation of power, power is not always only negative, but is also *positive* not in the sense that power is desirable or beneficial, rather that it is *constitutive* and has its role in '*making up*' persons' lives through *normalising* truths, that forge persons as '*docile bodies*' and conscripts them into activities that support the proliferation of power. As White & Epston (1990:20) suggest,

“According to Foucault, a primary effect of this power through ‘truth’ and ‘truth’ through power is the specification of a form of individuality, an individuality that is, in turn, a ‘vehicle’ of power. Rather than proposing that this form of power represses, Foucault argues that it subjugates. It forges person as ‘docile bodies’ of power”.

Though it seems quite disappointing that, since we are all caught up in a net or web of power/knowledge, it is not possible to act outside of this domain and we are simultaneously undergoing the effects of power and exercising this power in relation to others, Foucault reminds us that wherever there is power, there is *resistance*. White & Epston (1990:26) indicate that Foucault proposes *two classes of subjugated knowledge*; one class, *erudite knowledges* that

“have been buried, hidden and disguised in a functional coherence of formal systematizations...These knowledges can be resurrected only by careful and meticulous scholarship, and in this resurrection. The history of struggle again becomes visible and unitary truth became challenged” and a second class of subjugated knowledge, formed of *“those ‘regional’ knowledges that are currently in circulation but are denied or deprived of the space in which they could be adequately performed. These are those local popular or indigenous knowledges that survive only at the margin of society and are lowly ranked – considered insufficient and exiled from the legitimate domain of the formal knowledge and the accepted sciences...but through the recovery of the details of these autonomous and disqualified knowledges...we can rediscover the history of struggle and conflict”*.

In other words, even though we are all affected by power/knowledge ‘*regimes*’, we resist them and the institutionalised identity they impose on us. As Foucault illuminates (1980:84), they are knowledges

“...that are opposed primarily not to the contents, methods or concepts of a science, but to the effects of the centralizing powers which are linked to the institution and functioning of an organized scientific discourse within a society such as ours”.

3.3 Why narrative approach?

Having explicated what narratives *are*, explored the *narrative turn* in the field of social sciences and the *narrative construction of self and identity*, I now propose the reasons why I have chosen the notion of a narrative ‘*approach*’ to circumscribe the epistemological and, as I will show, the investigative approach for this project. Referring back once again to my experiences, it is obvious that people with a mental illness, the truant son as well as my own ‘troubled’ kid are all having an institutionalised (troubled) identity under the ‘gaze’ of the disciplinary technology applied by experts (the psychiatrists and the Professor) and those in power position (the teachers and the ‘professional’ mother). Their ‘deficits’ and ‘deficiencies’ were identified (or ‘given identity’) according to the categories or classifications of the ‘truth regimes’ they belonged to and from there, their ‘troubled’ identities were further constructed. However, as mentioned before, when entering into the particularities of their narratives, I found that they continued to struggle and resist the dominating and totalising identity imposed on them by others. Though seemingly vulnerable, they were all very ‘tough’, especially when I started to notice the ways in which they were not only resisting the labels attached to them but also the dominant social structures in which these labels were embedded. This helped me understand why, the stronger I clung onto the use of whatever therapeutic mode to ‘solve’ their problems, the greater the discomfort I experienced. It also explains why I am *not* trying to ‘do’ narrative ‘*therapy*’ in this exploratory research project, lest it would become simply ‘*a different choice of therapeutic theory*’ with the expectation to be (probably) more effective at problem solving.

As mentioned from the onset in this Chapter, the narrative *approach*, understood in its much wider ambit and especially its *relational* aspect and the way it *constructs identity*, seems to offer much deeper answers to my query; the narrative *approach* or *perspective*, regarding identity as a lifelong, culturally mediated process of reworking one’s personal meaning system fits well with my own *self*-searching journey. In this journey, the narrative *approach* becomes an appropriate and viable epistemological and ontological foundation for my planned exploratory ‘meanderings’ across several institutional domains, as it allows me to explore how the larger social context and institutionalised domination and power affect persons’ identity construction and how

people resist institutionally ‘constructed’ and (usually troubled) identities imposed on them. I will conclude this Chapter by detailing the three main ‘accents’ of my use of the narrative approach in this exploratory research project.

3.3.1 Narratives as expressions of the larger social context

Personal stories are always embedded in a larger social context; they are reflections of what the world people are living in is like, of what they can or do expect of it and of what is expected of them. Making sense of our stories is an interpretative process that involves a specific perspective. Bateson (1972) argues that all knowing requires an *act of interpretation* and the interpretation of any event is determined by how it fits with known patterns previously used and ‘learned’ from ongoing interpretations of earlier events. He further suggests that the interpretation of an event is determined by its *receiving context* and that those events that cannot be patterned are not selected for survival; such events will not ‘*exist*’ for us as ‘*facts*’. In this sense, personal stories are neither independent nor do they exist in a vacuum.

As I mentioned, the larger social context is a determining factor in the *emplotment* of our personal stories, while some stories are privileged over others. According to Berger & Quinney (2005:6), some narrative analysts, such as Posenwald and Ochberg, examine “*personal stories as embedded in the field of power and inequality that extends beyond the realm of ‘pure narrativity’ itself*”. Thus, it is important to facilitate the telling of subversive stories as the “*personal is political, personal troubles are public issues*”. Subversive stories, according to Ewick and Silbery (1998:220), are “*narratives that employ the connection between the particular and the general by locating the individual within social organization*”. Thus, telling our stories that reflect a particular theme *simultaneously involves speaking about the larger social context*. Berger and Quinney (2005:10) added that “*a compelling story connects personal experience to public narrative, allowing society to ‘speak itself’ through each individual*”. Narratives are thus embedded in a larger social context and narrating our stories also represents a reflection of the dominant discourse governing that larger context, as some voices - such as *grand narratives* - do have more meaning-making power than others. Grand narratives, according to Speedy

(2000:364), are “*culturally or temporally dominant versions among a diversity of narratives, local knowledge and possible stories*”.

Bruner (2002:72) pointed out that stories are a culture’s coin and currency, with the initial normative message lurking in the background. According to him, narrative in all its forms represents the dialectic between what was expected and what came to pass and culture is, figuratively, the maker and enforcer of what is expected, but, paradoxically, it also compiles, even slyly treasures, transgressions. As culture provides presuppositions and perspectives about selfhood, we create our self-defining stories to meet the situation where we will go on living; then,

“*self comes out to be little more than a standard protagonist in a standard story of a standard genre*”.

In saying this, it is important for us, when listening to people’s narratives, to also pay attention to larger social contexts and how they shape and constitute people’s identity. In other words, we should not blame or treat persons as if they were the problem *maker* or even *the problem themselves*.

3.3.2 *The dominance of power*

As Foucault alerts us to, *power is everywhere* and we are all caught up in a net or web of power/knowledge; it is not possible to act outside of this domain and we are simultaneously undergoing the effects of power and exercising it in relation to others (White & Epston, 1990). Since not all people are equal in the exercise of power, some suffer its subjugating effects much more than others, as those who grasp the scientific knowledges that claim to have the power of approaching/understanding objective reality, subjugate alternative knowledges and, hence, people who carry and live their lives according to the latter. The *technology of power*, therefore, is constituted essentially of techniques of social control, “*of subjugation*”, techniques for the ‘*objectification*,’ ‘*reification*’ or ‘*thingification*’ of persons and for the objectification of the bodies of persons. They include techniques for the organisation and arrangement of persons in space and in time in ways that allow for the greatest efficiency and economy; for the registration and classification of persons; for the exclusion of groups of persons and for the ascription of identity to these groups;

techniques for the isolation of persons and for the effective means of observation (surveillance) and evaluation, in sum, for all the functions ascribed to the various social institutions – education, welfare, politics, families, health policies - which have evolved over time to implement the power of the elites and the subjugation of those without.

Foucault also identified technology that became available to recruit persons into an active role in their own subjugation; when conditions are established for persons to experience ongoing evaluation according to particular institutionalised ‘*norms*,’ when these conditions cannot be escaped and when persons can be isolated in their experience of such conditions, they will become the guardians of themselves. According to Foucault, we live in a society where evaluation or normalising judgement has replaced the judiciary and torture as a primary mechanism of social control; this is a society of the *ever-present ‘gaze’* (White & Epston, 1990:24); in other words, as Madigan & Law (1998:20) express it,

“the privileging of specific cultural practices over others acts to disqualify whole groups of people, who through their actions are viewed by the culture as different”.

Hence, in our evaluation of people’s ways of being, we have to be alert to the importance *of institutionalised norms that shape people’s identity as if they represented the (only) the truth about those people*. In addition, those being regarded as ‘*different*’ should not be neglected; instead, as Besley (2002:131) suggests,

“the notions of ‘difference’ ... serve as a motif not only for recognising the dynamics of ‘self’ and ‘other’, but also [as] contemporary applications in multiculturalism and immigration.”

Thus a much wider social relevance in modern, hyper-mobile societies and should be privileged.

3.3.3 Focus on the strengths of people

As narratives are embedded in the larger social contexts that have great constitutive power in shaping people’s identity and as people are not equal in the exercise of

power, those with little power, when under the exercise of disciplinary technology, would suffer its subjugating effects. Under such circumstances, people would only be identified according to their deficits and deficiencies because they were being critically ‘assessed’ and hence ‘legitimated’ with the absolute and generalised scientific and expert knowledge espoused and claimed by those ‘in power’. However, as mentioned, when entering the details of their narratives, people *do* have a lot of *strengths* and local, indigenous knowledges – though being regarded as lowly ranked, insufficient and expelled from the legitimate domain of formal knowledge and accepted sciences and worldviews – that are being un-storied and neglected (White & Epston, 1990) but that also deserve to be heard, if only to restore dignity and identity to their ‘narrators’, and who knows, can teach us a great deal about the deficits or our own ‘normality’.

In the following Chapter, I shall invite the reader into an presentation exploration of the various institutional contexts in which I intend to explore the ‘carrying capacity’ of the narrative approach as ‘applied’ to persons subject/subjected to the power/knowledges of these contexts. I will also offer more details about the methodological decisions I have made and the more concrete steps I undertook to arrange the narrative ‘*situations*’ in which I attempted to explore the theoretical and practical capacity of the narrative ‘approach.’

3.4 Critique of the Narrative Approach as a research method

‘Narrative’ research can look back on a long history as a method of social research (Connelly & Clandinin, 1990) and, as with any other paradigmatic position, it is not without its critics. Critical issues are related to the use of narrative research as a scientific tool, e.g. the notions of generalisability, reliability and validity of data and findings, issues which need to be constantly addressed in both qualitative and quantitative methods.

The narrative approach to research, however, does not pretend to be about a ‘search for the truth’; rather, it offers itself as an invitation for others to ‘see’ what the researcher or participants have ‘seen’ and to share common experience (Connelly & Clandinin, 1990, 2000). Bruner (1986:11) contends that the logical, rationalist

paradigmatic mode of research is centred on the narrow epistemological question of how to know the truth and that it searches for universal truth conditions, whilst

“the narrative looks for particular conditions and is centered around the broader and more inclusive question of the meaning of experience”.

This project invites both participants and readers to see how ‘*liberating*’ spaces are opened up in three institutional contexts through the use of an ‘intervention’ modality based on a narrative approach. It would thus be mistaken to use such objectifying and ‘only-logical’ criteria in narrative inquiry, as there are different notions of validity researchers have a responsibility to investigate and safeguard. Hart (2002:155-156) suggests that questions of ‘hypothesis’, ‘findings’, ‘proof’ and ‘conclusion’ in the context of the narrative approach are simply inappropriate. Narrative methods are always exploratory, conversational, tentative and indeterminate; they do not produce truth but, instead, “a measure of coherence and continuity to experience.” He further posits that “narrative researchers are not scientists seeking laws that govern our behavior, but rather storytellers seeking meanings that may help us to cope with our circumstances”.

The issue of the ‘truth’ of the narrative (whether the stories are ‘true’) can also be regarded as one of the limitations of the narrative approach; I agree to Connelly & Clandinin’s (1990) suggestion that the narrative approach constitutes a process through which a researcher puts herself in the story of another individual to magnify the heard voice. From such a perspective, the narrative is seen as a mutual and collaborative endeavour between a researcher and participant to produce a story which is authentic. For Cohen, Manion & Morrison (2000:282),

“reliability and validity become redundant notions, for every interpersonal situation may be said to be valid”.

Varaki (2007), on the other hand, reminds narrative researchers that the issue of veracity and fallibility cannot be ignored; we must acknowledge our motivation for telling a story and our attempt at examining the social context in which it is situated, as the interpersonal nature of narrative work is inescapable in that the researcher-participant relationship is intensive and a mutually-interactive phenomenon. The researcher must ensure that a strong, positive and trustworthy feeling exists between

her and the research participants and the latter should be able to withdraw from the research at any time, regardless of the stage the research is at. As suggested by Connelly & Clandinin (1988), clarity of purpose and openness may solve this problem; they create an environment in which participants feel encouraged to participate and in being part of the research team.

Narrative researchers also need to be aware of the ethical issue as to how the collaborative relationship is to be constructed, cared for and realistically thought about, giving special attention to keeping the power relationships between researcher and participants equal, lest the aforementioned '*confessionalism*' could become an issue. Indeed, narrative research involves an intensive form of relational work with participants and issues and topics which are shared are very personal and researchers need to honour those who are willing to become involved in their research, whilst simultaneously being careful about their privacy.

Chapter Three

The Institutional Contexts for Narrative Work: Discursive Circumscription and Methodological Entry-points

1. Introduction

In Chapter Two, I have explicated my reasoning leading to the adoption a *narrative approach* to this investigation, giving special attention to the *relational* and, more broadly, the *social* aspect of narratives in the construction of personal *selves and identities*. I also attempted to ground my explorations in an adequate epistemological framework, moving away from a positivistic/technological/natural science worldview to a hermeneutic one, which derives ‘truth’ from people’s interpretations rather than from ‘objective’ facts, also giving attention to the contexts which give rise to such interpretations. In all of this, Foucault’s power/knowledge analysis offered a basis to help me understand how individuals are programmed and seemingly accept – indeed, actively contribute to – being programmed by the social institutions they ‘inhabit’ and help ‘produce’.

As I have proposed from the onset of this thesis, I hope to explore – however tentatively – whether the adoption of social interventions associated with the *narrative approach* prove capable to open up liberating spaces in the selected institutional contexts I was and continue to be situated in, i.e. the therapeutic, educational and community contexts.

In this Third Chapter, I initially draw the reader’s attention to the local societal/institutional context within which the ‘helping’ professions – especially social work – operate in Hong Kong; how they have changed over time and how these changes re-wrote (and continue to re-write) the foundational conditions of their practice and, therewith, have occasioned profound impacts on the daily lives of both social workers and clients and, hence, on the construction of the institutional selves of both. I will then attempt to apply the previously enunciated Foucaultian conceptual edifice as an analytic or discursive ‘device’ to discuss how the three selected contexts may offer ‘*conditions of possibility*’ potentially enabling – or indeed disabling – the formulation of *personal selves*, given the institutionalised ways in which agencies or

‘sites’ located in these contexts ‘usually’ operate and impose identities on their ‘clientele’ (as already indicated in Chapter Two). For that purpose, I develop a set of ‘parameters’ which will facilitate my interpretive reflections about the process occurring at the interface of institutional and situated, narrative interaction and with that ‘apparatus’ I will offer a general introduction to the three institutional contexts I have located my narrative work in.

In the final section of the Chapter, I explicate methodology, methods and practical steps undertaken in the course of my explorations, also referring to the ethics approval processes gone through as I prepared for the empirical work.

2. The overall context of practice: an overview

As this chapter attempts to (re-)construct the bridge between the micro-processes of the narrative approach and the wider social-structural context ‘within which’ they occur, it would be useful to initially provide a broad overview of the area operate by this exploration. Social workers and other professionals intervening in the micro-realities and, as mentioned, the ‘selves’ of their clients in the course of their work, should be all to aware about the ‘dialectics’ in which such experiences are entangled and our literatures are resplendent with works attempting to propose means and ways of integrating the various ‘levels’ thought relevant to understand and consider them in practice. It would, therefore, be useful to draw an overall ‘picture’ of the ‘territory’ I will traverse in this Chapter and the thesis as a whole.

Starting with the ‘situated’ reality of the encounter, Cottle (2002:535) states,

“For inevitably, narratives evolve as acts of an interpersonal nature; they forever remain forms of human encounter. Every narrative, moreover, every encounter offers the possibility of ratifying the narrative of the Other or refusing to do so, acts, it can be argued, akin to affirming the Other or disaffirming the Other”.

In the process of the human encounter, the narrative approach reminds us that the dialectical tension between what one *wants* to be and what others *allow* one to be in

identity building involves both *situational* considerations and *more general* discursive and contextual factors; as Miller (2001:65) points out,

“This ‘making up people’ approach stresses how making up people involves both situational considerations and more general discursive factors. It instructs us to attend to how each instance of making up people is a discursively organized event...we can better see how, in socially constructing institutional selves, we also construct horizons of possibility for our own and others’ lives”.

I wish to introduce an interpretive-conceptual framework ‘plotting’ the institutional conditions of social work practice and which recognises that “*social work is an activity shaped by its institutional context*” (McDonald, 2006:3), while its institutional context is itself embedded in a larger social – meanwhile global – context (of social-political-cultural-economic-technological configurations), fully expressive of forms of power/dominance which are oppressive and disempowering for those who ‘*inhabit*’ these contexts while also ‘*realising*’ or bringing them about. This framework considers people’s narratives and stories as being influenced and affected by – both – the larger social/global context and the mediating ‘operative’ conditions of more ‘specific’ institutional contexts. In other words, it proposes that people’s narratives, embedded as they are in various institutional contexts, do not occur in value-free environments.

Diagram 1 below is an attempt at depicting this framework; the ‘*outer*’ circle represents the larger social context within which ‘institutionalised’ social work practice is embedded, signified by the social-political-cultural-economic-technological configurations of (Hong Kong) society within a globalising world. The *intermediate* circle represents the various institutional contexts in which social workers practice and the various institutional conditions will, in turn, affect ‘proceedings’ in the *inner* circle, which is constituted by and constitutes people’s narratives and stories (and, thereby, their selves/identities).

This framework is only intended to provide a *heuristic tool* that can be used to deconstruct (and ‘reconstruct’) the linkages between the wider social context, the

various institutional contexts of social work practice as well as people's narratives and stories by:

- a) identifying the 'voices'(both the dominant and submerged voices) at each level (or circle)
- b) examining the reciprocal influences between the various outer levels (or circles) and the voices and processes at the inner levels (or circles).

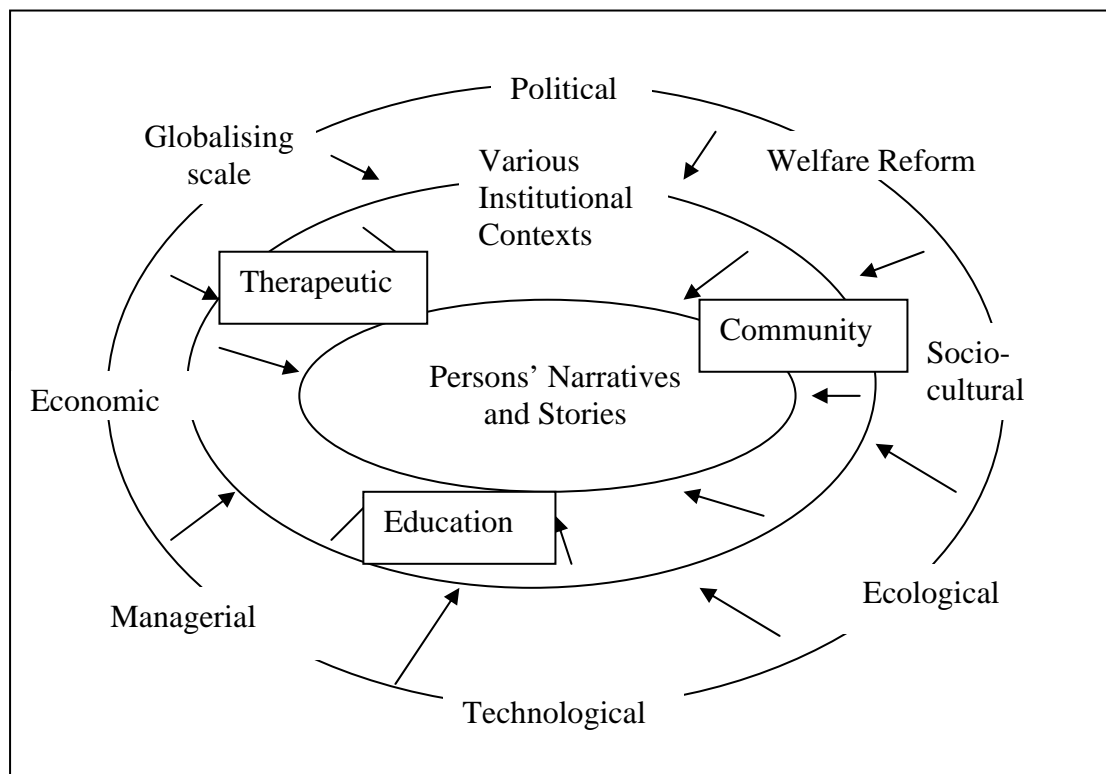


Diagram 1: Contextual and interpretive framework for social work practice

I will now move onto a more concrete exposition of some of elements of the wider socio-political context for social work practice in Hong Kong and the changes which have affected this over the last decades.

3. The wider context of social work practice (in Hong Kong)

Social work has a long-standing (if disputed and differently interpreted) espoused ideology to work for the '*betterment of humankind*' with a central commitment to helping those in need and working to bring about effective social change. As

McDonald (2006:27) suggests, the role of social workers has gradually been positioned around the ‘professional’ use of key technologies based on

“social science [which] became the dominant rationality by which the world is both understood, and through its application, could be transformed...social science would, over time, produce a truer understanding of the real world; contribute to better governance of society and to greater fulfilment of human potentials”.

Social work is thus being perceived by its practitioners and the public as a form of ‘*applied social (and psychological) science*’ and through the social and institutional arrangements from which it drew its legal and moral authority - notably the social welfare system and its administrative and organisational auspices for practice – ‘assists’ the State to care for, restore, rehabilitate and monitor the well-being of ‘weak’, ‘dependent’ or ‘poorly functioning’ citizens.

According to Ferge (1997), the welfare- or social state of the 20th century was paradigmatic, in that it represented an institutional expression of a number of modernist ideas and was considered the natural way of maximising welfare in a modern(-ising) society. Under this paradigm, as McDonald (2006:28) continues,

“the state was assumed to work for the whole society, and that social policies (and the social services which put policies into practice) were the most appropriate means to meet social needs and to compensate for the down-side of modern capitalism,”

while social work could be thought of as an operational expression of the institution of modern welfare. In other words, social work became a *discipline* – situated in a scientific modernist framework – with professional knowledge based on rational-logical thought, as well as with the power to carry out the institutional activities subscribed to by the state. The recognition of social work as a profession by the general public further increased with the provision of university-based training programs and the establishment of professional associations, which, as McDonald (2006:14) further suggests

“...promotes the idea of social work as a set of processes (doing social work), an identity (a social worker) and a coherent entity (the profession of social work)”.

As Fournier (2000) explains, successful professions forge a field of professional expertise, not only by creating boundaries around an area of activity, but also by turning this field into a legitimate area of knowledge and of specialist intervention. In social work practice, the deployment of expert knowledge/professional theories by social workers that construct the social relations between themselves and their clients as a superior-to-layperson relationship is one such example, however contested it may be by ‘competing’ groups, by other ‘observers’ or, indeed, by the ‘clients’ themselves.

All of this, of course, somehow holds societal development relatively ‘static’ and in an ideal-typical freeze. However, family breakdown (Goodin, 2000), a declining fertility rate, the women’s movement out of the home into the labour market, greatly reducing their capacity (and willingness) to care for dependent people, the fiscal crisis ‘hitting’ the welfare state (increasing income security expenditure, rising expenditure on health care and other forms of nursing and domiciliary care) (Gilbert, 2002), a general tendency to move responsibility for wellbeing and welfare *away* from the State and towards individuals or ‘primary’ units (Hoo Park & Gilbert, 1999) and large shifts in the global political economy have been and keep occurring at a pace, on a scale and with a ‘depth’ hitherto not yet experienced. In addition, the argument that welfare creates dependency and is a disincentive to people’s active engagement in the labour market (Mead, 1986; Murray, 1994) has led to a very different ideological, political and economic environment than that which gave some credence to the image of the ‘benevolent’ State – not even to mention the uncertainties occasioned by the ever-more obvious ecological crisis.

All these issues and phenomena have contributed to major changes in the wider – indeed global – socio-political-economic context in which the institutional conditions of social work practice are embedded. In other words, hope for ‘betterment’ of humankind as embodied in the historical images of the welfare system seems to have faded considerably or, at the least, has become increasingly uncertain – a position further destabilised (‘aided and abetted’) by the rise of *neo-liberalism*. The latter can be best described as an ideologically informed policy framework emphasising a shift

from the traditional welfare state idea and its associated structures, processes and commitments, to one focusing on maintaining optimal conditions for international economic and commercial competitiveness through an emphasis on the primacy of the individual, on freedom of choice, market security, *laissez faire* and minimal government (Larner, 2000).

The impacts of neo-liberalism on social welfare include cutting public expenditure on social services and reducing the safety net for the poor; de-regulating political and economic systems and processes that diminish profit; privatising public enterprises; and ignoring – if not eliminating - the concepts of the *public good* and of *community*, replacing them with those of individual responsibility and choice (Webb, 2006). According to Rose (1999), we are currently living in a world characterised by a retreat from collective responsibility, a world in which the state and its various instrumentalities re-configure their relationship with the people they govern in ways that minimise state responsibility for citizen and community well-being. With the introduction of market mechanisms in the delivery of welfare, as Gilbert (2002:22) suggests, the advanced welfare states are like ships ‘*afloat on a large bay at ebb tide*’. Under such circumstances, possibilities for ‘risky’ situations, events or processes to emerge and get out of control are high (Beck, 1992), including, of course, such risks as associated with ‘dangerous’ social issues or, indeed, with ‘dangerous’ classes or groups of people. In the face of these developments, social work (and welfare systems) attempt or are expected to develop ever more extensive risk management systems and processes, deeply into the micro-sphere of social service delivery. Webb (2006:12) calls this process ‘*actuarialism*’,

“A systemic method of risk assessment and profiling derived from the financial insurance sector. It identifies who and which environments in society pose the greatest risk, such that they are targeted in advance and the risk acted against”.

He (ibid:1-3) further suggests that

“Social work has sunk into a ‘managerialism’ that is increasingly afraid of the complexity of risky situations and has become highly defensive. The latter has resulted in increasing dependence and rule following...Targets, performance measures and lists of procedures issuing from central government have

offered a ‘calculative technology’ for the assessment and constraining of risky situations. Of course the further burdening of already over-worked social care personnel leads to the opening up of more risk”.

As well, Stephen Webb (2001:74) proposes that there is currently

“a double discursive alliance of scientism and managerialism in social work practice which gears up to systematic information processing operations to produce regulated action. We thus have the assimilation of a form of ‘scientific management’ in social work”.

Following from this, we are now living in what has been characterised as *neo-liberal* (Rose, 1999) or *advanced liberal workfare states*, where access to welfare is predicated on engagement in employment services (Joessop, 1993) that re-shape all modes of social organisation, including social work, as McDonald (2006:4) confirms: *“Currently, a new institutional order is in place, which re-inscribes the conditions of practice.”*

As welfare systems function as institutions promoting sets of expectations about how societies will respond to individual and collective unhappiness, poverty, disadvantage or pain (Powell & Geoghegan, 2005), the new order brought forward by changes in the larger (globalising) social context will create new institutional conditions that affect the way we as social workers view the nature of clients’ problems, what we think social work is and how we do what we do (Greenwood, Suddaby & Hinings, 2002).

Diagram 2 – adapted from Boulet (1985) and Chu (2004) – attempts to represent the relationships and interdependencies of the various ‘circles’ suggested in the conceptual framework in diagram 1 above. The diagram indicates that changes at any single level (or circle) will generate substantive changes at the other two levels which condition and constitute social work practice.

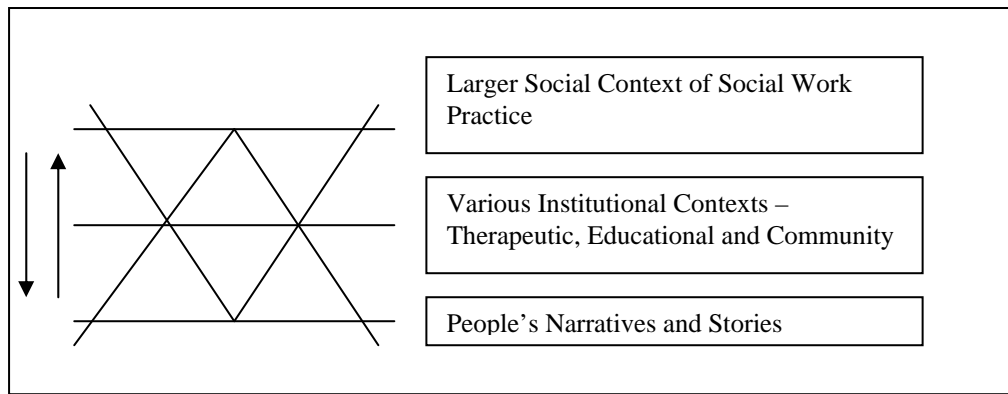


Diagram 2: The inter-dependencies operating within the contextual framework for social work practice

4. The societal/institutional interface and its ensuing conditions: a brief account

The above suggested shifts towards an increasingly unstable welfare system (Webb, 2006) converge on a 'rationale' whereby *economic efficiency* and, since Hong Kong prides itself in being the '*freest capitalist market economy in the world*' (The Heritage Foundation: 2009), the primacy of *profit maximisation and competition* has been substituted for the principle of social justice (McDonald, 2006). Aiming to promote the twin goals of efficiency and effectiveness, *managerialism* dominates the institutional practice contexts in which social work operates, imposing strict operational criteria for service delivery according to state-legitimated objectives; such operational criteria can be summarised as follows:

1. Objectives and the outcomes an agency or program wants/needs to achieve should be clearly stated *beforehand*; it is essential that they are identical (or very close) to those of the funding body, usually the state or a charitable trust;
2. Obtain 'credible' references to support the proposal;
3. Demonstrate trust in 'scientific' methods, forensic technologies and appeals to systematic evidence (Saleebey, 1992);
4. Accept and implement the wide range of external forms of scrutiny and appraisal which have been imposed in the form of benchmarks and performance indicators through which social workers are held accountable for achieving the outcomes of their services (Gilbelman, 1999);

5. Public services are to be contracted out via competitive tender, usually favouring the lowest bidder;
6. Establish compulsory quality assurance system to control service provision; avoid advocacy or other forms of public engagement (Boulet, 2009);
7. Evidence-based practice, managed clinical care, knowledge management, decision analysis, competence-oriented training and computerised assessment are techniques used to presumably bolster professional judgment in the drive for efficiency and effectiveness (Webb, 2006).

The changes in the institutional conditions regulating social work practice have occasioned dramatic shifts; firstly, practice shifted from a professional-led model to a market- and commodity-led, managerial model, which, as mentioned, requires clear objectives based on anticipated outcomes and strategies to achieve them, performance measurements and indicators as well as the (usually quantitative) monitoring and evaluation of achieved outcomes (Cohen, 2003). Second, *case management*, one of the means imposed to increase efficiency, has re-shaped the role and purpose of the social work intervention and Carey (2003) identifies four primary dimensions of interest for case managers/social workers:

1. the majority of social work practice has come to involve responding to formal paperwork and other bureaucratic processes within a rigid and highly formalised information technology-drive system;
2. the style of management provided by social work middle managers has shifted away from the developmental and supportive focus of *professional* supervision towards a more traditional business-style '*line-management*' format, emphasising authoritarianism, compliance and discipline;
3. the actual practices of case managers are 'budget-led', as every intervention is being defined by the (un)availability of finances; and finally,
4. the adoption of case management in a context of constrained resources produces an increasingly de-professionalised and impoverished service to vulnerable groups.

Such processes intensify the narrowing of the scope and the standardisation of the work processes along with increasing scrutiny and control of performance (McDonald, 2006); the tight quality and accountability measurement systems, typically using

quantitative measures, paradoxically call for the development of additional layers of (non-social work) expertise to assist in maintaining professional-lay boundaries. But, as Webb (2006:56) describes,

“This strategy becomes circular because the increasing accumulative effect of ‘manufactured uncertainties’ results in risk management being continuously undermined and then having to be renewed under new expert guises”.

Changes also have occurred in the relationship between social workers and clients; clients used to perceive social workers as professionals (even if the latter did not enjoy a similar professional status as doctors or lawyers), who made use of their professional knowledge based on scientific and empirical technologies and who used their expertise to help them fix their problems. Of course, the power imbalance between social workers and their clients obviously existed before and I am not suggesting that social workers were not also involved in often punitive and disempowering institutional transactions vis-à-vis their clients. With the ‘managerialist’ changes in the larger social context, however, this power imbalance has, if anything, become more pronounced, as social worker/case managers, based on much more restrictive terms, now have to determine whether the service recipient is entitled to receive the service through an ‘objective’ assessment of their need; they have to decide which type of service or treatment the client may – or may not - receive and how frequent the latter may be seen and for how long (Cohen, 2003). Clients, now often referred to as service users, consumers or even customers, thus take up an even more passive and dependent role in such encounter and, in an environment of ‘packaged’ service delivery, the integrity and continuity of the helping process is often lost, if reflected upon at all.

Under the changing institutional conditions, social work is mostly preoccupied with ‘risk’, facing tightening accountability demands based on its assessment, thus experiencing a steep decrease in professional autonomy, as Parton (1996:98) suggests,

“Increasingly, social workers and social welfare agencies are concerned in their day-to-day policies and practices with the issue of risk. Risk assessments, risk management, the monitoring of risk and risk-taking itself have become common activities for both practitioners and managers. Similarly, estimations about risk have become key in identifying priorities and making judgments

about the quality of performance and what should be the focus of professional activities”.

Clients, as I have mentioned, became service recipients/users or consumers/customers under the changing institutional conditions and, as McDonald (2006:115) suggests, this has real consequences: *“the words we use to describe those who use our services are, at one level, metaphors that indicate how we conceive them”.*

As indicated and more generally discussed in the previous Chapters, Healy (1998) confirms that, traditionally, as ‘clients’ (a term adopted by social work from the psychoanalytic profession) they have remained the ‘inferior’ party in the encounter with the helping professionals, not possessing the professional knowledge of the ‘experts’ and through which they – presumably – ‘know’ their situation even better than clients themselves do. Under the changing institutional conditions – with the introduction of the market mechanism and themselves having become ‘customers’ – clients now have the ‘*free choice*’ of what is on offer and what is on offer is obviously dictated by moral/political/economic decisions, influenced by the seemingly ever-present need for budget cuts in the welfare domain as already discussed before. This, in turn, leads to competitive bidding processes amongst welfare agencies for the ‘right’ and the resources to deliver services, favouring those who can do so at the lowest cost, using social services personnel (or other resources) that are often narrowly specialised, ‘tailor-made’ for the fragment of the service that has been identified to best meet the (often narrowly ‘diagnosed’) need of their ‘customers’ in order to win that service contract. And most welfare and social service agencies are now utterly dependent for their very existence (let alone their ‘growth’!) on the funding provided by the government and charities or philanthropic organisations.

Superficially, it would seem that the ‘needs’ of the consumers/customers gain more weight in this process, as they are given a ‘choice’; but we should not forget that the budget cuts in the social services areas – apart from providing *less* services during times a greater need – also signify a retreat from the collective responsibility of the State vis-à-vis its vulnerable citizens (thus, reducing the size and quality of the safety net). In other words, the rhetoric of ‘choice’ masks that it comes with a strong ‘push’ towards increasing people’s *private responsibility* for most, if not all of life’s

ubiquitous contingencies (McDonald, 2006). Modern capitalist states – including Hong Kong – now suggests that their role consists in protecting and encouraging that privately taken responsibility *against* those who would make people ‘dependent’ on ‘welfare’ and other ‘benefits’ derived from the ‘public’ purse – which, of course, should only be utilised to stimulate ‘*the economy*’, as we have just witnessed in the massive bailout of banks and their shareholders during the present ‘meltdown’ (as Stiglitz (2009:A13) suggests: “*The rich and powerful turn to government to help them whenever they can, while needy individuals get little social protection*”).

Thus, only those ‘customers’ quite obviously ‘*deservedly*’ – and often *desperately* – in need of social services remain eligible for welfare, their so-called ‘choices’ remaining rather hypothetical, as most of those eligible cannot really ‘exit’ from their assumed ‘dependency’ on welfare anyway, even if they would want to or would be unhappy with the services delivered, because they are their very last resort for survival! The only outlet of their discontentment would be welfare- or social workers – the ‘*front-line people*’ delivering the services of the agencies that promise (and are ‘monitored’) to deliver a quality service. Indeed, the positioning of both agencies and workers becomes increasingly unenviable as they are exposed – on the one side – to the potential anger of citizen-customers and – on the other – to the scrutiny of the funding bodies, who can always maintain that they are representing the interests of the aforementioned citizen-customers and identify fault in the service delivery process leading to possible punitive action against the agency.

Under such circumstances, one should not be surprised that tensions in the – anyhow unequal – relationships between welfare and social workers and their consumers/customers as well as between the former and their employing agencies would increase...

5. Foucaultian analysis as a critically-reflective framework for social work practice

As I indicated in the introduction to this Chapter, I will now return to the work of Foucault in an attempt to further specify the interpretive framework which will guide my way through a – hopefully – better understanding of the meaning of the ‘stories’ I

have had the privilege being an ‘audience’ to in the course of this research. As Chambon (1999:53) states,

“To take up Foucault’s challenge with social work today is to take the stance that it may be helpful, and urgently needed, to reflect on the foundations of our profession, rather than merely re-arranging the furniture...The aim is not to destroy but to redefine and reorient what we do and what we know. It is a commitment to transformation”.

As will have become clear throughout Chapter Two, Foucault’s understanding of how the *self* is practically and institutionally constituted represents a formidable challenge to current social work practice and to the forms of knowledge that we have taken for granted and thus ‘*naturalised*’ and which, we thought, provided us with our own personal and professional sense of security, certainty and permanence.

As I have already introduced Foucault’s three modes of objectification and the inseparability of power and knowledge in Chapter Two, serving there as one pillar of the epistemological position for this study, I want here to deepen out his concept of ‘*genealogy*’ to assist in my reflective understanding of social work practice in the various selected institutional contexts. Foucault’s notion of genealogy starts with a question about the *present* and then works its way in the ‘opposite’ direction, retroactively through a *descent in time*. In his ([1979] 1995) terms, it is a ‘*history of present*’, attempting to understand the “*conditions of their existence*” and, as Chambon (1999:55) suggests, how they came to be what they are and not other, through

“an invitation to retrace specific ways of doing and knowing; to illuminate how operating assumptions have clustered together and changed over time; and identify the events and circumstances that acted as turning points in our profession”.

When applying Foucaultian analysis as a critically reflective framework for social work practice, attention should be placed on

1. *how the self is constituted through institutional practice* – the multiple imprints that the various institutions make on our bodies and how social

work creates the subject of welfare (the clients or service users) in everyday practice;

2. how welfare regimes function as institutions both in the past and at present, with their sets of norms and expectations *regulating the interaction of the social actors* – groups, agencies and individuals (Bouma, 1998);
3. how ‘professional social workers’ try to uphold their sense of professional identity by appealing to the authority and expertise of ‘*instrumental*’ and ‘*positivist rationality*’;
4. how social workers have come to define their role as *experts* vis-à-vis their clients;
5. how they have come to define – often in the nicest terms - their clients as *inferior* to them;
6. how their exercise of power ‘contributes’ to this mutual constitution and what that presupposes;
7. how the functions of *control* and of *caring* co-exist within a single context and how they are separate or joined in professional practice (Chambon, 1999:64)

Based on such Foucault-inspired conceptual edifice - also based on the discussions presented in Chapter Two – I can now draw out a series of interlocked and mutually reinforcing *parameters* as expressed across institutional social work practice contexts; they will be later used to present the three institutional contexts selected for this investigation and guide my critical reflections through which the ‘data’ from the narrative interactions in Chapters Four to Six will be interpreted.

- ***Power asymmetry (power imbalance)*** is obvious (if not necessary) in the professional transactions, with social workers presenting as experts with disciplinary knowledge.
- Therefore, the relationship between social workers and their clients is ***hierarchical***; clients are ‘inferior’ in front of social workers; their knowledge (both about their selves, their problems and solutions to problems) is also subjugated.

- In the course of their ‘conversations’ (assessments, counselling sessions), social workers have the *monopoly of interpretation*, which is necessary for
- the *confession* – the acknowledgement/admission of a crime, fault or weakness – to occur.
- In other words, the intervention process is usually *oppressive*, clients are compelled to ‘listen’ to social workers and follow their instructions due to
- an (often unspoken) *consensus about ‘valid’ knowledge*.
- On the contrary, if clients don’t listen to or disagree with social workers, *conflicts* between them would arise.
- Hence, in front of social workers, clients are usually *pathologised, disempowered and excluded*
- because the problems are perceived as *individual afflictions*, meaning that clients have to be responsible for the cause of their problems, without attention given to the socio-economic-historical-cultural configurations of their situated context.
- Thus, the effect of the problem is *totalising*
- while clients will *internalise* the problem as ‘normal’ part of their lives.

Before more specifically detailing the ‘realisation’ or ‘application’ of these parameters in the three selected institutional contexts, the below amended version of diagram 1 attempts to offer an overview of the above elaborated parameters as they tend to affect clients’ situated narratives and stories.

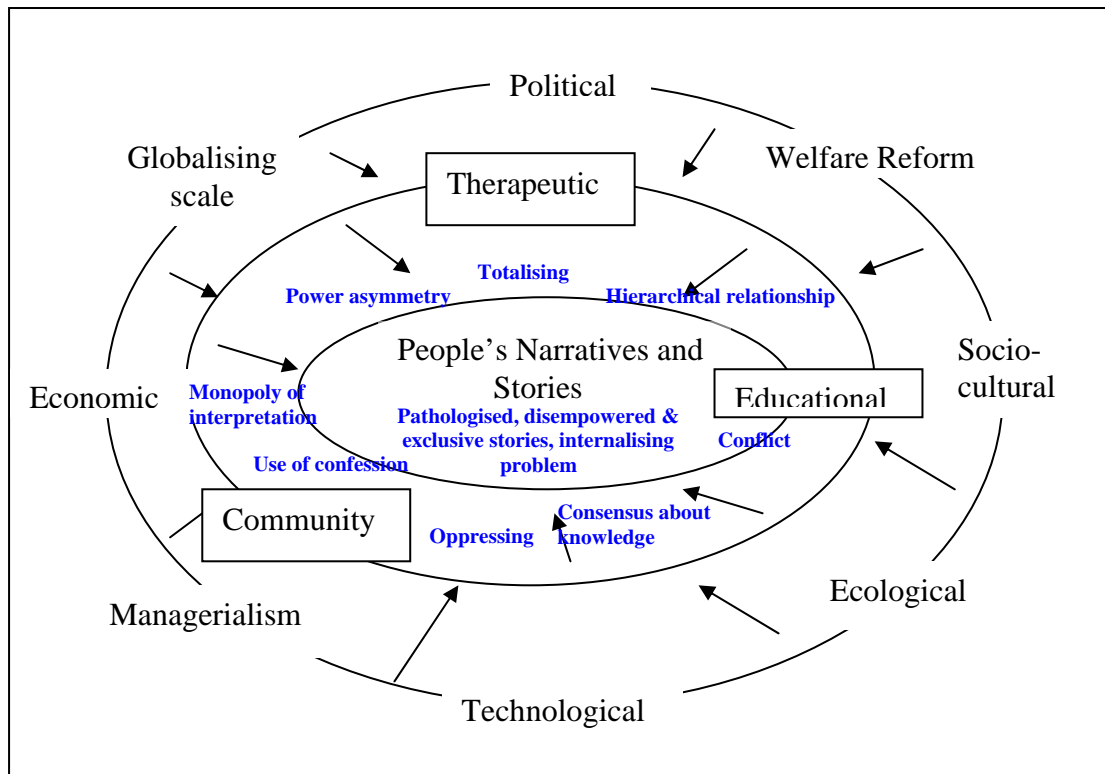


Diagram 3: The potential impact of ‘analytic’ parameters on people’s narratives and stories

6. Locating people’s narratives in the three chosen institutional contexts

The above analysis has, hopefully, made it obvious that people entering the various institutional contexts relevant for welfare and social work and relevant for this exploratory investigation would, if not by definition, certainly *potentially* be dealing with *problematic* or even outright negative issues as they engage with one another towards the potential resolution of the latter. Indeed, given the historical and at-present deteriorating societal conditions under which welfare and other institutions geared at assisting citizens in their (re-)socialisation, rehabilitation, recreational and other tasks and needs are forced to operate, the possibilities of ‘positive’ narratives to be enunciated by clients, students and community members in the respective relevant agencies or locales are becoming increasingly unlikely. In the following sections, I will introduce the three selected institutional contexts, outlining their major societal function and – suggestively – briefly ‘apply’ the above developed *parameters* to each, so as to outline the ‘*conditions of possibility*’ under which clients/consumers and workers may engage in narrative interactions.

6.1 The parameters expressed in the therapeutic institutional context

The broad societal ‘*function*’¹ of *therapeutic institutions* is to re-socialise/re-habilitate people who, for whatever reason, have ‘*fallen out*’ or ‘*fallen foul*’ of the regular processes of social production and reproduction. Under the changing institutional operating conditions of (psycho-)therapy-providing welfare agencies, only ‘high risk’ clients or those who have no means to live independently can remain in the care of ‘closed’ institutions; the others are put under ongoing monitoring regimes, aided by pharmaceutical and ‘talking cure’ procedures. Though they might not necessarily create or cause problems, clients are considered ‘dangerous’ and thus ‘problematic’ for ‘normal’ society. Yet others are ‘privately’ treated through the use of a great variety of (psycho)therapeutic approaches, all promising ‘healing’ or ‘recovery’ or, at least, the possibility to maintain an apparent ‘normal’ life. As I have extensively discussed in the previous chapters, it is difficult for them and for us to think of any positive narratives they may (want to) contribute; they are – as a matter of ‘normal’ routine - subjected to exclusionary and marginalising practices, in spite of appeals and policies calling for their inclusion.

If social work practice and its general discourse legitimise the use of power in the production of ‘subjects’ of social welfare, the institutional therapeutic context creates the very structure for doing so. In the therapeutic context where clients receive counselling services from social workers, therapy’s privileged standing as a way of *knowing* about persons and of resolving their problems results in a situation whereby therapists typically ‘*know*’ therapeutic clienthood *before* even entering into the concrete therapeutic sessions. This facilitates a process whereby participants can be immediately interpellated into ‘therapist’ and ‘client’ subject positions respectively; Guilfoyle (2005:105) further suggests that

“The therapist and client subject positions condition what occurs in their interaction by shaping and specifying the behavioral freedoms each party has in relation to the other. A distinctive therapeutic apparatus is thereby created,

¹ Please note that I am using the concept of ‘function’ without intending to fall into the ‘trap’ of ‘structural functionalism’; rather, ‘function’ signifies something like ‘systemic intent’, much in the way in which Hoy (2004) refers to Deleuze’s writings, i.e. less deterministic and not excluding the possibility for people and ‘sub-systemic’ units to act differently and according to individual or group volition.

comprising (1) an expert applicator of knowledge, (2) an object of knowledge, and therefore, (3) an appropriate direction for knowledge. It is in terms of this apparatus that each person's conduct relative to the other is organized, and ... is given a (contestable) pathway through which to produce its effects...these subject positions are omnipresent, stable and irreversible in a therapeutic relation; they are institutional requirements for professional therapeutic practice".

In other words, therapeutic relating involves a form of 'micro-sovereignty' (Hook, 2003) and its operation requires and produces an ordered and reliable regime of subject positionings. The very subject positions of the therapist and the client, together with their playing of the 'truth game' together, construct the mutual expectations and behaviours of each-other. The 'true game' in the therapeutic process is what Foucault (1991:79) calls "*a code which rules ways of doing things...that depends on 'a production of true discourses' which serve to fund, justify and provide reasons and principles of these way of doing things*". Similarly, Foote & Frank (1999:160) claim,

"The practice of therapy depends on a 'true discourse' which, whether it is called psychiatry or mental health or clinical social work, has at its core the possibility – indeed the imperative – of 'true' division of the normal from the pathological".

In the therapeutic conversation, clients are assisted to produce a 'talking cure', to reveal the truth about their self and their identity in what might be seen as a *confessional* mode in a modern secular society (Besley, 2002:28). Both therapists and clients, in this process, are convinced that they are mutually engaged in a production of truth so as to fix the problem, because 'abnormal' can be brought back to 'normal' by means of therapeutic 'fixing'. Hence, the therapist sets the stage and engages in an instrumental form of conversation; s-he rules the interview - often a one-way and instrumental dialogue – to get the problem fixed.

It is also a *manipulative* dialogue, in which the expert not only applies his/her knowledge but also monopolises the interpretation of the dialogue. Through assessment, measurement, classification, intervention and evaluation by the therapist,

the clients have to accept the definitions (generally deficit/problem-based ‘labels’) imposed on them and, as these ‘labels’ also offer the ‘legitimacy’ of *deservedness*, to live their lives according to them and the suggested solutions of the therapists, if they want to ‘*recover*’ from their ‘*abnormality*’. Entering into the very processes governing the therapeutic setting – starting from the intake process, during which the client has to disclose him/herself so as to ‘help’ the intake worker to record down his/her problem in detail, to help the senior staff member to assign the case (file) to the appropriate social worker, who, through assessment and diagnosis, defines the type and frequency of the service needed; and if the intervention has to be effective and efficient, requires the cooperation from the client to ‘confess’ and comply with the instructions (or suggested solutions) of the therapist – makes the *power asymmetry* and *inequality* in the relationship between social worker and client so obvious that the responsibility for possible failure can only and entirely be put on the shoulders of the latter.

In addition, as discussed above, the changing context of social work practice has led to an emphasis on ‘effective practice’ that favours *solution-focused*, *brief* and *evidence-based* therapy models, somehow confusing ‘effectiveness’ with ‘efficiency’, but highly welcomed by policy-makers and agencies, as such models promise to cut costs by speeding up treatment and recovery and thus do more with less. On the other hand, if clients would disagree with therapists, or if their condition proves ‘resistant’ to the treatment or if they would reject to follow instructions, they risk not only being perceived as un-cooperative and unmotivated and thus violating the spirit of the agreed-upon therapeutic process, but also risk to become ineligible for further care and support.

6.2 The parameters expressed in the educational institutional context

The broad societal ‘function’ of *educational institutions* is to socialise subjects/bodies into roles, thought to be useful for the social reproduction of the overall social system and, importantly, capable of generating the necessary personal wherewithal to take care of their own survival in a society the ideology of which delegates that role uniquely to *assumed autonomous individuals*. In short, such institutions intend to make and keep citizens ‘job-ready’ and ‘life-ready,’ so that they can fulfil the double

role suggested in the previous sentence. Whilst I have referred to two instances of institutional process in the context of primary and secondary education in the First Chapter, my research involvement in this thesis relates to a *tertiary* education setting, more specifically, the area of continuing/on-going professional education and my role as a ‘clinical supervisor’ for Higher Degree students.

Similar to the parameters expressed in the therapeutic institutional context, power asymmetry and inequality exist in the relationship between ‘supervisor’ and ‘supervisee’, even if they may seem less direct and more moderate. The terms *supervisor* and *supervisee*, according to White (1997:148-149),

“...evoke a hierarchical relationship in which one party’s knowledges are assigned a ‘super’ vision status, and in which the other party is subject to this super-vision in matters of work and therapist identity...the status of the person who is sanctioned to provide this consultation may have been achieved by seniority, by credentials, by reputation, by organizational rank, by experience and so on”.

According to O’Donoghue (2003:14), various scholars (amongst others, Kadushin, 1992; Munson, 1993, Morrison, 1993; Shulman, 1993; Kaiser, 1996; Brown & Bourne, 1996) have described social work supervision as a

“process, an activity and (a) relationship(s); the social work organizations, profession and individuals involved provide its mandate; there are designated roles and boundaries, in which particular functions facilitate the best or competent service or practice with clients”.

In view of the above, the supervisor – perceived as senior, experienced, knowledgeable, authoritative, competence, liable and reliable, with higher educational qualifications - is obliged to equip the supervisee - who is junior, inexperienced, less knowledgeable, less competent, with lower educational qualifications, in need of guidance and hoping for the supervisor’s ‘confirmation’ of his/her competence in practice – with the knowledge and theories needed for effective practice. It is the supervisor who (usually) sets the stage and rules for the supervision session – the type, frequency and content of supervision through an often one-way and instrumental dialogue where the supervisor is the sole interpreter and evaluator/assessor of the

supervisee's practice performance, while the latter has to 'confess' his/her doubts, incompetence and failure; hence, the latter's sense of inferiority is strong in front of the supervisor and they usually have to agree to supervisor's comments and feedback or else he/she would be regarded as not cooperative and unmotivated to learn and to improve and probably even '*fail*' the assigned learning task. In this sense, the supervision conversation becomes instrumental – the only purpose of supervision is to gain knowledge so as to boost practice competence that makes students 'job-ready'.

This instrumental purpose of supervision, finally, is further emphasised in the changing social work practice context as the effectiveness and efficiency of practice has become the primary concern, rather than the extent to which it has managed or intends to bring about human 'betterment'. The same criterion is, indeed, being applied to assess the 'effectiveness' and 'efficiency' of (tertiary) education, in as far as the latter is conducive to – as suggested at the beginning of this section – 'making' fully productive 'working agents' able to maintain the 'working order' of society (but see footnote 1 on 'function' in the section on the 'therapeutic context').

6.3 The parameters expressed in the community institutional context

The broad societal function of *community-based institutions* (neighbourhood houses, community centres, etc) is to offer space and social opportunities where citizens' free energies can be spent and – especially – be 'channelled', to contribute to what is thought to be their role as citizens (also, for example, through volunteering), to allow the expression of their (re-)creative energies which cannot otherwise be expended (and could lead to 'inappropriate' or less desirable expressions, like graffiti, obesity, depression, boredom, addictions, etc) and to (re-)create relationships between people in the face of the systematic erosion of community and the isolation of individuals often leading to 'dysfunctional' reactions.

The 'community' has historically been the 'space' where a more activist, social justice-oriented and politically aware form of social work (and community development) found its locus, but changes in the overarching institutional conditions have not only further undermined this already weak activist role, but they have also accelerated the rapid individualism that further erodes citizens' sense of community.

Otherwise marginalised groups, who previously used to find some accommodation and welcoming – if not entirely non-discriminating – spaces in such centres find their access more limited or – as other supports for such groups (for example, those with a mental condition) drop out, have to be satisfied with less appropriate conditions for gathering. Nevertheless, community settings offer spaces and environments which are – possibly - most conducive to the telling of stories, even for those whose stories are laden with ‘problems’ and negative experiences.

On the other hand, Foucaultian analysis reminds us that increased emphasis on personal responsibility in the management of a person’s problem leads to *de-emphasising* the social context in which individuals are situated. As Epstein (1999:10) mentions, by increasing the responsibility of individuals vis-à-vis their contextual and social reality, the view that “*you can do it, you can have it, it is up to you to pull yourself together to get the skills, to learn the stuff, get on with your life, do it*” is highlighted and, hence, the emergence and appeal of such types of psychotherapy, education and recreation and leisure that stress the value of individualism in social work practice, usually reinforced by assumed ‘scientific evidence’.

Whilst citizens and people without the stigma of ‘abnormality’ and having the means to do so will have many public and private places available to gather or recreate, people and groups carrying such stigma – especially those diagnosed to have a ‘pathological’ condition - depend much more on the availability and accessibility of free community places and services to claim their right to equality of opportunity. Given the major cuts in welfare provision, however, the achievement and maintenance of even minimum standards of provision of such spaces and services geared at maintaining social cohesion and being an expression of collective responsibility can only be partially achieved. Whilst community-based services or ‘care in the community’ ideally would represent a rather positive model to take care of the disabled, the mentally ill or those who for whatever reason cannot fend for themselves (certainly more positive than the stigmatising institutionalising models discussed before), under the reductionist welfare policies of the last decade or so, even those services and gathering places have been suffering from loss of resources. And, as Ife (2002:11) suggests, loosely using the rhetoric of ‘*community responsibility*’ serves as an excellent way to reduce welfare expenditure in that, by

simply withdrawing from social provision, government then asking or allowing the private market to move in to fill the gap (or indeed forces community-based centres or services to charge fees for access).

Thus, yet again, in order to survive and remain competitive in the market while at the same time reduce the risk for and of marginalised groups gathering in or using these opportunities, social workers have to even more take recourse to ‘scientifically assured’ safety measures to ‘manage’ these ‘pathological’ communities, further increasing the power asymmetry and threatening to undermine the trust and mutual reliance between social and community workers and members of the above groups. In addition, many of the available community services and programs have also become increasingly ‘instrumental’ as previously indicated; they mainly and increasingly offer *vocational* training, so as to equip the ‘disabled’ with the skills needed to return to labour market and – thus - reduce their ‘dependence’ on the welfare.

Finally, so-called *therapeutic counselling* (group- or individually-based) for those local citizens who need this form of support remains the most commonly used intervention modality in the community institutional contexts. More innovative and ‘emancipatory’ approaches (for example, using community arts or other more ‘confrontational’ approaches) are very sparse and would not be likely to attract any funding nor find much approval from the local professional community.

6.4 Concluding remarks

The Foucaultian ‘*conditions of possibility*’ under the parameters as expressed in the various institutional contexts for social work practice in this project, seem overall to be *limiting* and *restricting*, as only *problems* and *deficits* of clients are being emphasised and seen as the core purpose of their existence and operations. The institutional identities of clients are then, constructed as *negative*, *problematic*, *troubled* and *pathological*. The Foucaultian analysis paints a picture of ‘reality’ which is not very enticing for social work(ers) – the limiting and restrictive institutional conditions; people being marginalised into pathological categories; clients/people being declared ‘problematic’ and ‘troubled’ and needing to live their lives according

to such labels – indeed, it seems that the future of social work practice – and of much activities in the entire welfare or social justice area – is ‘*going nowhere*’.

This is, however, **not** my preferred way of thinking about my profession and of practicing social work and relating with people; as McDonald (2006:93) states, “*The method of inquiry developed by Foucault, for example, seeks to understand the conditions that make certain social practices (such as social work) or regimes of practices (such as welfare states) seem inevitable at certain times*”, but she further (ibid:93-94) suggests that,

“*Such an analytical method can be reconceived as **a liberating device** in that it reminds me that writing a history of the present renders the regime of truth visible for what it is; that is, not a ‘true’ at all but a series of **decisions**. This, in turn, allows me to fully accept that the social practices of social work and the regime of practices of the welfare state (past and present) are social artifacts with a specific historical trajectory **and to which there were and are alternatives**. Through this acknowledgement of the historical, the imagining of present and future alternatives becomes possible*”. (My emphasis)

The Foucaultian analysis thus stimulates me to question the sorts of identities I am offering my clients and my students and my co-citizens (and hence myself!); to question if it is my purpose (however ‘unintentionally’ this may be realised) to confirm the processes and practices of the welfare system in producing the troubled, the problematic, the pathological and the excluded; and to reflect on the impact of the social on the individual, as it reminds me constantly of the *situated contexts within I encounter people and in which they live their lives* when I think about the problems they face. His analysis also allows me to acknowledge and accept the knowledges they have as they attempt to resist the impact of the problems they have and the workings of the institutions they are confronted with.

As I reflected on my personal experiences in Chapter One and on the coexistence of opposites (dialectics) within the power dynamic we inhabit and reproduce, that a person is “*both an autonomous individual with a unique personal identity and a social being shaped by his/her social, cultural and economic milieu*” (Tsang, 2000:425), I

have come to realise the importance of the availability of *liberating spaces* that could be helpful in discovering such dialectics and the complexities of human experience.

Based on Foucault's work, I feel even stronger committed to find out whether using the narrative approach might open up liberating space in the various institutional contexts of the social work practice. In the following and final section of this Chapter, I will discuss the methodology I deployed in this exploratory project.

7. Methodological entry points

I have variously indicated that this study – rather than being ‘comparative’ – uses three institutional ‘sites’ to *explore* the deployment of interventions based on what I have called ‘*the narrative approach*’ and to *critically reflect* on its potential to create ‘conditions of possibilities’ to assist marginalised individuals and groups to assume positive ‘selves’ and ‘identities’.

According to Kotler et al. (2006:122) *exploratory research* is conducted into an issue or problem where there are few or no earlier studies to refer to or where a problem has not been clearly defined; it aims at gathering “*preliminary information that will help define problems and suggest hypotheses*”. The focus is thus on gaining insights and familiarity for further investigation and it often relies on secondary or other existing research, such as reviewing available literature and/or data, or qualitative approaches such as informal discussions or more formal approaches through in-depth interviews, focus groups, projective methods, case studies or pilot studies. Given my previous epistemological elaborations, the rather formal references to ‘defining problems’ and ‘suggesting hypotheses’ needs to be understood in the context of what I have said at the end of Chapter One, where I located this thesis in the hermeneutical tradition and declared the purpose of my exploration to be an attempt at *systematising* my previous experiences and understanding of the narrative approach – potentially for further research in relevant institutional environments.

Since having a rather limited number (six) of participating (individual) ‘subjects’ and only two groups of participants in this study and since this study is ‘exploratory’,

‘evidence’ is being sought in a ‘qualitative cumulative’ manner. That means that the progression of collected experiential material obtained through my conversations with participants in the three institutional ‘contexts’ in which I applied the narrative approach *gradually creates its own ‘substantive’ evidence through a process of ‘thickening’ as I move through the respective Chapters*; hopefully this ‘thickening’ process will convince the reader that this evidence will justify my future attempts at ‘experimenting’ with this approach and – hopefully – in the future gain support to investigate its potential more systematically across time and sites.

Methodology, in turn and according to Cresswell (2003) and Guba and Lincoln (1989), refers to more than a simple set of methods; rather it deals with the ‘*thinking behind*’ (indeed, the ‘*logos*’ behind) the choice of a certain research design or of a certain method or set of methods for achieving the purpose of the research undertaken. It refers to the rationale and the philosophical assumptions that underlie a particular study. Properly conceived methodologies are based on the researcher’s acknowledgements of their fundamental approaches to reality and, in the second chapter, I already have maintained that choosing a research methodology is more than just making a choice between using quantitative or qualitative methods, but a reflection of the underlying paradigm that constitutes a social and political challenge. To achieve the objectives of this exploratory investigation, one methodological implication deriving from the epistemological position discussed above point is the need for a ‘*rich description*’ of people’s lives, a description which is achieved in an ‘*interactive*’ and ‘*interpretive*’ way. According to Kellehear (1993) citing Young (1997:72),

“‘*research*’ is a ‘*reading*’ of the world, and the task is always on persuasion rather than proving” and narratives are often used to “*explain to outsiders what practices, places, or symbols mean to the people who hold them*”.

Hence, since this exploration *is* about the narrative approach, a commensurate methodology should be adopted for this project (see also Chapter Two), as narratives, whether spoken or not, are the avenue in making sense of language (Riessman, 1990). Narratives also encourage *plurality of truths* and serve to understand the interactions amongst individuals, groups and societies (Jackson, 1998; Plummer, 1995; Riessman, 2003). According to Fraser (2004:181), narrative approaches also have the

“capacity to attend to context as well as idiosyncrasy, they subdue the inclination to posture as an expert and may be used to stimulate different kinds of discussions and, most importantly, they are able to authorize the stories that ‘ordinary’ people tell”.

Narrative research – which not only *reflects* reality but also challenges taken-for-granted beliefs, assertions and assumptions, including those made by mainstream and established social theorists – is an appropriate methodology for this project.

Narrative research as applied in this project certainly shares the philosophy of *participatory action research*, seeking to *empower* research ‘participants’ (who, in various ways become *co-researchers*) to influence decision-making regarding their own aspirations; narrative approaches and participatory action research also share a mandate for *social justice* (Bradbury & Reason, 2003). Participants in this research project were also considered to be co-researchers in the hope that their storied research will lead them to *‘actions in the world’*, towards changing their predicaments and towards helping them to ‘apply’ their new understanding of what’s going on in their situated context. In addition, the narrative approach in this project can also be regarded as *‘practice research’*, as I hope that, through the use of the narrative approach in the three institutional contexts, ways to improve and inform social workers’, supervisors’ and community workers’ understandings can be developed of what’s going on in their fields and how liberating spaces can be created, leading to suggestions as to how they can more productively realise the often high ideals of empowerment, participation, emancipation and social justice.

In contrast to the metaphors often used to describe research that claims to be neutral, objective and factual, narrative research is often envisaged through a range of *non-scientific metaphors* because of three main reasons; according to Fraser (2004:183) such metaphors have the capacity to

1. shake off the scientific illusions of objectivity to foreground, instead, researchers’ *subjectivity*;
2. refer to activities that are familiar to many ‘ordinary’ people;
3. apart from demystifying practices that have long been associated with (orthodox) masculinity, the practical association of the metaphors of cooking,

knitting, sewing and travelling (for example) can help many of us to envisage differently some of the concrete tasks involved in narrative research.

As this research project aims to empower the ‘co-researchers’ in a sense indirectly invoked by the Foucaultian analysis and as discussed in Chapter Two, its exploratory nature also allows for the recognition, challenge and evaluation of our worlds of action as well as to envision alternatives in the world we are living in – which can be regarded as a *political* act. The following accents, therefore, derive from this position and are reflected within my methodological approach to this research project:

1. A critical stance towards scientific knowledge

If not fully abandoning authoritative truths – at least – we have to adopt a critical stance and exercise deep reflection over the dominant scientific knowledge

2. Rejection of dividing practice

This research – unlike traditional applied research approaches – is to be understood and engaged in as a discovery journey, which has to be undertaken collaboratively with the participants; it is a shared process of understanding and possible action with participating ‘subjects’ through which new understandings emerge between people working together.

3. Stop further subjectifications

4. Be aware of the existence and effects of power

Be aware of and admit the existence of power, as researcher, in my relationship with the research participants and to continuously reflect on whether the ‘*power/knowledge*’ of being a researcher with ‘*professional knowledge*’ facilitates or blocks me in relating positively and in a liberating way with my research participants.

Following from this, various *qualitative* methods have been employed in collecting participants’ narratives (offering a detailed explanation of the research objectives and procedures to every participant and with their written consent; ethics approval was obtained for this study from the research office of the Hong Kong Polytechnic University by June 2009). In the process, a great deal of data were collected, including the conversations/dialogues between myself and the research participants, the group members’ narratives in every group session (all video-taped and recorded),

the letters and emails to and from the people involved, the pre- and post-interviews, my field notes, the pictures they draw and also the audiences' feedback. In handling the data for analysis and critical reflection, I observed Riessman & Quinney's (2005:398 quoting from Mishler 1986, 1999) criteria for 'good' narrative research:

1. Reliance on detailed transcripts
2. Focus on language and contexts of production
3. Some attention to the structural features of discourse
4. Acknowledgement of the dialogic nature of narrative and
5. A comparative approach – interpretation of similarities and differences among participants' stories (when appropriate).

In order to be consistent with the criteria for good narrative research mentioned above, in the 'data' Chapters following this Chapter, I will quote directly from the transcript or document and locate myself as an active presence in the text; as well, I will attend to the interview context that shapes the developing narrative and will also attend to the shifting meanings of words.

As in a fundamental sense all narratives are *co-constructed*, the research participants/co-researchers in this project and the researcher are located in the midst of a *nested set of stories*. As Reason & Bradbury (2001:1) assert, the very presence and action of the *person* of the researcher and her *participation* in the process of co-creating participants' narratives and stories is recognised, as

“it seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities”.

In the following section, I will deepen out the *relational* aspect of the narrative approach I employed in the three institutional settings; they will be more specifically discussed in the respective Chapters.

8. The potential of the narrative approach in shaping interactions and relations

I have mentioned repeatedly – indeed, it is part of the purpose of this exploratory undertaking – how I intend to create and/or enlarge through application of the narrative approach *the institutional conditions/spaces/structures/process* which will allow alternative ways of knowing and understanding people (hopefully in a dominance-free, respectful and appreciative way); hence, a brief summarizing discussion about the strengths of narratives in shaping interactions and relations is necessary.

The *relational* aspect of narratives suggests that we need to pay attention to *how* stories are being told (Bruner, 1990; Murray, 1986), because story is not a *representative* model of our existence, but it *is our way of existence* (Staiger, 1963). It is a symbolised account that signifies the individual's stance and the meanings s-he attribute to events as a reflection of the larger social context (local, cultural, and historical) in which the story is embedded. It is difficult, therefore, to appreciate *the individual and the personal* without an appreciation of the societal and cultural (including linguistic) context and elements that keep influencing and shaping the personal to the extent that these are an indivisible part of the personal (Bruner, 1990; Gergen & Gergen, 1993; MacIntyre, 1981; Rosenthal, 1993). According to MacIntyre (1981), people live their lives according to *scripts* provided by the stock of culturally embedded stories. These stories delineate each individual's role and status within that culture's well-defined and highly determinate system of roles and status, as I have pointed out variously in previous chapters.

In addition, when someone tells his/her stories, there must be someone who listens to the stories being told; as Plummer (1995:87) argues, *stories gather people around: "For narratives to flourish there must be a community to hear...for communities to hear, there must be stories which weave together their history, their identity, their politics"*. In this sense, as Riessman (1990:74) says,

"Storytelling is a collaborative practice, and assumes tellers and listeners /questioners interact in particular cultural milieus – contexts essential to interpretation".

In other words, the stories people tell about their lives reflect how people construe and interpret, for themselves and for others, who they are and who other people allow them to be, because one way of our existence is inconceivable without the other one. It is impossible to separate how we see ourselves from how others see us. Holstein & Gubrium (2000:130) alert us that

“A space for narrating the self must be established in the give-and-take of social interactions...the interactional development of the story is the way in which the interviewer/story recipient shapes the story by suggesting what amount to items of interest in the storyteller’s life. While the stories that might be triggered over the course of a conversation are always uncertain, the recipient of the story...invited the construction of selected aspects of the storyteller’s life and self by virtue of how he prompts and encourages elaborations in particular lines of talk”.

Thus, whatever the person says about him-or-herself is a self-representation of what he or she believes, wants to believe and wants others to believe that he or she is. As Somers (1994:614) states,

“Stories guide actions...that ‘experience’ is constituted through narratives; that people make sense of what has happened and is happening to them by attempting to assemble or in some way to integrate these happenings within one or more narratives; and that people are guided to act in certain ways, and not others, on the basis of the projections, expectations, and memories derived from a multiplicity but ultimately limited repertoire of available social, public, and culture narratives”.

In this co-construction process, the *relational* aspect of the narratives is thus taken into central consideration; based on Fook (2002:138), the following features of the *interactive process* inherent in the narrative approach in this research project shall be emphasised:

1. To uncover the narratives involved, take care to identify those which are dominant, those which belong to key players, those which are devalued.
2. Identify the functions of different narratives, including the empowering and disempowering functions.

3. Validate the narratives (or aspects of narratives) which are performing a positive and empowering function and/or those which are marginalised; externalise the narratives (or aspects of narratives) which work against the interests of or are disempowering of research participants.
4. Identify the skills and knowledge as reflected through the narratives in resisting the disempowering narratives, which are themselves reflections of the larger social context.
5. Uncover or build alternative narratives, re-tell the story in a new way ('*re-storying*') which is expressing what they really are and empowering.
6. Create further social validation by creating an audience for the new narratives.
7. Identify social conditions, culture and social structures that are empowering and disempowering narratives of research participants.

9. Narratives/Stories as a research device

Eisner (1993) has highlighted that different forms of representation could help people to convey meaning from their experiences; an artistic form of representation, such as narrative or story, is not simply a rhetorical device for expressing sentiments *but a medium for understanding how people experience the world* (Connelly & Clandinin, 1990; Van Manen, 1990). To tell a story is *to create a space that draws researcher and participants close together to make meaning of their experiences*, making the narratives/stories expressed in various forms perfect research devices in the three institutional contexts selected for this exploration.

I will only very briefly detail here some of the characteristics of my encounters with the various participants in the three institutional settings, as I will more fully introduce them in the context of the respective chapters following Chapter Three.

9.1 The Collection of Narratives/Stories in the Therapeutic Institutional Context

The narratives/stories of Jessica, Rainbow and of six members of a narrative group were collected in a therapeutic institutional context. Jessica, was a social work student with a long history of encounters with other therapists; we met eight times and, in addition, had a busy email exchange; Rainbow, a professional social worker with

doubts about her competence in and commitment to the profession, with whom I met four times; finally, six young women in a narrative group that I ran in a community health centre.

9.2 The Collection of Narratives/Stories in the Educational Institutional Context

Three stories were collected in the educational institutional context, those of Steven, David and Sandra. I met with Steven, an experienced social worker, once a week for a total of 15 supervision sessions (two hours per session) and I held six individual supervision sessions and four group supervision sessions of various durations with David and Sandra, social workers in a community health centre.

9.3 The Collection of Narratives/Stories in the Community Institutional Context

As an example of more engaged and critical community work, I organised a *narradrama performance* (Dunne & Rand, 2003:4), in which some twenty ‘clients’ of a community psychiatric centre participated in a staged event “*to re-story experiences in such a way that previously undiscovered resources can be discovered*”. As the *narradrama* approach may not be self-explanatory, I briefly present its main tenets (ibid: 506):

- All participants have the innate ability to create
- The creative process is inherently healing and transformative
- Expressive activity in each of the arts stimulates, nurtures and expands expressively activity in each of the others
- Narradrama centres on story and aims to re-story life experience
- Narradrama uses action techniques inviting participants to respond through intellect, emotion, body and spirit
- Narradrama emphasises and expands unique outcomes and occasions when the problem was overcome
- Narradrama derives its effectiveness from collaboration, rather than the authority of the therapist
- Narradrama shifts the emphasis from pathologising the problem to externalising it through drama and creative arts
- Narradrama marks and celebrates important life changes through creatively developed rituals and ceremonies
- In narradrama, the therapist believes, accepts and respects all people.

Dunne and Rand (ibid: 3) further suggest that,

“Narradrama offers the opportunity to expand the story from mostly verbal into a combination of both verbal and non-verbal communication through enactment. Narradrama encourages participants to solve problems by discovering alternative narratives. Internal narratives are the stories we use to explain our lives. We make sense of our lives by explaining a multitude of disconnected events through stories. Whatever form of expression is used, participants expand their awareness and understanding of their internal narratives by telling and enacting their stories to the therapist and (if in a group) the other participants”.

Briefly, by using *narradrama*, community members enacted the stories they had shared in the narrative group to a wider audience, who then re-tell what they had just witnessed in the performance and how the stories had resonated with them. The *narradrama* took place in the theatre of the university I work in and we welcomed about 250 people in the audience. In addition to the relatives and friends of the members of the group (taking up about 50 seats), all others were ‘helping’ professionals from various human service settings, many social workers as well as some counsellors and clinical psychologists. The stories collected in this institutional context included mainly the participants’ performance experiences and the re-telling of their stories by members of the audience.

To conclude this Chapter, Fraser (2004:181) summarises well my reasons for using a narrative research approach in this exploratory research project:

“With the capacity to recognize people’s strengths and engage people in active, meaning-making dialogues, narrative approaches – notably those informed by critical ideas – may help social workers move beyond a strict problem focus to more generally explore social phenomena. Carefully used, they may be effective methods in cross-cultural work...and community work...Emphasizing curiosity and ‘reflexivity’...narrative methods may aid those who seek to democratize professional relationships. By more obviously opening up points of contest and difference, they are, therefore, (potentially)

compatible with social work values, especially those pertaining to social justice and self-determination”.

In the coming chapters, I explore the conditions, structures and processes that need to be created to enlarge the *liberating space* in the three selected institutional contexts and to make them more *conducive* for rich narratives to happen that can enhance a positive identity construction of the persons involved. I will also focus on ways to negotiate my own role in these institutional contexts and how I shape the *relational aspect* of my encounter with the persons involved in order to – if not create – enlarge available spaces. In the Fourth Chapter, I detail the narrative participants’ and my own experiences in the therapeutic context, Chapters Five and Six will offer insights in the narrations collected in the educational and community contexts respectively; before ending this Chapter, I return for a final time to the initial diagram (diagram 1) I have offered, enlarging it with a representation of the hoped-for ‘liberating spaces’.

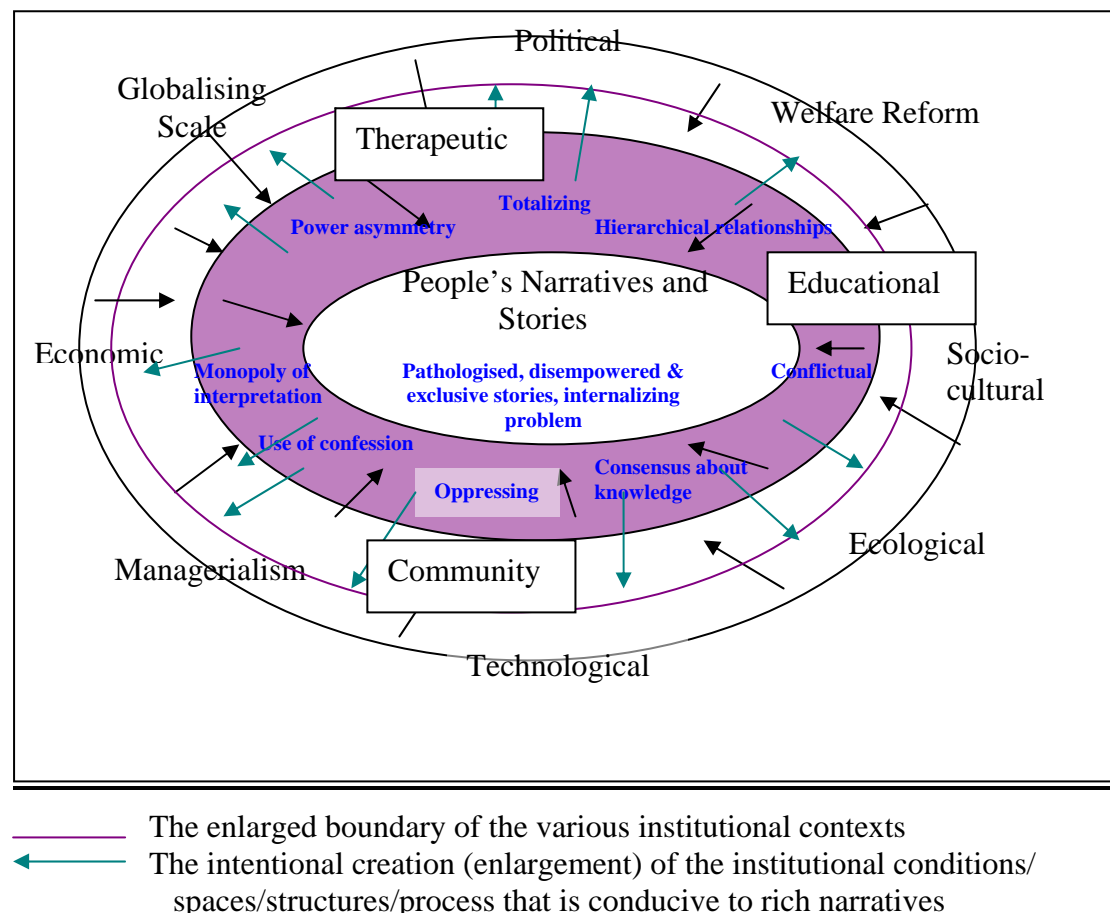


Diagram 4: The enlargement of the liberating space of the institutional contexts

Chapter Four

The Use of the Narrative Approach in the Therapeutic Context

1. Entering the therapeutic context

Revisiting and summarising some of the historical and contextual materials discussed in the foregoing Chapters, I will attempt to establish a succinct portrait of the operating *conditions* within the therapeutic working domain with a special focus on the role of social workers/counsellors. They will provide the background against which the narrative exchanges I had with research participants need to be interpreted, reflecting on whether and in how far the promise I have seen in the approach can be substantiated, however tentative this has to be in this exploratory study.

1.1 The specific institutional context of therapeutic settings

With the substantial overlap between the practices of counselling and social work (particularly social casework and group work) in Hong Kong, ‘*therapeutic*’ work is embraced by most social services provided in the welfare service sector. As already indicated, from the 1980s, positivist epistemology extended its dominance in theory and practice of counselling and social work and the number and spread of casebook materials and journal articles on therapy gradually increased. Many social workers tried to assert themselves as professionals by emphasising and confirming the link between their ‘*therapeutic*’ practice approaches and the scientific mode of social knowledge. From 1997, the partial reunification with China, the welfare discourse in Hong Kong has experienced tremendous changes that had a great impact on the therapeutic discourse in counselling and social work practice. Facing an economic downturn as well as political change, the Hong Kong Special Administrative Region (HKSAR) government reformed welfare, as it searched for a new strategic positioning so as to survive economic turmoil and (re)gain political legitimacy (Chan & Chu, 2002). While calls for more welfare services for people facing the hardship of the economic recession were heard, cost-consciousness and monitoring the efficiency and effectiveness of the existing welfare services became an important strategy to realise

'*small government*' and to withdraw from its central role in welfare provision. Contracting out public services via competitive tender, usually favouring the lowest bidder; implementation of the Lump Sum Grant, causing the re-engineering and downsizing of welfare agencies to cut expenses; the Enhanced Productivity Programme (EPP) and Service Quality Standards (SQS), they all aimed at enhancing 'accountability' and ensuring quality through 'objective', 'measurable' outcome-based performance indicators.

Trying to understand and practically 'deal' with these changes, I have come to view the ensuing contextual *dialectics* through five pairs of '*opposite emphasis*', deeply conditioning social work and counselling – 'therapeutic' – practice.

1.1.1 *Quantity VS Quality of Services*

Overall, the service orientation has shifted from a professional-led model to a market-led, managerial model requiring clear ('linear') objectives and strategies, performance measurements and indicators as well outcomes evaluation. The definition of '*good*' service changed with *quality* of service being assessed through *quantitative* measures, based on commercial (or business) values and concepts introduced into the welfare sector in the belief that better management will make institutions and workers perform better and promote the greatest benefits out of limited but fully utilised resources (Pollitt, 1993); in short: better value for money, greater 'public' accountability (but no reflection as to who this 'public' really is).

1.1.2 *Process VS Outcome*

Therapeutic/social work intervention *processes*, in comparison to their anticipated, expected and pre-programmed *outcomes*, became less important as welfare reform 'rolled on'; with competitive bidding in the allocation of new projects being generalised, price and the promise to deliver service numbers of *outcomes* within a determined timeframe became the determining factors in choosing service providers and allocating resources. The *process* goal of social work intervention was not addressed in the entire process; if existing services and programmes hoped to receive

continuous financial support from the government, they had to be reviewed and demonstrate their cost-effectiveness and value for money.

1.1.3 Clients VS Customers

Social workers' role and their relationship with clients has also changed in the course of the reform; power differences between social workers and clients have always existed, the former occupying a position of *power/knowledge* as the '*professionals*' dominating and steering the '*helping*' process – even if the rhetoric of certain intervention modalities suggests the opposite (Chu, 2004). As a result of the reform, however, with the orientation of welfare practice changing to a more business-like discourse, in which customers' (a clients now were called) choice and satisfaction ostensibly became the main concerns. The resource limitations and cuts in welfare budgets, however, offered customers only performance *pledges* and strengthened *complaint procedures* to satisfy their expectations, which, in turn, only increased tensions and contradictions between providers (mainly frontline workers) and *customers*.

1.1.4 Serving VS Marginalising

The fundamental mission of welfare is to serve the poor and disadvantaged groups; another (unintended?) consequence of the welfare reform, however, has been a further *marginalisation* of the poor. As the economic recession led to a reduced government commitment to welfare, the *residual* conception of welfare gained ground, according to Chan and Chu (2002:121),

“Welfare is usually delivered in a stigmatised and stigmatising give-and-take process...the Government seems to additionally marginalise those voices, who claim welfare as a right; the barely veiled message is that ‘you deserve my help because you are the worse’...People are made to believe that one receives welfare because one is ‘bad and problematic’...”.

In addition, in order to sustain the operation of an agency facing budget cuts, only two ways are available: first, to increase the sources of funding and, second, to reduce expenses. In order to continue their mission of serving the poor, paradoxically, some

welfare agencies have generated incomes through charging *fees-for-service*, appealing to the needs of middle class members, hoping that the income generated would help subsidise services for the poor. It added, however, to the exclusion, marginalisation or even stigmatisation of the poor because of the changing mode and lesser availability of services provided.

1.1.5 Professional VS Administrator

When welfare was led by professionals, they were recognised as having mastered a body of knowledge and developed particular expertise and, following Carter, (1997:7)

“practised within an agreed ethical framework possibly regulated by government”.

After the welfare reform, which injected *contestability* into the macro-economy, many professional positions have been recast in terms of requisite *knowledge* and *skills* (or *competencies*) rather than designated professional qualifications (O’Connor, 2002). As it is, many agency administrators, who were professional social workers before and often had to acquire additional technical skills in the Business Administration area, had to make ‘better’ use of the *value of money* to maintain *accountability* of their services, so as to sustain the operations of their agency, often at the expense of their professional commitments.

Given these changes (and as already mentioned), the *therapeutic* discourse also changed; with limited resources invested in the welfare sector, the increased workload (the downsizing of service units meant that whilst manpower shrunk, more work was expected to demonstrate cost-effectiveness, so as to sustain the existence of the agency) as well as the changing relationship between workers and clients reduced much *therapeutic* work to mere case-management – to meet the needs of service users (mainly through tangible services) or to solve their immediate problems, mostly through *crisis intervention*. Therapeutic approaches shifted to the *private* sector, as many experienced social workers, disappointed with the reform, saw private practice as the only way to realise their idea of professional identity. In order to stand out and

win the trust of the *customers* – this time mainly deriving from the middle classes – private practitioners also have to demonstrate the effectiveness and worthiness of their interventions through the ‘*power*’ of the therapeutic approaches they adopted.

The economic downfall also ushered in new social problems – pathological gambling being the most outstanding one. The increase in the numbers of pathological gamblers and the aversive impact on their families alerted the government to the importance of intervention, if only for the sake of maintaining the income generated through gambling taxes. The Hong Kong Royal Jockey Club, the biggest legitimate gambling enterprise of Hong Kong, has funded several problem/pathological gambling prevention centres, which, on the one hand, had to demonstrate their effectiveness in helping the pathological gamblers from getting rid of their addiction; on the other hand, they depend on the financial support from a source that creates problem/pathological gamblers in the first place. It was, therefore, not surprising to notice the emphasis on the *therapeutic* elements inherent in certain professional approaches offered by these centres in order to gain the support from its sole funding source. The call for registration of gambling counsellors after completing professional courses was one way to legitimise their professional roles, thus ‘demonstrating’ their ‘therapeutic’ effectiveness and respond to the request of the service ‘entrepreneur’. With Polkinghorne (2004: X), I suggest that:

“The move to technologize the practices of care is part of a more general expansion of technical thinking into the control and management of the human realm. The move overlooks the significance of the unique characteristics of the human realm and the value of the differences among individual members of the human realm.”

1.2 Concluding remarks

The reader will be able to recognise many of the elements of the therapeutic context summarised above across my reflective *interpellations* in the course of the explorations of my narrative encounters with my research participants; I will refrain – for the purpose of readability and to avoid even more repetition – from *formally* referring to them in my accounts of their (and my) stories. As well and as already

pointed out before, I will refer to the *parameters* I developed in the course of my reasoning in Chapter Three, again, with making any further formal reference.

2. The story of Jessica¹

2.1 The story of Jessica started when...

One day I received an email from Jessica, a social work student attending one of my classes on ‘*social work theory and practice*’. She asked for a conversation with me, motivated by some of what I taught about the essence of the *egalitarian worker-service user relationship in co-constructing the meaning of experiences*; she found that what I said was so different from her direct, personal experience in previous encounters with helping professionals, including social workers and clinical psychologists. In her email, she wrote,

*“By the end of your lecture yesterday, I was impressed and touched by what you have mentioned... For this is the very first time, I think, that there is a person (that means you) who understands my feelings a bit...Actually, I knew you before I met you, because last summer I read the book you wrote. After reading it, I told myself I really wanted to know you. I observed you since I am attending your lectures. I told myself that you will be the one I can trust. I really want your help; or, if it’s okay to just share my feelings with you, but all the same, I am afraid that I can’t carry on (because my previous experience told me that I am a **FAILURE**). I hate this feeling. I don’t want to experience this again. I used a whole night to think and finally, I decided to use email to ‘communicate’ with you; I hope you don’t mind.”* (First email from Jessica)

I first need to tell the reader more about Jessica; she was in her early twenties, a second-year student in the undergraduate social work course. She was thin but appeared tough; a very nice young woman who did well in her studies. She was the second of three sisters and when she was only 2 (her elder sister being 6 years and her younger sister only 2 months old), her father passed away in an accident. Since then, her mother had to work very hard to raise them. But due to the long working hours of

¹ Please note that I have given all participants in this research a pseudonym so as to protect their anonymity.

her mother, Jessica and her sisters were taken care of by relatives. When she was about 8 years old, she was sexually abused by one of the relatives for about four years. She had tried to tell her mother but her message was *not being taken seriously*, as her mother claimed that a hug from an uncle was just normal because he loved her. Actually, according to Jessica, she blamed herself for *allowing* the relative to do that to her, even if she knew very well that, at the time, she didn't know what her uncle's behaviour meant. She wrote:

“He, whom I trusted most, told me that he would treat me very well if I played games – watching pornographic films, having sex with him...at night – I didn't know what these games really meant. Even if I didn't like playing these kinds of games ...but I didn't care. All I needed was care and concern. I wanted someone to know that I was sick; I wanted someone to know that I was unhappy, I wanted someone to know I worked very hard to maintain the family...” (First email from Jessica)

Since then, Jessica kept her secret until she was about 17, when in Secondary School, Year Six; she disclosed her secret in a homework assignment (a newspaper commentary), expressing her wish of having the courage to do similar to the young lady in a newspaper clip, who stood out to accuse the one who had raped her. This time, the class teacher *took it so serious* that she was referred to the social worker and then the Principal, to discuss if they would report it to the police...

“The following three days were like the end of the world...everyone claimed that I had the choice to decide what to do, but, at the same time, I was forced to tell all the details of my experience. They forced me to see the school social worker, who urged me to see another senior social worker and then the clinical psychologist; they pushed me to report to the police, but I insisted that I couldn't...no single one person at that time asked me what I wanted and needed.” (First conversation with Jessica)

After that, Jessica had gone through a very difficult time (to which I will return later); she was being regarded as *not strong enough* and *giving up* to stand up for herself by reporting to the police and, finally, she was diagnosed as having a *depression and anorexia nervosa*, since she suffered from serious insomnia (only being able to sleep

for at most 3 hours a night) and she vomited every time after eating and her weight dropped (to only about 82 pounds).

Later, from our subsequent conversations, I found that Jessica's experiencing being a *FAILURE* derived from the *institutionalised dialogue* between Jessica and the helping professionals. *Institutional talk*, according to Drew & Heritage (1992:23-25), refers to the forms of dialogues that articulate a particular discourse-in-practice; they summarise the fundamental character of institutional talk in three propositions:

- (1) *Institutional interaction involves an orientation by at least one of the participants to some core goal, task, or identity conventionally associated with the institutional setting. That is, institutional talk is normally informed by orientations to the execution of institutional tasks and functions (going concerns).*
- (2) *Institutional interaction often involves special constraints on what participants treat as allowable contributions to the business at hand. Put simply, this amounts to restrictions on the kinds of talk that are permitted.*
- (3) *Institutional talk is associated with inferential frameworks and procedures of a specific institutional context.*

Hacking (1986) also argues that in socially constructing *institutional selves*, we construct *horizons of possibility* for our own and others' lives, which he refers to as '*making up people*', involving both situational considerations and general discursive factors. The effect of the institutional talk between Jessica and the helping professionals was *totalising* because of the *power asymmetry* between the latter and the former.

2.1.1 Power Asymmetry

As mentioned, once the issue was disclosed, Jessica was forced by her class teacher, the school social worker and the Principal to tell all details and to report to the police, to consult the clinical psychologist to receive treatment (after Jessica refused to get her mother involved and report to the police), with *no single person by the time to ask her what she really wanted and needed*. Given this power imbalance, Jessica's voice was submerged, she wrote in her first email to me that

“Social workers, my teachers, the school Principal were all around me. I had little choice to choose. I was forced to have treatment and brain washing about the fact that I was not the one who needed to be responsible for this. Besides, I needed to forget about my pain”. (First email from Jessica)

As Saleebey (2001) has pointed out, even though the client’s voice is central to the story and dialogue, it is nearly always filtered: it is a narrated and edited voice re-interpreted and re-storied from the practitioner’s perspective. The *power asymmetry* between them as well as the *power of the professionals* had shaped the conversations into an *institutional talk*, whilst there were core goals and tasks of the professional involved: to help Jessica getting rid of the effect of her traumatic experience they wanted her cooperation by following their advice and suggestions for treatment. In other words, Jessica was expected (by institutional professionals with privileged positions) to take up the *typical client-hood* position, when entering into therapy whereby the client undergoes a process of *becoming known*, both to the therapist and herself (Guilfoyle, 2005).

2.1.2 Hierarchical Relationship

According to Foucault (1980), knowledge is one of the most important products and vehicles of power in the perspective of therapeutic practice; as Guilfoyle (2005:104) states:

“...therapeutic knowledge includes, but means more than, the interpretive framework constructed or invoked within sessions. It also signifies a knowledge that precedes in-session applications of therapeutic theories and techniques”.

It also implies that the therapists *know* the client’s situation, problems, needs and solutions to the problem much better than the client and that there would be a ‘way out’ if and only if the client listens to them and follows their advice. As Gubrium & Holstein (2001:11) indicated: *“institutional identities are locally salient images, models, or templates for self-construction; they serve as resources for structuring selves”*, and in a dialogical exchange in the context they are embedded in, the interlocutors involved may be variously *“positioned in an exchange of dominant or*

submissive, dependent or independent, comforting or threatening...” (Raggatt, 2006:19). In an institutionalised therapeutic context, therapists are then enjoying a superior position, their voices being dominant and valued, while the client’s being submersed and devalued.

In order to help her to ‘get rid’ of the effects of the trauma and to *heal her wounds*, the social worker suggested to Jessica “*to tell others your experiences until it bothers you no longer*” while the clinical psychologist told her: “*you have to believe in my profession*”, implying that she was in a better position and had better knowledge to understand her situation, her needs and problems, as well as the solutions to the problem. They further said that “*it depends on your (Jessica’s) willingness to take a step forward to change the ‘wound’ to a ‘scar’ that won’t hurt you anymore*”. In addition, as Jessica found that the clinical psychologist had told the school social worker the content of their conversations even though she had promised to keep them confidential, the clinical psychologist said that, according to her professional judgment, she had done so *for her own benefit*.

2.1.3 Monopoly of Interpretation

The superior position of the professionals leads to a monopoly of interpretation that was expressed clearly in Jessica’s story; as mentioned before, she was diagnosed with *depression* and *anorexia* and that treatment was needed after she had disclosed suffering from insomnia and vomiting, causing her weight loss. No one seemed to notice, however, that it was only *after* the disclosure that she had started to vomit and suffer from insomnia and she said that what made her suffer most was not the issue itself, but

*“The most painful thing was that the more I told other people as suggested by the social worker so that it would bother me no more, the stronger the feeling that I was a **failure**. It was because it bothered me even more...I felt that I was **bad** as I **had disappointed** those who really wanted to help me.”* (1st conversation with Jessica)

In addition, according to Jessica, teachers, social workers, the Principal and the clinical psychologist, they all told her that it was *NOT* her fault, as she was only eight

at the time and she did not understand the meaning of those games and that she needed therefore not feel responsible for that. What she needed to do was to receive treatment, to forget about the pain and to stop blaming herself; such was their interpretation of Jessica's situation, but her own response was

*"...I know clearly what they mean and I understand their suggestion, but I simply couldn't do that. I could not convince myself that I could rid myself of this dark side of my life which looks like a shadow following me my whole life. I know exactly what they mean, **I even agree with them**; but I just **couldn't stop blaming myself**."* (1st email from Jessica)

In our second conversation, Jessica disclosed that since then, two voices always argued inside her – one claiming that it was not her fault while the other accused her for doing those '*dirty things*'. The more people told her that it was *not* her fault and that she needed not feel responsible, the stronger the accusation by '*the other voice*' causing her insomnia and vomiting. Thus, when the social worker told her that it depended on her *willingness* to take a step forward to change the wound to a scar that wouldn't hurt her anymore, she felt like *not being understood*. As she said in our first conversation:

*"I **don't believe** that things that happened can simply be wiped away, like wiping away chalk writing. Besides, I feel even better when having the feeling of pain, which reminds me that I have to pay for what I have allowed to happen on me!"* (1st conversation with Jessica)

But the professionals rarely responded to her cry that *she couldn't stop blaming herself*, her voice was submerged in the give-and-take interaction dominated by professionals

2.1.4 Pathologising, Totalising and Disempowering

Once the symptoms (vomiting and insomnia) were detected, pathological labels were assigned to Jessica by the clinical psychologist and the psychiatrist; she was said to suffer from *depression and anorexia nervosa* and treatment (including medication) became important and necessary if she wanted to *recover*. The interpretation and treatment of the problem, then, was reduced to a focus on the individual (Jessica),

implying that she was *not strong enough* and *giving up* on the chance to stand up for herself and, *therefore*, she had to move into the hands (or *care*) of the helping experts, in the hope that through professionalised interventions, her problem could be solved *efficiently*. Hence, it comes as no surprise when the social worker told Jessica: “*you have to believe in her (clinical psychologist’s) professional judgment,*” rendering it *understandable* that they didn’t respond to her sentiment that she “*...could not stop blaming...*” herself.

Having been given the *pathologising* labels of *depression* and *anorexia nervosa*, the only solution was to – again - rely on the professionals for treatment, the implication being that she was *not strong enough (weak)* and that she *gave in easily*. It would, therefore, come as no surprise that Jessica would regard herself as a **FAILURE**, a sentiment which became even stronger as she was not *able* (as defined by the professionals) to follow their suggestions and advise.

Completing the disempowering totalisation, Jessica’s social worker, knowing that she suffered from depression and that she was a church member, made the general statement that “*people who suffer from depression are not real Christians*”, which made her question her faith:

*“I used to believe in the social worker and the clinical psychologist because they are the experts and I was young and immature. I tried to listen to them and follow their advice and suggestions... I was **angry with myself** and questioned why I couldn’t act accordingly.”* (6th conversation with Jessica)

2.1.5 Internalisation of Problem

“*I am worthless*” appeared many times in my conversations with Jessica, blaming herself for *allowing* the relative to do ‘that’ to her even she knew very well that at that time she didn’t know what the ‘game’ meant. In the second conversation, Jessica expressed that she felt guilty when telling me her story because:

*“I am such a **bad person** that **I am not worth** your help”;*

*“I have to **punish myself** as I have **done something very bad** in my childhood”;*

*“I have to **pay for that** as I believe that it is **my responsibility**”.*

In our conversations, she told me that *“Every time I eat, I vomit because my mouth is **too dirty**,”* and *“I was angry with myself; I had committed the **crime of adultery**, it was **because of me** that he did that to me!”*

As already mentioned, Jessica tried to keep secret what she had experienced in her childhood when she started to realise what those games really meant; even though she could not accept herself playing a part in them, she still managed well in going about her daily living and relating with people. It was only after the issue was disclosed that she exhibited the symptoms of depression and anorexia nervosa, which further confirmed that *she was problematic and pathological* and that further treatment was necessary. In this process, she further internalised the problem, especially after professionals had decided that *“it depends on Jessica’s willingness to take a step forward to get rid of the effects of the traumatic experience”*, while, the same time, she failed to follow their advice and suggestions. It therefore comes as no surprise that, after our 1st conversation, Jessica wrote me a letter saying that

*“During the conversation with you, I was asking myself ‘how much shouldn’t I tell?’ and the answer was 90% ...because I felt too **shameful** to face you...**I am worthless**, I tried to **remedy** my situation but even if I would use my whole life to rectify my deplorable behaviour, it would be in vain!”* (1st letter from Jessica)

Jessica had made sense of herself as *dirty* and *shameful* because, as Somers (1994:616) indicates:

“the chief characteristic of narrative is that it renders understanding only by connecting (however unstably) parts to a constructed configuration or a social network of relationships (however incoherent or unrealizable) composed of symbolic, institutional, and material practices”.

It was not surprising, thus, that *“I am worthless”* became the main theme of her story, affecting her relationship with herself and with other people; Jessica’s relationship with her mother was ‘mixed’; she loved her, on the one hand, as she worked very hard to earn a living for the whole family; she disliked her and was angry with her, on the

other, because she was a ‘*problem gambler*’, who had also caused many problems to the family. But, again, Jessica would *blame herself* for not helping her mother to pay the debt, but also blaming herself for *not being strong enough* to reject to pay the debt for mother; in her 15th email, she wrote

*“I am so tired of being her daughter... Or is it because **I am too bad** to deserve a stable family life? Mummy, I beg you, I beg you, I am begging you now. Can you hear that? Can you stop it (gambling)? Can you stop being a crazy woman? I want to trust you, I want to like you, I want to be sweet, but I prefer to keep you at a distance. You are so horrible sometimes, too horrible to approach. **But I am horrible too; people should stay away from me as well...**”* (15th email from Jessica)

2.1.6 Oppressive and Exclusive

As already discussed, in an institutionalised therapeutic context, there are institutional requirements for professional therapeutic practice (see Chapter Three, Guilfoyle, 2005). Jessica seldom talked in front of the clinical psychologist, because she was scared and after the 1st letter she wrote after our first conversation, I understood the reason for this:

*“I felt uneasy to meet you at the very beginning...Three years ago, I decided not to have any more face-to-face interviews with professionals because I was **scared**, scared of the four walls surrounding me, scared of the two chairs; also scared of being requested to have eye-contact!”* (1st letter from Jessica)

After Jessica had learned that the clinical psychologist had disclosed the details of their conversation to the school social worker without her consent, she kept silent in front of the former, which – again - was being regarded as ‘*giving up*’. In our 2nd conversation, Jessica said that

*“I felt like **I had disappointed them** (the professionals) because my social worker told me that the clinical psychologist was very busy but **I didn’t say a single word** in front of her...she wanted me to believe in her **profession** and not to give up...**I had never given up**, but just felt that her (the clinical psychologist’s) advise didn’t work!”* (2nd conversation with Jessica)

After about six months, Jessica finally decided to stop the treatment offered by the clinical psychologist; she also refused the medication for depression and rejected the follow-up treatment from a psychiatrist because she thought that,

*“It is **of no use to take the medicine** if I don’t tackle the core problem (referring to her sense of failure); taking medicine would only make it worse!”*
(2nd email from Jessica)

By doing so, she was not only being seen to *give up* and as *wasting the precious time* of the professionals, but it could also be perceived as evidence of her refusal to change and face her internal conflicts (Wachtel, 1982), as behavioural non-compliance (Newman, 2002) and ambivalence about change (Arkowitz, 2002). Because in *institutional talk*, therapist and client have taken up their respective subject positioning, the specific discourses have the effects of shaping the client’s conduct and subjectivity (Hook, 2001); weak and powerless clients are expected to listen to the strong, knowledgeable and powerful professionals and follow their suggested solutions, which tend to construct personal and interpersonal experiences in individualised, interiorised and psychological ways (Gergen, 1989; Guilfoyle, 2001; Rose, 1998). In other words, Jessica was being regarded as *resisting treatment*!

2.2 My narrative conversations with Jessica

After reading Jessica’s first email, I was impressed by her determination to instigate change and her courage to initiate conversation with me; I therefore called her back immediately to make an appointment with her.

2.2.1 Our first conversation started when...

After my phone call, Jessica came to my office on time; I started the conversation:

*“Thank you for coming, I was really **impressed** by your email not because of what you had experienced, but because of your **determination to initiate a step towards change**, which I think, is not easy and which also reflects your trust in me. Can you tell me what made you take this step?”*(1st conversation with Jessica)

Jessica told me that the past two years had been really difficult to her; she felt like she had *almost given up*, as she didn't bother about her weight loss, she felt a deep inertia and was unmotivated, on the one hand, while also *struggling* to reclaim her life back from the depths of *depression and anorexia nervosa*, on the other. I then asked her what she expected from having a conversation with me, to which she replied "*I don't know*". I told her:

*"Neither do I know; I have no agenda and or plan for our conversation. I even don't know when it will end. I only know that it is my honour to have your trust to tell me your experience. Maybe **you can decide** whether you still want to continue with our conversations after this one."* (1st conversation with Jessica)

Jessica then started to tell her story – from when the 'games' started all to the point where and why she stopped all services and treatments from social workers, clinical psychologist and psychiatrist. By the end of the interview, I asked her how her experience had been in telling me her story in such great detail; she answered that

*"It is a **big relief**; it feels like a big stone that got stuck in my throat for a long time has been removed!"* (1st conversation with Jessica)

When I asked whether she would like to continue her conversations with me, the answer was positive and we had seven more narrative conversations, meeting about once a week for the first four conversations and once every two weeks for the 5th and 6th conversations, finishing with only once a month for the last two. I call these meetings '*narrative conversations*' because their focus was on the narratives she was telling me, agreeing with Taylor (1985), that narratives are evaluative frameworks that take up a *moral* position. I also agree with Gergen, that there are social and cultural dimensions of the narrative which are interpersonal in nature; narration, then, is a dynamic practice, which, though uniquely individual is also social, cultural and interpersonal (in Sclater, 2003). The focus of the conversation is thus not only on the narratives the person tells, but also on how the narratives are being told and how my very presence is conducive to rich narratives being shared, enhancing a positive identity construction for the narrator.

2.2.2 Egalitarian Relationship

Contrary to *institutional talk*, I intended to build up an *egalitarian relationship*, which, I believe, is more conducive to rich narratives to occur. As she stated in her first email, something in Jessica resonated with my teaching and its emphasis on equality in therapeutic relationships, this also being the reason why she initiated the conversation with me; in fact, it was Jessica who decided to have the conversation with me. As she said, she had *read my book and had observed me* before she made the decision to enter a dialogue with me. Even after I called her back, it remained her decision to turn up. Furthermore, in order to assist herself to relate her past experiences to me and to prevent herself from staying silent as she did in the past, Jessica *took the initiative to email me her diary entries* (a total of *forty-one* diaries). This is what she said,

“Before I started my conversation with you, I want to prepare myself. In the past, I used to remain silence in front of the social worker. It was difficult for me to talk even when she just wanted me to tell her about my daily life. I did not intend to, but it was just because I seldom chatted with others [about these matters]. I don’t want to be like that when I meet with you ... so before our conversations start... I would like to keep sending you my diaries to prepare myself. I know writing is different from telling, but just let me adjust it a bit as I don’t know if I can make a step that far!” (3rd email from Jessica)

It was also her decision to continue our conversations after our first one; this doesn’t mean, of course, that I was passive in the process; rather, I was active in building up an egalitarian relationship as I understood that power is constitutive in shaping a person’s life and people with less power will suffer more from its subjugating effects.

2.2.3 Curiosity

There exist clear roles for and expectations towards both therapist and client in *institutional talk*, whereby the client is expected to follow the direction and instructions given by the therapist. Hence, the therapist will (usually) not be curious about the subjective experience and the lives of their clients apart from whether they comply with their treatment goal, which, I believe, places them solely in a *passive* and *powerless* position. As mentioned, it was not surprising that the helping professionals

urged Jessica to *forget* her traumatic experiences whilst no-one responded to her cry that she just couldn't stop blaming herself, even if she tried so hard.

In the course of her visit, I was *really curious* about her reasons to initiate the conversation with me, as her *previous experiences* with professionals were almost all *negative*, as she felt really *shameful* about what she had experienced, as she was *not entirely confident* having an ongoing conversation with me and, finally, as she had told me that she *almost had given up*. I was *also curious* about how she managed to go on living when facing that many difficulties. My curiosity *opened up* our conversations because I did not expect her to play a certain role and or to fulfil a certain task and she could decide herself what to tell and what not to. When I asked how she felt in our first conversation, she responded that

“I felt little bit uneasy in the beginning but I told you more than I expected...this is the very first time that I tell someone in such a detail...” (1st conversation with Jessica)

At the start of our second meeting, Jessica told me that, after our first conversation, she had a *novel experience*, as she enjoyed the breeze that evening, which was *exceptional*, as she usually had a 'prickly' feeling in the night breeze.

Jessica thought that she was affected by *two voices arguing with each other*, ever since the 'issue' had been disclosed to the teacher. One of the voices insisted that she should not feel responsible for what had happened – the professionals had told her – whilst the other voice accused her of having caused the problem. She told me that the 2nd voice was always stronger and used to win the argument; so I was *curious* about what it was that made the *weak voice* insist to continue fighting, even though she had lost so many times (almost every time during the two years). Jessica replied that

“I know clearly that Jesus loves me and always stands by me when I am in trouble...I know He supports me to resist the strong voice” (3rd Conversation with Jessica)²

When compared with the *institutional talk*, that insists on having a clear and problem-oriented goal and direction set by (institutional) professionals, my curiosity in the

² I should mention here that Jessica was aware of the fact that I am a practicing Church member too; this may have given her additional confidence in her disclosure, both of her own Christianity and of her other feelings and condition.

narrative conversations allowed them to go anywhere that Jessica preferred, as mentioned, an attitude which is conducive to the development of rich narratives.

2.2.4 Respect her definition and understanding as derived from her own life experience

In *institutional talk*, the *two voices* story would be regarded as a psychotic symptom (hallucination), making medication necessary simply for the removal of the symptom, so as to make sure that Jessica's sense of reality would not be affected. *Schizophrenia*, another pathological label, would most probably be added in addition to *depression* and *anorexia nervosa*, which I believe, would only further increase her sense of *failure*. As Charon (2006:6) states,

“Patients long for doctors who comprehend what they go through and who, as a result, stay the course with them through their illness. A medicine practiced without a genuine and obligating awareness of what patients go through may fulfil its technical goals, but it is an empty medicine, or at best, half a medicine”.

Hence, when Jessica told me that she had stopped taking the medication prescribed by the psychiatrist and even refused psychiatric follow-up as she didn't believe that her situation would improve by simply taking medicine, I really respected her for that. What she had gone through during the two years of daily struggle really captured my attention and I wanted to understand them based on her experiences. Similarly, I really wanted to understand how she managed to go on 'living' whilst vomiting almost after every meal during these two years. With great courage, in our 4th conversation, she told me the reason why she vomited:

*“I must tell you the reason why I used to vomit every time after eating...I made up my mind to tell you today with great courage because I am afraid that if I don't tell you today, I won't have the courage to tell you anymore. But I think it is **really important for me to tell you!**”* (4th conversations with Jessica)

And she continued, very slowly and obviously embarrassed, that

*“That man forced me to have oral sex with him...I don't know what it meant...but after I realised what it means, I didn't want to eat anymore because I thought **I was dirty!**”* (4th conversation with Jessica)

Authentic respect for her own definition and understanding of her life experience gave me the patience to listen to her struggle and appreciate the skills and knowledge she had employed in facing these difficult situations.

2.2.5 Acknowledge the Knowledge and Skills People Have in Difficult Situations

The authentic respect for Jessica's definition and understanding of her situation and her life experience allowed me to listen to her struggles *actively*; my *curiosity* about her insistence and persistence in facing her struggles created a space for her to talk about the knowledge and skills she applied in *resisting those pathological negative labels and difficult situations she faced*.

In our conversations, I found that Jessica had some *strong beliefs* which had helped her to continue on her life journey, including her Christianity; facing the everyday struggles between the two voices, in her 11th email she reflected on her strong beliefs: that *every life can be beautiful, it just depends on how you perceive it*. One of her friends had wondered why she didn't go for an IQ test, because, in that friend's eyes, Jessica was so intelligent that she could have a beautiful life and a bright future. But she didn't agree:

*“Having a high IQ score can neither make my life easier nor make it more beautiful. **Every life can be beautiful, it just depends on how you perceive it** (even though I don't think my life is beautiful right now)...I told her (refers to her friend) we **cannot achieve without trying...The key is to allow yourself to work out the journey...it is worth trying** if you believe that it will make the difference. **The difference maybe too little to notice, but a difference is a difference, no matter how little it is... actually, this is what I am telling myself**”* (11th email from Jessica)

In facing her underweight problem, Jessica used to drink honey everyday so as to keep up her glucose level; it also helped her to maintain the energy needed for her

daily activities while at the same time preventing her from further weight loss during those two years. Having started the narrative conversations with me, especially after having told me the reasons for her to vomit, she had tried different ways to prevent it and she also started to set herself a targeted weight of 89 pounds. In her 32nd email, she told me happily that

*“...I had lunch with my classmate to celebrate her birthday. After lunch, I decided to chat with them till 3:00pm as I didn’t want to return home immediately, because I knew that if I stayed away from home for 5 hours after eating, I would not vomit, even though my stomach didn’t feel good. I **finally made it** and I now weigh **84 pounds!**”*

2.2.6 Identify Resistance

In *institutional talks*, through the exercise of professional power – which is stable and irreversible – the subject positions of both therapist and client become the institutional requirements that shape the client’s conduct and subjectivity. As Foucault insists, however, one cannot not speak about power without also speaking of freedom; thus, where there is power, resistance will be found as well. Guilfoyle (2005:106) adds that

“Neither therapists nor clients are passive bodies doomed to be shaped in accordance with the prescriptions of power and knowledge. Resistance is always possible. On the one hand, therapists have some choice about how to use their position as power’s relay, and, on the other hand, clients are able to refuse the interpretations applied to them”.

Thus, resistance in narrative conversations neither represents evidence of clients’ refusal to change nor of their non-compliant behaviour. Instead, resistance – which may remain silent or simply mean to say ‘no’ to a therapist’s suggestion – is a sign of opposing oneself to the imposition of power, a rejection to accept further subjectification, a refusal of the imposition of a troubled institutional identity by institutionalised professions and a protest against dominant cultural practice. Hence, resistance is *not* a sign of a therapist’s failure as suggested in *institutional talks*; to the contrary, resistance by clients is to be respected in narrative conversations.

I identified various resistances in my conversations with Jessica, which reflected the fact that she ***had never given up*** in her two-year struggles:

1. She insisted in locating someone she thought she could really talk to, even though her previous experiences in relating to professionals had disappointed her a lot;
2. She initiated to start the conversation with me after careful observation;
3. She remained silence in front of the clinical psychologist who insisted that she should believe in her professional judgment. She finally rejected to continue meeting with the clinical psychologist when feeling that the latter did not really listen to her cry;
4. She initiated to stop the depression medication and terminated the psychiatric services as she didn't believe that taking medicine only would be of any help to her.

She also ***fought back against the troubled identity*** label people gave her; according to Jessica, she was used to be perceived as *weak and un-cooperative* by the school social worker, who still had contact with her as they attended the same church. During the 5th conversation, Jessica told me that her family was threatened by a 'loan shark' that he would burn down the place they lived in, because her mother had borrowed ten thousand dollars (at a very high interest rate) without returning even one dollar. One day, when Jessica returned home after school alone, she was shocked and frightened to see somebody locking up the front door of their apartment and spraying paint on the wall, threatening to put their apartment on fire if they would not return the money. Jessica was so scared that she immediately called the school social worker for help, who urged her to call the police and told her: "*you should not be frightened because you could have expected that the loan-shark would threaten you, because this is not the first time! You have to be brave living with your mother and avoid things.*" Hearing this, Jessica had *remained silent again*, but this time, the silence was quite different from the earlier one, as she *knew that she didn't agree with her*. In the course of our 6th conversation, she said:

*"I felt **angry** this time after calling her (the school social worker), I **wanted support instead of suggestions**. I was unhappy during the conversation with her because I couldn't do what she suggested (not be frightened and be brave). But later, I knew why I was angry; I realised that **only about 80%** of my anger*

was due to my mother's behaviour in causing trouble to the family; the other 20% was because I was angry with what she had told me – not to be frightened but be brave – which felt like I was too weak to face the situation...I didn't want to admit that it was my problem again!" (6th conversation with Jessica)

Jessica later also wrote:

"I never thought of myself as avoiding things... it made me angry with myself when I heard the social worker describe me that way..." (3rd letter from Jessica)

A final act of resistance was as follows; according to Jessica, the school social worker, out of concern, had advised her to stop further conversations with me once she would find them too difficult or too heavy. During our 7th conversation, she said:

"I have neither shown her any sign of feeling heavy, nor any sense of giving up; I was not as weak as she assumed I was. Therefore, I tried to eat more to make myself stronger so as to prove that I was different from how she perceived me".

2.2.7 Discovering the Differences

In *institutional talk*, the clients are expected to follow the advice and suggestions given by the therapists in order to achieve the therapeutic goals set by the latter (even if sometimes in the name of collaborative efforts between therapist and client); in the narrative conversations with Jessica, however, I did not give any suggestions towards 'problem' solving, but each time I tried to *discover the differences*. As I have mentioned, narrative conversations seem 'to go nowhere' but in fact, they go any-way preferred by the client.

Referring to what Jessica had written in her email – *"those differences maybe too little to see, but a difference is a difference, no matter how small it is"* (11th email from Jessica) – differences were found, however small, in her narratives. During the 1st conversation, she told me that she *had never thought* of telling me about her past in such detail; she did *never expect this to happen*. By the 2nd conversation, she said that

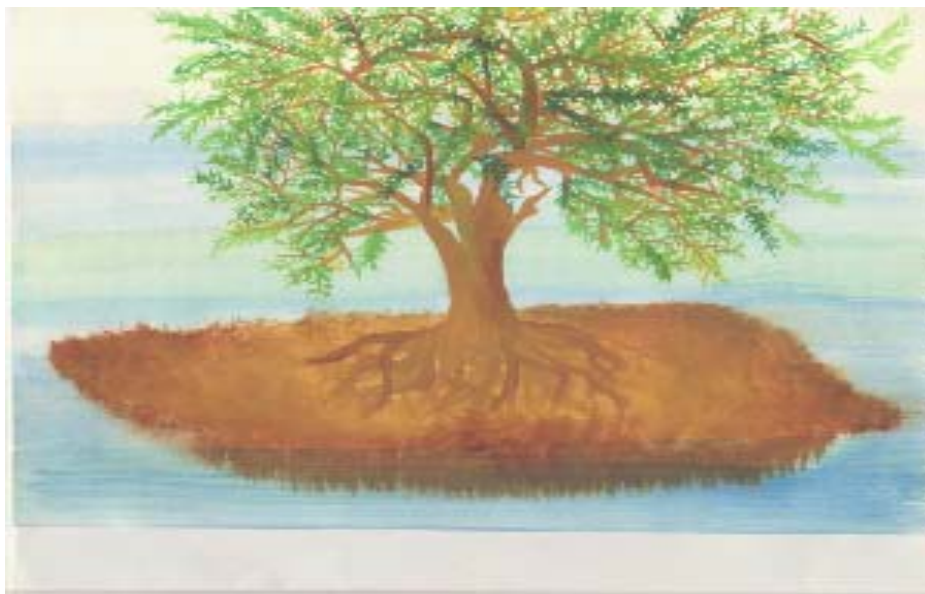
after our 1st conversation she had *enjoyed the night breeze comfortably*, which was *exceptional for her*. In addition, Jessica used to believe that *she* was the problem and *she* was the one to be blamed for all that had happened; but in our 4th conversation, for the first time Jessica mentioned that she *wanted to believe* that *she was not the one who ‘caused’ all that had happened* to her. This was reflected in her description of a tree she had seen; as she had seen the tree in the countryside for the first time, before our conversations, she felt its loneliness and drew a picture of it. When looking at it again, however, she had *a different understanding*; in her 14th email she wrote that

*“I think everyone has his/her lonely time just like that tree, but **we will never be really alone**... – just like that tree which is surrounded by water. It represents a **continuous tense**, not only past or only present tense, but from past to present to future.”*

She agreed to draw a picture (see below) of that tree for me, which was also an exception:

*“I had kept the image of that tree in my heart before and had no intention to share it with anyone else. But this morning, I drew it because I wanted to **share it with Siu Wai**...I would not share this with other people, even my good friends... I didn’t know why, might be it meant that I started to trust her, I trusted her before I met her...it should be **more than trust**, I think.”* (14th email from Jessica)

Picture 1



Jessica was really hurt by her mother's gambling behaviour; she even blamed herself for giving her mother money that allowed her to continue gambling; however, by the 16th email, she mentioned:

“Why didn't I try to face it as it really happened? Sitting there crying and feeling hurt doesn't help...Jessica ... don't give up, don't let yourself slip, you have to go on!” (16th email from Jessica)

Of course, her gaining weight signified another difference; two months after our first conversation, her weight had gone up to 86 pounds and she was proud to share it with me in her 22nd email:

*“I am now 86+ pounds. Do you believe it? **Believe it or not, I am.** Hee (laugh), my sisters said that my face seems rounder than before!!! **I hope I can keep this standard**, don't get thinner again, pleassssssssssssssse.”*

2.3 The narrative conversations ended when...

By our 8th conversation, I could clearly perceive her ‘*differences*’ – heavier than before and looking uplifted; she told me that she felt happier than before and offered two examples:

1. She previously would reject to do the things that would make her happy, but now, she would do them; for instance, she took her students (private tutorship) to the book store and bought a book for each of them;
2. She participated in social gatherings with her classmates which she seldom did before.

In her 33rd email, she said for the first time that she started to like herself; she wrote:

*“Each time I felt bad, I would ‘sacrifice’ my hair. Two years ago, when I was not able to face myself, I had my hair permed. Another time, I cut it very short, which was horrible. I dislike short hair, but I cut it just because I disliked it! I have thought of having my hair permed again, but I stopped doing that because I **started to like myself** (even though I still dislike myself most of the time)...!”* (33rd email from Jessica)

Another difference was that Jessica decided to tell the school social worker directly via email about her reasons to change to another church congregation (Jessica and the social worker were members of the same church); she even followed up with a phone call. She told me this in her 35th email:

*“I sent the school social worker an email **telling her directly** the reasons why I changed to another church. I thought, **this was the first time I told her my feeling openly**...she had asked me many questions. I would not answer her in the past but I told her this time...because I knew that **if I wouldn’t tell her what I felt, her voice would become stronger and stronger and so strong that I would be unable to reject it**”. (35th email from Jessica)*

Finally, things were becoming so different that she started to date; in her 24th email, she told me that

“I always tried my best to avoid contact with boys. Once I realised that someone started to approach me, I would stay away because [I thought that] it would not and well. I could not forget how bad [I thought] I was...it would be unfair to them and to me if dating with any one of them...I didn’t want to hurt anyone!” (24th email from Jessica)

But by her 40th and 41st emails, she told me that she felt like having fallen in love with a classmate and she was really doubtful as to whether someone would really love her as her sense of failure and worthlessness has again emerged strongly; but a few days later, Jessica passed by my office and told me happily that she had started a courtship relationship with that classmate. In fact, she had decided to tell him all her past experiences so as to let him think carefully whether he would still want to have such a relationship with her. I expressed my joy for the big step she had taken and thus ended our narrative conversations...

3. The story of Rainbow

3.1 The story of Rainbow started when...

Rainbow – who didn’t know me in person – gave me a phone call after having been urged by her immediate supervisor to seek counselling from me. She was in her early

thirty, used to be a social worker who had been working with a group of marginalised young people in an integrated youth centre. She was responsible for an employment service, helping the marginalised 18-year olds to find a full time job after receiving some basic vocational training and interviewing skills. The reason why her immediate supervisor suggested her to seek help from me was that she had been suffering from insomnia, fluctuating emotions and a sense of inertia. Her fluctuating moods prevented her from working steadily; in addition, not only did she feel a sense of 'hatred' for the young people she worked with, but she was also disappointed about herself failing to help this group of clients. Her job performance and health situation were greatly affected and her immediate supervisor advised her to take a 3-month leave without pay and to receive counselling during that time.

Rainbow hesitated to seek counselling since, on the one hand, she believed that taking a vacation would be sufficient for her to recover; on the other hand, receiving counselling somehow meant that she was *not okay*, the she had *failed* to help herself as she had failed to help her service users. When after two months leave she found that there was no improvement in her situation (which had even become worse), that she decided to accept her supervisor's suggestion and she called me directly. We had a total of four narrative conversations.

Unlike Jessica, Rainbow had not had any counselling before, so we cannot draw from her real experiences and life situation how the parameters of *institutional talk* had shaped her, but I would like to use them to present her situation before she consulted me.

3.1.1 Power Asymmetry

Rainbow, as a helping professional in a social service agency, was expected both by her service users, her supervisor and herself to *exercise her professional power* in helping her service users, a group of marginalised (problematic) young people, to solve their problem – the problem of their lack of skills and knowledge, as well as the motivation to find jobs in the open market. From this perspective, the goal of the institutional interaction was really clear – *Rainbow, the professional social worker, had to equip the service users with the skills and knowledge needed so as to increase*

their competitiveness in open market through skills training. As well, she should perform the institutional role of a professional social worker well in order to facilitate the smooth execution of the institutional tasks and functions. She was expected to respect, to accept, to care and show concern, to listen actively to the difficulties of the service users, all vehicles for goal achievement in the *institutional talk*.

When she found that she could not perform the expected role and responsibility of a professional social worker, however, she queried her professional values and attitude. A strong sense of *FAILURE* emerged, because not only could she not accept her clients, but also had a sense of *hatred* towards this group of people. As McAdams, Josselson and Lidblich (2006:19) suggest: “*Narratives of self are positioned in a matrix of social and moral relationships*” echoing Gregg’s (1991:xiv) idea that “*The self, is performed as a kind of contrapuntal dialogue of voices [that]...debate and dispute among themselves the moral basis of the ...social order in which they find themselves positioned*”.

Rainbow believed that she had the *moral obligation*, as a social worker, to help her clients to change; this was why she was so disappointed with herself when she found that she could not accept, even *hated* this group of people. In our 1st conversation, she said that

“I cannot accept myself because I did not love them (referring to the service users)” and “What troubled me most was that I found I failed and was useless because I can’t serve them... I cannot accept myself as I cannot accept them; I failed as a social worker...I could not accept myself when I found that I had lost the social work values and principles...I queried whether I should still be a social worker!”

3.1.2 Hierarchical Relationship

Rainbow was not just disappointed in herself; she was also disappointed by her clients, since in a hierarchical relationship, it is expected that they – weak and ‘fragile as they are – should follow the advise and instructions of the ‘therapist’ if their problems are to be solved. As Goffman (1973:13) explains,

“Society is organized on the principle that any individual who possesses certain social characteristics has a moral right to expect the other will value and treat him in an appropriate way...an individual who implicitly or explicitly signifies that he has certain social characteristics ought in fact to be what he claims he is. In consequence, when an individual projects a definition of the situation and thereby makes an implicit or explicit claim to be a person of a particular kind, he automatically exerts a moral demand upon the others, obliging them to value and treat him in the manner that persons of his kind have a right to expect”.

In her relationship with her clients, Rainbow expected the group of marginalised young people to value and respect what she ‘had on offer’ as a professional; as well, their expected behaviour was to try hard to equip themselves to grasp every chance available and find a job. But that was not what happened; according to Rainbow, they were not motivated to find jobs, not even motivated to receive any training and attend job interviews, as reflected in our 1st conversation when she talked about her clients as follows:

*“I **dislike** serving this group of young people. I **can’t accept** that they remain unmotivated to change when there are many people trying hard to help them...”* (1st conversation with Rainbow)

3.1.3 Monopoly of Interpretation

In Rainbow’s situation, two layers of the professional *monopoly of interpretation* existed; the first layer offered an interpretation of her clients, a group of marginal young people, defined by the school system, society and social workers as having *low motivation* to change. Regarding them as problematic also resulted from the hierarchical relationship, as the social worker had tried her best to help them and they were expected to follow and if they wouldn’t, it was their fault. Add the fact that the specific institutional context in this therapeutic setting encourages *quick fix* interventions – making sure that a required percentage of this group of youth secures a job ‘because of’ the services provided or else a percentage of or even the total service grant would be cut. Under such circumstances, no one (including Rainbow) bothered

to listen to their voices and wonder what the cause of their *low motivation* was and whether the service provided was able to meet their needs.

A second layer of the monopoly of interpretation consisted in the interpretation of Rainbow's situation: it was expected by her supervisor, her agency and presumably her clients that, after her professional intervention, their employment rate would go up. The agency would not pay much attention to the difficulties Rainbow encountered when working with this group of young people, because the primary concern of the agency was to keep their income, so as to secure the operations of the agency. Thus, when Rainbow did not meet the agency's expectations, she could be interpreted as *incapable*, similar to her own interpretation of her clients being unmotivated; during our 1st conversation, she said,

"I question myself about my social work values; I could not accept myself when I found that I disliked my service" and "I can't even meet the basic requirements (to love and to be willing to serve) of being a social worker! I wonder why I can't love them (the service users). I should love them even if I am not a social worker, but a Christian!" (1st conversation with Rainbow)

3.1.4 Pathologising, Totalising and Disempowering

In institutionalised therapeutic working contexts in Hong Kong, the group of young people served by Rainbow are being categorised and labelled as a "*group with double losses*", a problematic, even *pathological* stigmatisation that was also totalising and disempowering. "*Double losses*" means that they have no chance to further their study due to their poor academic results after the nine-year compulsory basic education and that they have no work because of their low educational achievement. These young people, therefore, should be offered professional services if they would want to overcome their present situation. Under a managerialist regime, however, the dominant culture in welfare services, i.e. '*value for money*' and the obligation of '*efficiency*', had adversely influenced social workers' professional judgment of what their clients' genuine needs were (Chang, 2002). Therapeutic/social work intervention *processes*, when compared with *outcome* measures, became unimportant as the welfare reform '*rolled on*'. Hence, when this group of young people, in which Rainbow had invested a lot of professional help, was still unmotivated and unable to

change, they would further disappoint her and the negative effects of the ascribed labels became truly totalising.

Many layers of meaning converge in the ‘situated context’ in which Rainbow finds herself: whilst she had tried very hard to help them and they seemingly refused to accept her help, she put all the blame on the young people without noticing how social structure and their living context had shaped their pathological/troubled institutional identity and her own sense of *failure* began to affect Rainbow herself. The symptoms of *depression*, insomnia, fluctuating mood and inertia, started to emerge, but as social worker, she knew very well that these are all deemed *pathological*, which is why she initially hesitated to seek counselling, as it was difficult for her to admit such ‘pathology’ given her knowledge about its *totalising* effect. This was reflected in our 1st conversation as she expressed that

*“In my present state, I realised that I was an **incomplete person**, I was really **incapable** because I couldn’t do what I needed to do. I **couldn’t face myself** and I really don’t want to be like that!”* (1st conversation with Rainbow)

3.1.5 Internalisation of Problem

As mentioned, Rainbow had internalised her sense of being a *failure*, which not only affected her job performance, but also her relationship with other people and herself. She would only keep a superficial contact with her classmates, as she told me that:

*“I wouldn’t tell them about my work because I felt I was not good enough. They only knew that I was thinking about finding another job without knowing the reason behind it as I would only tell them something **superficial**.”* (1st conversation with Rainbow)

Certainly, the therapeutic relationship between Rainbow and the group of youth she worked with was also affected; as mentioned, the more she disliked the young people, the more she rejected herself and the more she rejected herself, the more she disliked them: a true vicious cycle.

3.2 My narrative conversations with Rainbow

During her phone call, Rainbow introduced herself, briefly telling me the reasons for her call and wondering if I could meet her, to which I agreed and an appointment was made.

3.2.1 *Our first conversation started when...*

Similar to Jessica, Rainbow arrived at my office on time; she looked tired and pale, a bit anxious when entering into my office for our first conversation. After some social talk, I started the conversation by saying:

*“It’s my pleasure to meet you because in our telephone conversation, I could feel your urge to meet me. Can you tell me why you are **so courageous** to meet someone you don’t know and tell her your story?”* (1st conversation with Rainbow)

She replied that she really disliked her present state and that she wanted change; she wanted to find out what her problem was and wanted somebody to tell her whether she should still be a social worker. My response to her explanation was that

*“I might not be able to tell you what your problem is and I don’t think I can tell you whether you should still be a social worker. From your explanation, I know clearly that you want to change because you dislike your present state. I know that I am willing to **discover with you** what you prefer so that you will know how to make a decision.”* (1st conversation with Rainbow)

3.2.2 *Egalitarian Relationship*

From the very beginning of the conversation, I rejected playing the role of the expert in defining Rainbow’s problem and giving her advice on what to do to improve her situation. Instead, I intended to build an egalitarian relationship with her, one in which her participation and autonomy in deciding the flow and the content of the conversation were really important. She then started to tell her story – she had become a registered social worker after acquiring the professional qualification of a Higher Diploma in Social Work and she was upgrading her qualification to a Bachelor

Degree in Social Work. She worked as a welfare worker, however, (for which there is no professional qualification required) for two years because of the economic recession and the welfare cuts in Hong Kong. She didn't mind that because she really wanted to help people in need, but finally changed to her present job as a professional social worker, helping marginal youth integrate into society through career counselling.

Gradually she realised that she disliked and did not accept this group of young people as they lacked motivation; no matter how hard she pushed them to find a job, they preferred idling at home or playing in the game centre the whole day long. She was frustrated in working with them, as she couldn't see any future for this group of clients and even for her work. Worse, whenever thinking of her clients and having to be with them the whole day long at work to urge them to do something, she started to feel scared. When waking up in the morning, her emotions fluctuated to the degree that she refused to go to work. Knowing this, both her husband and her supervisor suggested her taking leave and it was then that she contacted me for counselling. She told me in great detail about her situation and when I asked her how she felt she answered:

“It is the very first time that I tell somebody my perception of myself – I am a failure. I don't even tell my husband that. I feel comfortable with the whole process; I feel like it creates a space for me to reconstruct myself” (1st conversation with Rainbow)

When I asked if she wanted to continue her conversations with me, the answer was positive and we had three more meetings after that.

3.2.3 Curiosity

At the very start of our conversation, I expressed my *curiosity* as to where her *courage* to tell a stranger her story came from – so full of difficulties as it was; this opened the conversation not only to the difficulties she faced but also her *intention* to make changes. In our 1st conversation, I was also *curious* about the reason why she insisted to work as welfare worker, a post for which no professional qualification was needed whilst she was a qualified, registered social worker. She shared with me that

she really wanted to realise her dream of being a social worker and, after further exploration, she told me that she really wanted to help people help themselves – that was her passion when she became a social worker.

During the 2nd conversation, Rainbow shared with me a satisfactory experience that had happened soon after our first meeting. She told me that she had worked part-time before, being responsible for a program with 19 ten-year old children. In that program, she quickly identified a girl who was being marginalised by the others because of a speech problem. She was really excited to tell me how she had been able to facilitate the whole group of children into accepting the little girl, who, at the end of the program, was able to integrate in the group and they had spent a happy afternoon together. I was really *curious* about the reasons for her excitement in leading this program and, after some exploration, Rainbow told me that she was excited because she thought that the children had not only enjoyed a happy time, but also had a successful experience, which she thought, was very important for them, as the children had been assessed as having low resilience, being poor in academic skills and lacking family care. My curiosity had reminded Rainbow of her encounter with that little girl, eight years ago, when she was not yet a social worker. The little girl, with a similar background as the others in the group, was also 10 when Rainbow, then a volunteer who took care of her intensively for one year, had met her. Their contact never ended and that girl, now 18, had told Rainbow how her care and concern had inspired her to work hard. She also told her that she would continue her studies in China and Rainbow was so happy, not just because the girl had thanked her for care and concern, but for her, the happiest thing was *to witness her growth*. The encounter with the girl encouraged her to start the journey of becoming a social worker – she had applied for the professional training course at University and she realised that *it was corresponded to her value system and commitment to facilitate the growth of children, especially those with undesirable/disadvantaged environments*. As she said,

“*Helping them (the kids) to grow is my commitment!*” (2nd conversation with Rainbow)

Realising – again – that her professional commitment was a very positive experience, she told me that,

*“It is such a **positive experience** to **not be confused** when thinking of my future because **I know what I treasure most**. I also found that **I was not useless** because I could really exercise a positive influence on children’s life. Working with them was **really satisfying!**”* (2nd conversation with Rainbow)

3.2.4 Identifying Resistance

If we would focus only on the ‘problems’ and ‘deficits’ of Rainbow, which is what usually happens in *institutional talk*, we would not be able to identify *the resistance* Rainbow brought on when she was facing her own situation. As mentioned, she hesitated to look for counselling because, as a social worker, she knew very well how much it would label her in the Hong Kong context, where receiving counselling is equal to the admission of ‘having problems’.

In addition, her refusal to go to work (because of her sense of failure) and knowing that she was to urge her clients to find a job while, at the same time, knowing that it would force them to accept that there was no future for them, can also be seen as an act of *resistance*: a rejection to impose the label of a *troubled identity* on the young people and, by the same token, on herself as an *incompetent social worker*. Even worse, she accused herself, wondering whether she was well-qualified to become a social worker. All this would only increase *her sense of failure*, to not be able to help them and thus increase *their sense of failure*, since they were the group with the ‘double losses’.

Thus, when she realised from her past encounter with the group of children that she was *committed to facilitate their growth, especially those with undesirable/disadvantaged environment*, her sense of failure lessened. She told me in our 2nd conversation that

*“It is such an **important assurance** that **I am a committed social worker** who is committed especially to facilitate the growth of children from disadvantaged environments...it is really important as my query of whether I am still suitable to be a social worker is not so strong [in the context of this kind of work]. As well, **I feel more certain** about my career direction.”*

3.2.5 Externalisation of Problem

Institutional talk focuses on the problems and deficits of the client, who needs to ‘give over’ his/her life to the professionals, so that his/her problems become internalised; in other words, the person becomes the problem and the problem becomes the person, which will lead to a strong sense of helplessness because no one can get rid of him/herself when s-he is the problem. In narrative conversations, the problem is being regarded as external to the person. As White & Epston (1990:40-41) stated,

“Since the stories that persons have about their lives determine both the ascription of meaning to experience and the selection of those aspects of experience that are to be given expression, these stories are constitutive or shaping of persons’ lives...the externalization of the problem enables persons to separate from the dominant stories that have been shaping their lives and relationships”.

“*I am a failure*” still resounded strongly in Rainbow’s self-perception, even though she had made the important discovery that she was *committed to facilitating the growth of disadvantaged children*. She continued to believe strongly that her values solely and only depended on something she had happened to do, once in the past, rather than *signifying a more fundamental commitment to the profession and her life’s mission*. Hence, when she felt disappointed again, I wondered when it was *the first time* she had experienced such sense of failure. She replied that it was when she was about 4 or 5 years old, when she wanted to help taking care of her little baby sister, but her mother called her ‘stupid’ and ‘useless’, as she would cause more trouble than be of help. From then on, she saw herself as ‘stupid’ and ‘useless’ and in order to prove that she was not value-less, she thought that she needed to work very hard to prove herself. This conversation was important to Rainbow, as she realised that *she was not value-less when born*, but that a selective process of certain aspects of her experiences had been isolated and they were made to *constitute her as a failure*. She also realised the effects of such constitution:

“I always lacked self confidence, felt like I never could do anything well; I compared myself with others and wondered if I could be as good as others; I will also perceive people’s appreciation as an expression of politeness

because I feel I can only reach the minimum requirement, I will never be above standard” (3rd conversation with Rainbow)

The *externalisation* of her (assumed) problem was really important for Rainbow, as she also realised that it was society’s expectations of and requirements for achievement which she felt was imposed on her; people had to *live up to the society’s expectations* or else they would be regarded as failures. As she realised this, she also developed a *novel understanding* of Christianity; after our 3rd conversation, she wrote

*“I know very clear that Jesus loves me not because of what I have achieved, but just because He loves me! ... This feeling is **different** from what I told you during our 2nd conversation. By that time, I told you that I was not that useless because I could do something good for the children. But now I have discovered that I am neither stupid nor useless. It was the ‘**stupid and useless**’ that tried to ‘attack’ me and make me believe in them; ... now I know very clearly that, whether in certain respects useless or not, I am still loved and cared for!” (Letter from Rainbow)*

3.2.6 Discovering the Differences

As reflected in the above excerpts, Rainbow discovered that she was not as *useless* as she thought because she knew that she was committed to work for the deprived kids; she finally decided to leave her job and hoped to shift to work with children. In our 4th conversation, Rainbow mentioned that

*“I have decided to **quit my job**, which was not a difficult decision, although I’m feeling a little insecure. **Different from before**, I have sent out only one application letter because I **choose to work with children**...it is such a good chance for me to stop and rest, to know what I really want to do!” (4th conversation with Rainbow)*

She also gained a different understanding of the meaning of *failure* and *uselessness* when discovering that she was used to measure people’s value by the *outcomes* of their acts and their *achievements*. That was why she thought that the young people were failures because they were not motivated to find a job, had low motivation to attend job interviews and that this was the reason why they could not find jobs. Her

most important discovery was, however, that she tried hard to use the same criteria in measuring herself, as *stupid and useless* appeared in her life since she was a little child. She described that,

*“Stupid and useless were **two little ghosts that clasped me tightly**. They were small in size but had a **strong effect on me**. They **blocked my eyes and prevented me from seeing anything good in me**... this is such an **important discovery for me!**”* (3rd conversation with Rainbow)

This discovery made a great difference, as Rainbow told me in our 4th conversation:

*“I do not feel any more the urgency to find a job. Jobless might not be that bad... In the past, I would feel bad and have the feeling that I was not good enough when I would not get a job interview. But now I won't say that I am not good enough as I know that **my value is not depending on my achievements**.”* (4th conversation with Rainbow)

3.3 The narrative conversations with Rainbow ended when...

Our narrative conversations ended when Rainbow and I discovered the *differences* which had emerged in her stories and when she got clarity about her future career direction. One year later, she dropped by and told me that she worked as a social worker in a kindergarten and she felt good about what she did and where she was in life.

4. The stories of a group of young women who have been suffering from mental illness

4.1 The story of the group started when...

I mentioned in Chapter One that I grew increasingly uncomfortable with the situation of people with psychiatric diagnosis – on the one hand, it is *so normal to be abnormal and pathological* once having been diagnosed as suffering from mental illness; on the other hand, I had witnessed their struggles and insistence to continue their life journey, even if having to face many difficulties in their lives. I wondered what the *differences* would be, if we listened carefully to their alternatives stories, stories different from

the dominant descriptions on them; I therefore tried to use the narrative approach in a group context, so as to listen to their stories, because, as Gray (2007:414) said,

“...giving voice to experiences rarely heard within the discourse of biomedicine had not only the promise to remedy an imbalance in whose stories are heard, but could also be significant in ‘changing the way things are’”.

I contacted a Day Centre that used the empowerment approach of the Club House Model³ and discussed the possibility of using the narrative approach in a group with people who had been suffering from mental illness. Six young women joined, five of them suffering from mental illness, while the sixth one was a staff member there, who wanted to learn how to lead a narrative group. The narratives of only five members are included here as one of them rejected to disclose her information. The four young women with a psychiatric diagnosis included Kitty, Sandra, Ida and Yvonne, all in their mid-twenties. All suffered their first onset during their teenage years when at secondary school. Kitty was an F.7 student who studied hard to prepare for her University-entrance examination, hoping to further her studies, while Sandra, Ida and Yvonne had not worked for some time and had joined the program of the Day Centre, hoping to find a stable job afterwards. I had no idea of their diagnosis and I did not intend not to ask so as to prevent further stigmatisation. Karen was the centre-in-charge who joined our group as one of the group members. Before detailing what I did in the narrative group, I describe in a summary fashion how the *parameters* of *institutional practice* are usually expressed in psychiatric settings.

4.1.1 Limiting institutional parameters in psychiatric setting

Power asymmetry is obvious in the psychiatric setting under the dominance of the medical-psychiatric model; psychiatrists, who possess power because of their law-like generalisations derived from specialised scientific knowledge based on a positivistic epistemology, are positioned in a superior role while patients are deemed inferior when facing them. Such ***hierarchical relationship*** accords psychiatrists power to give whatever diagnosis (labels), or to give *monopolised interpretations* to the people who

³ For rationale and details of the ‘Club House Model’, see <http://www.iccd.org>.

psychiatrists think are suffering from mental illness. The *totalising effect* of such *pathological labelling* will consequently define the lives of the people who have been suffering from mental illness. In the dominant discourse of our society, they are being regarded as abnormal, violent, troublesome, crazy, burdensome and fragile... which subsequently became the only story of their lives. They have no say in the events of their lives and their illness, but they are marginalised by society.

Patients have to be submissive and compliant in front of psychiatrists who are supposed to have a clear institutional goal in treating them with medication so as to minimise psychotic symptoms that affect them adversely. In other words, psychiatrists, by prescribing medications, are trying to *normalise* them, even though *it is normal to be abnormal* because of the adverse side-effects of the medications. As Donley & Buckley (2000: X) mention,

“...those deviating from mental and/or behavioural norms suffer basic social reactions: we expect them to be normalized through drugs and/or other therapies, we use them for entertainment, as the objects of jokes about the retarded or demented or crazy; or we expect them to be removed from sight by being put in jails or mental hospitals. We are often afraid of them, fearing that somehow we might be like them. We protest if someone suggests opening a half-way house in our neighbourhood”.

The patients (as well as their family members), being treated this way, gradually *internalise* these *pathological* labels and will accept that they are *abnormal and problematic* and in need of help from the various professionals, such as psychiatrists, clinical psychologists, psychiatric nurses and social workers. In addition, patients are being *oppressed and disempowered* when facing these institutional professionals, as Gray (2007:415) indicates,

“...diagnostic and management procedures in psychiatric systems routinely operated to minimize their understandings of their mental health, since medical know-how is almost always held as superior to personal wisdoms”.

Foss (2007:12) described the experience of a psychotic crisis as a *triple sense of isolation* because people in such crisis would be kept in a hospital unit, isolated from

the people they know and the only interest that the professionals showed during the crisis was the psychotic history:

“...I very much hope that one day psychosis will no longer be described as ‘delusions’ and that people will listen differently. It is a very lonely experience to loose yourself and your reality, as you do during psychosis. When you are also separated from all the people you know, anyway with your reality, then you are completely on isolation from history, isolation from those you know, and isolation from your own reality”.

Under such circumstances, *troubled and problematic identities* of the people with psychiatric diagnosis are built and gradually internalised by the patients (as well as their family members); it is therefore not surprising that one group member, Kitty, explained in the 2nd group session that

*“Not only us, but also **our family members** do believe in these descriptions (the negative and pathological descriptions ordinary people use to describe people with psychiatric diagnosis), **we are psychiatric patients**, we are **sick**, we are **abnormal**, we are **crazy**!”*

4.2 My narrative journey with the group members started...

I designed a total of 8 sessions for this narrative group (for details of each of the group sessions, please refer to appendix 1); the metaphor of a *journey* was chosen as a name for the narrative group, as it implied the continuous motion of life even in the face of difficulties. Every participant received a *passport* for the journey and I invited them to sign it to show their determination and willingness to go on the journey and to support one another in the group.

4.2.1 Egalitarian Relationship

I intended to establish as much as possible an *egalitarian relationship* with the group members since I knew from my experience that the internalisation of pathological labels was so strong that people with a psychiatric diagnosis are use to accept that they were weak and inferior in front of the institutional professionals. This was the reason why I chose to run the group at the day centre, based on the Club House Model,

which promotes and protects the rights, opportunities and future of people with a psychiatric diagnosis and who work side by side with staff in governing and operating the clubhouse. They are free to choose the tasks they want to be involved in and their choices are respected. As a matter of fact, in the house meeting before the group started, all members were involved to decide whether I, a non-member and outside person, could run a group there.

As well, I insisted that all group members should call me by my name instead of calling me Madam Lit, as they would call other institutional professionals, because I knew very well that my role as a Lecturer in a tertiary training institute had granted me a superior position and power in my interaction with group members. As Guilfoyle (2005:106) mentions,

“...neither therapists nor clients are passive bodies doomed to be shaped in accordance with the prescriptions of power and knowledge. Resistance is always possible...Therapists have some choice about how to use their position as power’s relay, and, on the other hand, clients are able to refuse the interpretations applied to them”.

Another way of establishing a more egalitarian relationship included that the participation of the centre-in-charge, who wanted to learn how to lead a group using the narrative approach, should be the same as other group members. She was neither assuming the role of a social worker nor that of my ‘helper’ but was just one of the group members who had to go through the whole group process. The other group members were rather impressed when, in one of group sessions, the centre-in-charge shared with them in tears the difficulties she experienced during her childhood and how a significant person cared for and supported her in that situation; this made the openness of the group members to share in the group much easier.

4.2.2 Curiosity

Curiosity was so important in the narrative conversation that without it, the alternative stories and the richness of their stories could not have been discovered; from the very beginning of my contact with people with psychiatric diagnoses, I have been curious about their subjective experience of being a ‘*psychiatric patient*’, I was curious about

the voices they heard and how they made sense of them; I was also curious about how they were able to continue their life journey facing that many difficulties; I was curious about how they dealt with the side-effects of their medication; I was curious about how they tackled the labelling by other people; I was curious about their stories' *'other side'*, different to the dominant psychiatric stories... It was because of these curiosities that I designed the group process to try and go into the particularities of their lived experiences, their voices as well as the knowledge and skills used in problem solving, about the important persons in their lives, but I did not want to dwell on their deficits nor teach them the skills they presumably needed for their daily living.

I will use the way we talk about *voices* (medically speaking, the *hallucinations*) as an example to illustrate the importance of curiosity in opening up the rich narratives of the members. Since I was curious about the power of the voices, I wondered about the reasons why people felt they had to listen to them and whether they had done anything to get rid of their effects. I therefore invited members to talk in detail about what their voices told them. There were common themes in the content of the voices that disturbed them, such as (descriptions in the 3rd session)

*"You are such a **bad guy**, you are a **failure**. If I were you, I'd **prefer** death to life!"*

*"You see, you **lose again**. Can't you see how much **trouble you cause** to your family? You're such a **burden**!"*

*"Ugly you, ugly you, **jump out of the window, kill yourself, don't burden** the family and the society any more!"*

In the process we discovered that most of the voices reflected some of the dominant socio-cultural values of Hong Kong society, where *people with higher educational achievement are more respected than those who have missed out*. As White (1995:127) states,

"Those auditory hallucinations that people find most troublesome are so often distinctly patriarchal in their attitudes and their techniques of power...these voices are overwhelmingly evaluative of people; they are critical and disqualifying; they rate highly on expectations of people and low on acknowledgement".

The voices resulted in alienating and isolating them until they would admit that they were useless and had no value, but they would be even further alienated and isolated once they *did* admit that they were useless and without value, because they were psychiatric patients with hallucinations. Hearing that, I wondered if they were disturbed by the voices all the time or if there was any moment that they got the upper hand over the disturbances of the voices. This curiosity opened up the conversations into a direction they had never experienced before – the identification of moments and situations in which they were not upset by voices and it elicited the skills and methods they used to stop the voices from affecting them (all quotes from our 3rd session).

Sandra: “***I can control the emergence of this imaginary friend by switching on and off the light***”

Kitty: “***I used to sing a cartoon song when the voice disturbed me***”

Yvonne: “***I would instruct the voice to stop***”

Ida: “***I will tell the voice to wait for five minutes before I talk with it***”

Yvonne mentioned by the end of that session:

“***Before this group session, I never realised that we have that many ways to gain the upper hand over the voices (hallucinations), while I used to take the medicine as instructed by psychiatrists.***”

In addition, Sandra explained that she *enjoyed* talking to the voice (it was not just the voice but also a *shadow*) because it was her best friend, who was always ready to listen to her and to support her while, at the same time, Sandra knew how to protect this friend and herself – she would switch off the light to make shadow and voice disappear whenever her mother would come into her room to talk with her. Sandra also learnt to be a good listener and be supportive from this friend as she related with other people. All other group members strongly agreed that Sandra was a good listener and was always ready to support them when they needed help. It surprised all of us that not all voices were negative and hostile, but that there were also supportive ones that they could choose to ally themselves with.

In the post-group interview, Kitty explained that people (including psychiatrists, social workers and family members) are seldom interested in their subjective experiences. She said:

*“It was the **first time** we talked about voices this way, because if we talked about them, we were afraid that our family would think that we had **relapsed**; or when we talked about our voices in front of our psychiatrists, it would be time to **increase the dosage of our drug**, or even thinking of **hospitalisation**”.*

4.2.3 Externalisation of Problem

As already mentioned, the internalisation of problem would only lead to a thin (often problematic) description of a person's experience while to externalize the problem allowed a space for the person to negotiate a new relationship with that problem. In this narrative group, I tried to externalize the pathological labels on the group members by writing a '**bullshit book**' with the group members together. It was also my objective **to deconstruct the dominant discourse on people suffering from mental illness** that they were used to be regarded as violent, lazy, abnormal, troublesome, crazy, burden, fragile...

At the beginning of the group, I asked group members to list the adjectives that the public used to describe them, people with a mental illness. This was their list:

“Being deserted by society, lazy, crazy, mad, violent, lacking life direction, bizarre, being sick, lacking self-confidence, being sick, burden to society, relying on government, poor, lost, being rejected, slow learner, unreliable, no self-control, pessimistic, useless, obese, low education level, stupid, autistic, selfish, disturbed by negative thoughts, failure, incompetent, unable to be self-reflective, ugly, uninvolved, fluctuating emotions, defensive, cannot maintain a steady job, uncompetitive, telling lies, confused, would not trust others, impatient, timid, indifferent, noisy, unrealistic and stammer” (description during the 2nd session)

I then invited them to share how they were affected by these descriptions and after they had shared, I asked them if they agreed to these descriptions or believed in them. After initially agreeing – admitting that they could not secure a stable job, were

uncompetitive, etc. – they disagreed when I asked them if these descriptions really *did* represent what they were. They could think of stories in which they had worked really hard to find a job, but it was the stigmatisations that imposed many difficulties on them; they were not stupid but the side effects of the medications were too strong. For instance, Yvonne shared her *loyalty and hard effort* at work while Kitty alleged that *fat was not the same as ugly and without value*. Sandra echoed that they were *neither crazy nor violent*, but needed medicine just because they had encountered some difficulties in their lives, which was not ‘*wrong*’. Ida added that it was *the incomprehension by the public* that viewed them as abnormal. Hearing that, I introduced the idea of writing a ‘*bullshit book*’ together; we put all the above descriptions in the notebook and named it a ‘*bullshit book*’ because these were all bullshits, these were the lies that were presented as truths. All were excited to fill in the bullshit book; they said loudly that “*we are not crazy, we are not the burden of the society*”, etc. By doing so – instead of believing that they were the problem – they confirmed that they were *not* the problem, but were affected by it; the problem was separated from them and there a *space* existed between the problem and them, where they could discover what they had done in *resisting* the effects the problem had on them.

4.2.4 Acknowledge the Skills and Knowledge of the Group Members

In the narrative group, I used different means to acknowledge the skills and knowledge of the group members, especially focusing on stories which *differed* from their dominant pathological and problematic descriptions. In one of the group sessions, I played an auction game with the group members; I had posted many different life qualities, such as tough, positive thinking, responsible and reliable, etc., for them to auction and I asked them to think of one occasion or event that clearly reflected the quality they had ‘purchased’; these were their stories:

Sandra had bought the quality of ‘*trustworthiness*’. She thought of an event – once she had lost the money bag of the shop she worked in during job training; she was so scared that she did not know what to do. But the employer, her supervisor and also her colleagues trusted her and insisted that she would not steal the money because in their daily encounters, they knew that Sandra was a trustworthy person.

Ida had bought the quality of '*bravery*'. The event she remembered was – when she worked as a cashier in a fast food shop, one Mandarin-speaking man jumped the long queue, the people in the line also being irritated by this man's behaviour. *Ida* – as that Mandarin-speaking man urged her to sell him the food ticket – rejected his request politely in Mandarin and urged him to follow the queue, though she was really scared at the time; but she earned applause from the other customers.

Yvonne had bought '*responsibility*' and the occasion she recalled was – she was able to wake up early in the morning to join a fund-raising program. According to her, it was really very difficult for her to wake up early in the morning because of the side-effects of the medication. She failed to do so even when using 5 alarm clocks. But on that occasion she was able to do so because she said she had the responsibility to attend as she had already received the money from her sponsors.

Kitty had bought '*positive thinking*'. She could not think of one single event but said that she would invite family members, social workers, friends, psychiatrists and teachers to give her advice in facing difficulties, because she thought that difficulties could be overcome with the help of others and no one should give up. Hearing this, the social worker, who attended the group, told us that *Kitty* had written a paper to the agency's newsletter to encourage members not to give up even they were being stigmatised by general public. The title of her paper was "*To eradicate prejudice, let's start with me!*"

If we focus only on the deficits the members had and the problems they faced, which constituted the dominant stories about them, we would not be able to identify and acknowledge the skills and knowledge they had in their lived experiences. In order to strengthen this side of their stories, I played a board game with them named '*Life Journey*'. In the game, the group members were able to revise once again the skills and knowledge they had mentioned in the previous sessions in moving forward on their life journey. For instance, members were asked to point out three *bullshits* about people with mental illness; to tell others three skills they used to prevent the effects of the voices and ways to enjoy life. The skills and knowledge they mentioned were written on a card for them to keep and by the end of the session, the number of cards

they had indicated the number of skills they possessed in moving forward in their life journey. All were very excited as they had many cards in their hands.

4.2.5 Strength-based

The strengths of the members were emphasised again and again in the group; in one of the sessions, I invited the group members to identify a significant person who had a positive effect on their lives. After that, they were also invited to share one successful experience and imagine what that significant person would say to them if they would know about their successful experience. Their stories – all from the sixth session – were as follows:

Yvonne told us happily that, for the last two weeks, she was able to wake up early in the morning to go to job training at the day centre. It was really a successful experience for her, because she had to struggle very hard to wake up early, but she managed to do it for two weeks now. The significant person Yvonne identified was her mother, who played a very important role in her life. Yvonne expressed that her mother was always supportive and ready to help – such as reminding her to take her medication, encouraging her whenever she was down and depressed. Actually, her mother helped to wake her up in the morning, which, according to Yvonne, contributed importantly to her rehabilitation because she really wanted to have that training and find job in the open market as soon as possible. She imagined that her mother would say to her *“I am confident that you can do that!”*

Sandra had joined the job training program for quite some time and the social worker had tried to place her in a job placement to prepare her for open employment in the future. Sandra was excited to share this, because her effort and hard work was being recognised by staff, which was an important recognition for her. Sandra also thanked her mother who was also very supportive. She imagined that her mother could not say anything to her, but would stay with her whenever she needed.

Kitty was studying in Form 7, getting ready for her University-entrance examination. She shared how she insisted on continuing her study even under the adverse side-effects of the psychiatric medication. She identified her teacher as her important

person, who knew very well that Kitty lit under the effects of a psychiatric problem and medication, but still had trust in her ability and encouraged her not to give up. The teacher always told her *“Don’t give up; if you think that I can help in your study, just let me know!”*

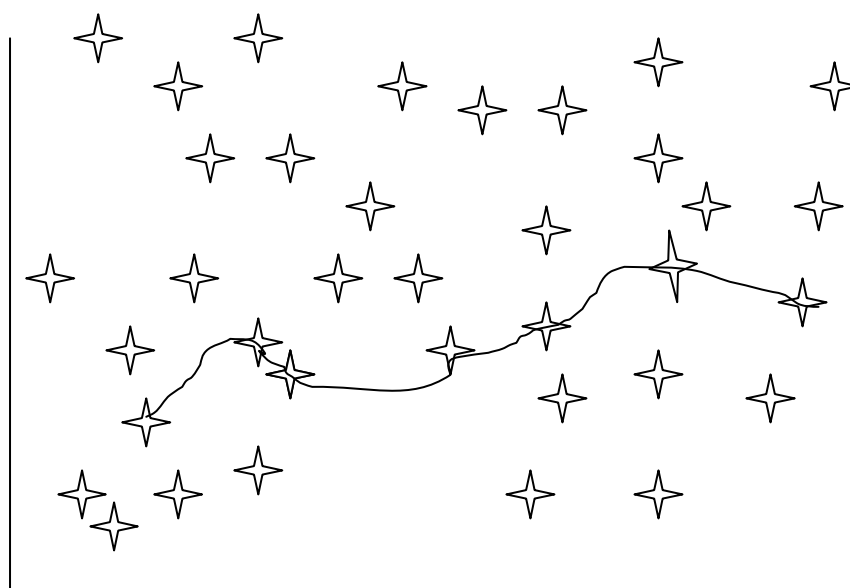
Ida shared with us her difficulties as well as the skills and knowledge she had in relating with her colleagues at work. For example, she told us how she started the conversation with a colleague, whom she used to feel difficult to relate with. In this process, she identified her elder sister because she always shared with *Ida* the difficulties she faced in order to encourage her. *Ida* thought that her sister would tell her *“Don’t focus on the difficulties; they are not that difficult actually!”*

More important, in this process, the members not only witnessed their own strength but also those of all other members; so they could learn from one another, as Gray (2007:413) mentions:

“This collective story has been created from individual and group discussions that occurred amongst us around, during and retrospective to our occasions of speaking out”.

After hearing one another’s stories, the group members agreed to use the metaphor: *our lives were full of stars* – the beautiful stories rather than the dominant, pathological and problematic ones that were plotted into a line (Picture 2)

Picture 2



With the realisation that there existed so *many stars (the strengths)* in their lives, I started to plan with the group their concrete short-term goals for the near future. There were three steps in this planning process; firstly, they had to calculate their strengths by writing once again the qualities, the skills and knowledge as well as the strengths they had on paper and then stick the papers on their bodies so that they could visualise how many strengths they had. This increased their confidence in making a concrete plan upon which they had to tell other members their concrete planning and, finally, each member had to support all others by writing cards to them.

4.2.6 Identifying the Differences

This narrative group really represented an extraordinary experience to all group members, including me; the alternative stories were so richly described and the group members were able to identify many *differences*:

1. They knew that the descriptions of people with mental illness were all *bullshits*.
2. They knew that *they were not the problem*, but were adversely affected by the problem. Besides, they were very sure that there were also times *they would not be affected by the problem*.
3. They knew that they had the *skills and knowledge* to gain the *upper hand*

over the voices affecting them.

4. They knew that they had *alternative stories* that reflected very well the *qualities and strengths* in their lives. More importantly, they had witnessed the beauty of members' alternative stories too.
5. They knew that *they were not alone* in their life journey; they had companions who were willing to walk hand-in-hand and would warm their hearts in time of hardship.
6. They realised the *existence of many stars* other than the dominant plot of the pathological and problematic storyline.

4.3 The narrative journey ended when...

At the last session of the group, I prepared them for leaving the group and undertaking the journey of their lifetime; I invited them to interview one another by asking the following three questions:

1. What impressed you most in the group? Why?
2. What values did this reflect?
3. How did this group help you to continue your life journey?

Most of the members thought that the mutual sharing by the group members and the qualities they displayed had impressed them most; they enjoyed the group very much. At the very end of the session, we declared that we were willing to continue our life journey by together reading out the below document "*Our Determination to Continue the Life Journey*". This was a very symbolic action with Sandra saying that the collective reciting of this document reminded her about our experience during the first session, when I had invited members to close their eyes and walk hand in hand. She still felt the warmth and support from other members that had enabled them to move forward even if there were difficulties. All of them agreed that they had the confidence to move on with the support of the other group members. They thought that even after the group had come to an end, the memory would remain helpful to them.

Our Determination To Continue the Life Journey

1. We have decided to continue our life journey, even though we know that there might be difficulties and hazards in the future. These backlashes cannot not hold us from going on
2. We know very well that we are the authors of our lives and we are sure that we can write a beautiful future
3. We strongly believe that we are unique and we have different life qualities. We are worthy and we have the ability to rewrite the darkness of the past and to build up a bright future

In the post-group interview, all members thought that the group experience had been extraordinary for them and all of them had enjoyed the group very much; that was so because even with the day centre using the club model, in which the rights and autonomy of each member were emphasised, many of the groups they joined were educational, like social skills training and interviewing skills for job interviews. But this narrative group was different, as *Ida* said:

*“I enjoyed this group very much because you **have never taught** us any skills, but helped us to **realise the skills and strengths we already have.**”*

Yvonne agreed that

*“Before the group, I never realised that I have that many skills and knowledge. I only know that I have to try very hard in my difficult situation. Now I **have more confidence** to move on.”*

Sandra remained very impressed by the warm experience of walking hand in hand during the first session, which gave her more confidence to go on her life journey. In addition, when I shared with them that many people were moved by their stories and gained a new understanding of them, *Sandra* replied that

*“It was a surprise to hear that, as I have never thought of contributing to other people’s lives because **we are the psychiatric patients** that need people’s help!”*

Kitty also felt that

*“It was such an **extraordinary experience** to me and I think I have to write more in the newsletter to **encourage members to stand up for themselves!**”*

5. Conclusion

From the dialectic experiences across the three situations, I realised the importance of the availability of a *liberating space* in the human encounter with the hope of bringing forth a *transformative* relationship – a dominance-free, respectful and appreciative way of relating. In this Chapter, through the stories of Jessica, Rainbow and the narrative group, I have highlighted the different parameters expressed in *institutional talk* compared with the narrative conversations in the therapeutic context, so as to explore whether the use of the narrative approach will open up alternative ways of knowing and understanding people and is more conducive to evoking people’s rich narratives. It was obvious from the above three stories that the narratives people shared in the conversations were not as pathological, problematic, exclusive and negative as those usually expressed in *institutional* talk. Instead, the people involved realised that they were not ‘problems’ and, at the same time, they were able to identify the skills and knowledge they had in resisting the negative effects of the problems they *did* encounter.

In the following Chapter, I will explore whether the use of narrative approach will bring forth similar results in an educational setting.

Chapter Five

The Use of the Narrative Approach in the Educational Context

1. Entering the educational context

1.1 The specific institutional contexts of educational settings

As mentioned in Chapter Three, the educational setting in this project refers to the institutional area of continuing/on-going professional education, still more specifically, that of social work supervision. I referred to social work supervision having three main functions – administrative, educational and supportive (Kadushin, 1985; Kadushin & Harkness, 2002; Munson, 1993; Payne, 1994) and as Coulshed & Mullender (2001: 163) mention,

“...supervision in social work continues to serve several purposes at once...: managerial, educational and supportive (or enabling)...It is the norm in social work to hold these functions in a fruitful tension.”

The *administrative* function emphasises the control of workload and compliance with the operational standards of the agency, focusing on what is being done; the *educational* function of supervision concerns primarily the professional development of social workers and, finally, the *supportive* function of supervision cares about how social workers feel about their work. The dominant mode of social work supervision is *administrative* and I believe that it is important to introduce some of the historical development of social work supervision, providing some critical insights into how the mode of supervision is affected by its institutional context.

When talking about social work supervision, it is impossible for us to separate it from the discussion of social work *education*, student supervision and their impact on practice as these influence format and content of staff supervision in the social work field. Social work struggled hard to achieve professionalisation in the 20s. Social work became a profession because it was needed in an industrialising society as an objective and neutral institution to decide who needs (and deserves) assistance from the State as well as to decide about priorities and standards of resource redistribution,

which depends very much on the effective operation of professional knowledge and ethics. The curriculum design in social work education, therefore, includes the more or less structured *content* of what is to be studied towards reaching certain educational outcomes (skills, knowledge, attitudes, ethical stance, whatever), which then are considered to be directly relevant and/or applicable to the roles of being a social worker in its occupational worlds. The '*content*' orientation has traditionally been '*deductive*' in nature, in that it derived the to-be-taught content from the assumed or posited internal logic of the discipline or subject matter, or, more subtly, from the posited content of beliefs and attitudes to be achieved through the process of learning, which often assume students to be '*empty vessels*' into which the appropriate '*subject matter*' is to be poured more or less didactically.

By the 1920s, social work borrowed a great deal from the then influential psychoanalytic theory in its practice; during that time, supervisory process was viewed as a *therapeutic* one by social work supervisors (Rabinowitz, 1987); with the continuing domination of the *diagnostic school* in social casework into the 1950s, the focus of social work education shifted to the teaching of social work *models* – a system of classification that describes what happens during practice in a general way, applying this in a structured form to a wide range of situations, so that students could extract certain principles and patterns of activity which would give practice consistency. In this period, social work supervision became a '*parallel process*'; according to Tsui (2005:6)

“This means the supervisees use the same skills to help their clients that their supervisors used to help them...Both the treatment of clients and the supervision of staff require a good relationship between a more knowledgeable ‘expert’ and a motivated learner.”

When the focus of social work education shifted to the teaching of social work models as mentioned, it limited the attention to rather concrete and specialistic expectations associated with '*training people for defined jobs*'. '*Education*', which suggests inquiry, adaptability and flexibility, is replaced by '*training*', which stresses the '*how to*' aspect of practice – the transfer of sets of specific skills for very specific problems through proper instruction. Many of the social work curricula tend towards the '*training*' end of the continuum, often displaying a rather slavish dependency on the

various social scientific discourses, which are invoked to establish the social work knowledge base (and its legitimacy). They also remain reactive to the concrete, practical expectations and/or assumed exigencies of the field as expressed through students' practicum or field placements. In other words, learning projected to occur in the mode of *technical rationality* and social work supervision is perceived as a transmission of prescribed skills in maintaining the quality of service to clients and to monitor the performance of frontline workers; Barker (1995:371), for example, defines social work supervision as

“An administrative and educational process used extensively in social agencies to help social workers further develop and refine their skills and to provide quality assurance for the clients.”

The ultimate objective is to provide effective and efficient service to clients by ensuring job performance and professional competence of frontline social workers (Gitterman, 1972; Harkness & Hensley, 1991; Kadushin & Harkness, 2002). The literature on social work supervision, in the main, has been dominated by this modernist perspective, which holds up definitive texts that describe the functions of supervision and prescribe the skills to be enacted as a supervisor (Bruce & Austin, 2000). The modernist perspective was also promoted in supervision literature models of supervision that one can learn and then apply in any practice setting (Brown & Bourne, 1996; Hawkins & Shonet, 2000; Munson, 1993; Shulman, 1993). Bogo and Vayda (1988) are adamant that the purpose and mission of staff supervision in social work is the quality of service to clients, stressing the present-oriented goals, that is, the provision of high quality human services that focus on the maintenance, enhancement and effectiveness of current service programs. Moreover, it pursues competent job performance, system maintenance and interdependent teamwork with specific and concrete working approaches. Finally, the method of governance in supervising social work staffs is centralised and hierarchical, in that it is usually described as a process, activity and relationship to which the agencies, the profession and individuals involved provide the mandate; there are designed roles and boundaries, in which particular functions facilitate the best or a competent service or practice with clients (O'Donoghue, 2003).

A supervisor, from this perspective and considering the dimension of power, is perceived as a *knowledgeable expert* with *educational and administrative power* over the ‘un-’ or ‘less-’knowing supervisee. The hierarchical imbalance in the relationship between supervisor and supervisee further increased with the growth of managerialism, which became prevalent during and after the 1980s and the increasing demands human service organizations faced by government and community to ensure that funding was spent in a ‘value-for-money’ and ‘cost-effective’ manner. Evaluations of the outcomes of service delivery became the major (if not only) determinant of availability of funding and resources; as Tsui (2005:8) remarks,

“The quality of service is determined not only by professional practitioners but also by funding bodies and services consumers. Under managerialism, the emphasis is on job performance, task orientation, standardization, documentation, consumerism and cost awareness...Influenced by all these changes, supervisors of human service organizations, and the profession as a whole, began, once again, to focus on the administration function of supervision in order to promote effective and efficient service to client.”

The authority of supervisors derives from the organisation’s top management level, whereby supervisors represent the authority inherent in their administrative position based on agency sanction while at the same time also deriving from their own knowledge and skills – their skills and competence to handle the required job effectively (Tsui, 2005).

1.1.1 Supervisor as Administrator

As mentioned in Chapter Three and above, as managerialism in the welfare sector increased, human service organisations had to answer the demands from government and community to ensure that funding was spent in a *value-for-money* and *cost-effective* manner. The expected outcomes of service delivery determine the available resources and funding and the quality of service is determined not only by professional practitioners but also by funding bodies and service consumers (Flynn, 2000; Morgan & Payne, 2002; Tsui & Cheung, 2004). Influenced by such changes, supervisors of human service organisations began once again to focus on the administrative function of supervision in which management knowledge became their

core technology, with a focus on correct, effective and efficient service as well as the appropriate implementation of organisational policies and regulations.

1.1.2 Supervisor as Risk Reducer

As also discussed, the dominance of market mechanisms and managerialism in social welfare provided the incentive to reorganise service delivery that assured efficiency and effectiveness. In order to secure available funding, ‘auditing’ as a mode of promoting accountability becomes prominent; according to McDonald (2006:109),

“The rise of audit as a mode of promoting accountability represents the ‘financialization’ of relationships which were once bureaucratic or professional. By this I mean the financial logic of audit; the calculation of costs, ratios, surpluses, deficits, appreciation, depreciation, profits and losses in pursuit of financial accountability and efficiencies, has become the core rationality of ‘public’ service delivery, irrespective of the site of production”.

While the rise of the audit represents the triumph of distrust, risk management – the identification, assessment and management of risk – has become a key professional task. As Fook and Gardner (2007:5) mention,

“Workers talk about risk assessment in relation to client work, supervisors about risk in terms of workers’ actions; the organization is likely to have a risk management plan aimed at preventing anything going wrong”.

Responding to the issues of risk, risk management turns into the agency supervisors’ major professional task; trying to create certainty in the form of rules and procedures governing the practice behaviours of social workers, of maximising their efficiency at work and in ensuring measurable outcomes (quantity instead of quality), becomes their most crucial task, as it demonstrates to funding bodies that the work they have contracted for has been (or is likely to be) done as stipulated.

1.1.3 Supervisor as Quality Assuror

In a setting dominated by risk as the key rationality, social workers find their practice ‘hedged’ by highly prescriptive guidelines and formalised assessment tools while it is

the supervisor's responsibility to ensure the quality of the service provided through measurable outcomes and performance standards. This is why outcome-based or evidence-based practice dominates in the social work field, in which formal rationality of practice based on scientific calculation will result in a more effective and economically accountable practice. Hence, it is the role and responsibility of agency supervisors to function as quality assurers by *monitoring* the practice outcomes (as well as the processes leading to them) of the frontline social workers.

1.1.4 Supervisor as Reputation Builder

Given all the above, securing funding sources also becomes a primary task of agency supervisors, confirming their role of administrators and managers, while their educational and supportive roles have decreased. Since they *also* have to maintain standards and morale of front line practitioners as well as building and maintaining the reputation of the agency by claiming and 'proving' its expertise, their educational role shifts to external supervisors – especially those specialised in certain practice models. Agencies nowadays employ specialised external individuals (not as employees) on contract basis as *clinical* supervisors, so as to maintain and increase frontline practitioners' skill levels, also a very good way to build an agency's reputation as providing a professional and 'cutting edge' service..

A final consequence of the dominance of the market mechanism and managerialism in the welfare field is the creation of *job insecurity*; in the name of enhancing the agency's efficiency and effectiveness, the reduction in government funding creates job insecurity because many social workers became contract staffs, as agencies have to first demonstrate their ability for contract renewal. Under such circumstances, the agency has to secure funding sources while social workers have to secure their job stability by furthering their studies in courses leading to academic awards as well as courses that increase their specialisations, either by specialising in certain intervention modalities or in working with certain groups of service users.

It was under such circumstances that I became a clinical supervisor of Steven, an experienced frontline social worker who was engaged in a Masters Degree course in counselling and a clinical supervisor of David and Ella, who worked in the same

NGO that promoted narrative practice as its practice model and was and continues to be well-known for this. In this regard, rather than primarily or even mainly as another instance of the application of the narrative approach in a therapeutic context – as discussed in the previous Chapter – the context here is clearly *educational*.

2. The story of Steven

2.1 The story of Steven started when...

Steven was a final year student in a part-time distance learning Masters Degree course in counselling; he had to do an internship – 150 hours of direct counselling service with at least 15 cases – and with 30 hours of clinical supervision. Steven chose to use the narrative approach in his internship and he asked me to function as his clinical supervisor. His internship lasted for a year and there were a total of 15 supervision sessions of about 2 hours each.

Steven had been working as a social worker in a rehabilitation setting (a hostel for people with intellectual disability) for many years. He was not satisfied with his current situation at work after the enforcement of the Service Quality Standards by the Social Welfare Department (which define the level of management and service provision service units are expected to attain) and which had generated a large amount of paperwork, the time spent on which was at the expense of time spent with residents. Feeling trapped in such a situation, he had chosen counselling not only because he thought that this was ‘*more professional*’ than social work, but he explained that

*“The decision to study this Masters course was originally because I wanted to **escape from the present situation** when I found that my **flame at heart** (his metaphor for passion) had started to be **extinguished**. I do not want to be a social worker any more but I didn’t know what else I could do. So, I decided to study this course so that I can be a counsellor after graduation, a good way to escape from being a social worker!”* (14th supervision session with Steven)

Steven had been attached to two different settings for his internship, including a counselling centre at a NGO and the counselling service of the University where he studied. Steven had spent about 3 months in the counselling service of the NGO and

had taken up several cases, but since there was not much progress in those cases and the number of cases referred to him could not meet the requirements of the internship, he decided to continue his internship in the counselling service of the University and cases referred to him there were all university students. According to Steven, his internship could be divided into two stages and his experience during the 5th supervision session was a *watershed* (see more detail later in this Chapter).

2.1.1 Hierarchical Relationship

As mentioned in Chapter Four, in an institutionalised therapeutic context, therapists are accorded a superior position because of the therapeutic knowledge they have, while in the institutionalised context for (educational) supervision that adopts modernist approach, supervisors are deemed superior because of their expertise, experience and seniority. Supervision in such context, according to Ault-Riche (1988), is seen as an apprenticeship where the supervisee is taken under the wings of the more experienced supervisor to learn the art of psychotherapy in which personal growth and/or therapy are often a requirement of the supervision and training process while, at the same time, there is an emphasis on the development of identified counselling skills as a result of supervision (Forsyth & Ivey, 1980).

Steven invited me to be the supervisor of his internship because he wanted to learn and apply the narrative approach in counselling in order to become a professional counsellor after graduation. In the supervisory relationship, he regarded himself as an apprentice who was to learn the skills of the narrative approach from me, an experienced, knowledgeable and recognised expert in this approach. Steven also expected to experience personal growth in supervision – to break through his ‘pattern’ when facing difficulties. Steven was an active learner who would prepare well for each supervisory session and he was also very conscientious about his practice performance during the first stage of his internship. During the pre-supervision conversation – a conversation that I had arranged for us to get to know each other before the ‘formal supervisions’ would start – Steven talking about his ‘pattern’ of wanting to escape when facing difficulties.

“I worried about our meeting today because I was felt exhausted in finishing the homework for this course over the past two months. I was afraid that I

*would not be able to finish the internship. As well, meeting you today means that I have to start my internship (I cannot escape from it any more) and I have to face my weakness – to escape from difficulties. I was really **afraid of facing** it even though I knew I had to” (Pre-supervision session with Steven)*

During the 1st supervision session, Steven said that he was overwhelmed by his depressed mood at work, stating that

*“I am really down these days, I know I have a lot to do but I have **no motivation** at all...I don't want to think, I don't want to work, eating becomes a task to me that I don't enjoy, **nothing interests** me...I wonder if I should continue my internship, I **question my ability**...”*

During the 3rd supervision, when discussing the conflict of a couple in an interview session he had with them, Steven shared his feeling by that time as follows:

*“Facing their conflicts in the interview session, I felt **negative**, not because of their conflict but because of the way I handled it, it seemed to **prove** that **I was not capable enough** in helping them. Instead, **I was the one who made their relationship even worse** because **it was me** who suggested them to discuss their differences in child rearing”.*

Steven expected to experience personal growth as well as skills acquisition in the narrative approach during his internship and he saw the supervisory process as a therapeutic process that he had to face himself. As well, he expected that he (as the supervisee) could use the same skills to help his clients that I (the supervisor) would use to help him. Thus, it was not surprising that he was conscious about his practice performance because he focused mainly on the *evaluative* layer of our supervisory relationship, perceiving me, the supervisor, as being more expert, more experienced and occupying a hierarchical position that would, at the appropriate time, make evaluations or recommendations that would affect his future.

2.1.2 Monopoly of Interpretation

In the institutional therapeutic context, the superior position of the therapist leads to a monopoly of interpretation over the client's situation, a situation which occurred

when Steven was having an interview with a 15-year-old boy who refused to attend school. The parents complained to Steven that they had tried their very best at every single chance to help their son to continue his study, while he remained silent during the entire interview session. When Steven asked the 15-year-old boy what his life's goal was, his answer was "*I don't know!*" Steven told me in the 2nd supervision that

"I was quite irritated by his answer as he didn't notice that we (including Steven and the parents) all worried about his future and we all wanted to help but he was so unmotivated!"

Steven was not aware of the *power asymmetry* between the boy and him, while his interpretation of the 15-year-old boy's attitude was that he was *unmotivated*; it was a *monopolising* interpretation as he only focused on the boy's unmotivated behaviour! Hearing this, I wondered if Steven had a clear life goal when 15 himself, to which he answered 'no', later laughing as he explained that

"Thank you; I know what you mean by asking me that question. It would be a strong labelling to him if I would believe that he is not motivated without further understanding his situation." (2nd supervision session with Steven)

2.1.3 Pathologising, Totalising and Disempowering

As mentioned, Steven was supposedly inferior in his relationship with me and, as he wanted to perform well, he would be frustrated when not satisfied with his own performance. For example, he wrote in his second case note that

*"I was **not aware** that my interview with them was problem-oriented when I was in the interviewing room with them, but afterwards when returning home, I started to realise that we were full of problem talk, which should not be the emphasis of narrative approach...I was **one of the problem-makers/investigators** in the room. I felt really bad about that because **I missed the chance** to listen to their stories!"* (Case note 2 of Steven)

It was such a disempowering experience for him, that Steven would query his own ability of becoming a counsellor; on the other hand, it enhanced his understanding of his clients' situation as they had the same disempowering (also pathologising and totalising) experience in the institutionalised therapeutic context.

2.1.4 Internalisation of Problem

From the very beginning of our conversation during the pre-supervision session, Steven had internalised the fear that he was *incapable* to finish the internship, even though he was really motivated to do so. It was because he was an ‘*escaper*’ who would flee from or avoid difficulties every time he would face them. This was the reason why he felt really stressed, especially during the 1st stage of his internship as he focused on his practice performance, which can be described as a stage ‘*with a need and quest for certainty*’ and it occurred because he equated *certainty* with *knowledge* (Anderson & Swim, 1995:5).

His clients’ voices were submerged when he became concerned about his own performance, which was also a reflection of the dominance of the modernist, positivist paradigm in that performance involves standards – an accomplishment that should be as concrete and measurable as possible and behaviour – as that ‘*which is done by staff*’ and is observable and in process – that consists of those activities that contribute to the production of the final output (Tsui, 1998). “*I*” became the focus of attention and his performance was his primary concern during the interviews. He did not *listen carefully* to the voices and stories of the couple; he was not *curious* about what caused the conflict between them, what they argued for and how they felt in such a conflicting relationship. By focusing too much on his own practice performance, he *further internalised* that he was *incapable and was an ‘escaper’*.

2.1.5 Oppressive and Exclusive

According to Behan (2003:37), *failure* used to be the reason for people to seek consultation, as he claims that

“*so often the situations that the person seeking supervisory consultation presents fall under the category of failure...failure refers to the sense that one does not measure up to some professional norm. Placing oneself on the negative end of a dyadic continuum (e.g. good/bad, experienced/inexperienced, sensitive/insensitive) is a common ‘failure’ that is brought to supervision*”.

Steven's sense of failure was strong during the 1st stage of his internship; he wrote in his case note that

*"...I was thinking of motivating them (the couple) to initiate changes by themselves, therefore I turned the focus on helping them to have an empathic understanding towards their son...but I **failed**." And "...it was good timing to invite the couple to talk more about their negative feelings and sadness...I **missed the chance...what a failure...!**" (Case note 2 of Steven)*

During the 5th supervision session, Steven was emotionally down and he thought:

*"A **sense of failure** always disturbs me; it made me feel that I was **doing something wrong** when I was taking a rest at home yesterday, I was so frustrated that I yelled at it (referred to the sense of failure)...I felt like I would break down mentally...I **lost my self-confidence completely!**" (5th supervision session with Steven)*

2.2 My narrative supervision with Steven

Narrative supervision adopting a postmodernist perspective aims at creating a *liberating space* that facilitates the possibility for dialogue between supervisee and supervisor and is created through a *dialogical endeavour* which would be helpful in discovering the dialectics and complexities of human experience. Even though the hierarchical relationship in supervision is inevitable, supervisors espousing the narrative approach have to reduce the unhelpful and limiting consequences of the hierarchical relationships they are placed in as much as possible. Hence, as Roberts (1994) points out, the '*super*' in supervision can also mean '*besides*' or '*beyond*' and needs not being limited to the common, hierarchical '*above*'. Bobele, Gardner & Blever (1995:18) state that

"We do not assume that the supervisor has access to privileged information about the therapy, client, or supervisee. The supervisor has more experience with the process of supervision and usually has more experience as a therapist, but this does not put the supervisor in a privileged position with respect to any particular supervisory encounter".

And O'Donoghue (2003:84) concurs,

“The supervisor’s voice is empowering when it creates a forum that invites practitioners’ and clients’ indigenous voices and respects and validates those voices by consensual, professional conversation and observation that is informed, ethical, educational, developmental, productive and revisionist. The creation of such a forum relies on demonstrations of respect, acceptance, partnership, transparency, encouragement and competence by the supervisor”.

Supervisions thus become a collaborative and cooperative process in which both supervisor and supervisee generate ideas *together* to promote positive changes in clients and growth in the supervisee. As Anderson & Swim (1995:1) mention,

“...supervision as collaborative conversation that is generative and relational, through which supervisees create their own answers, and in doing so experience freedom and self-competence.”

More, supervisors that are less one-up, less authoritarian and more respectful, will become more comfortable with adopting the *not-knowing* position that maintains a sense of *curiosity* to intersect with the understandings of supervisees. Narrative supervision, therefore, is a dialogue/conversation between two persons with lots of knowledge and experiences. In my conversations (rather than supervisions) with the person (rather than supervisee), I keep myself alert to the exercise of power implicated in such ‘supervisory’ relationship; I try not to dominate in the conversations by creating a platform/forum that encourages the practitioner’s voices and narratives; maintain a sense of *curiosity* in the practitioner’s narratives and his/her description of the persons’ (instead of clients’) narratives, especially their alternative explanations for whatever happened; identify the resistance of practitioners and persons and avoid using pathological and normative labels, which allow rich narratives in the liberating conversational space.

2.2.1 Our first narrative supervision conversation started when...

As mentioned, our first narrative supervision conversation started with the pre-supervision session; White (1997) claims that it is important to start a supervisory relationship with a thoughtful exploration of the therapist’s life, including his/her

work, cultural and family context. It is usual to ask why the supervisee got into the field and why s-he remains active in it. Ongoing conversations about what is *sustaining* about the work are very important and move them towards more complex understandings of the therapist's life.

In the pre-supervision conversation, I learnt that Steven decided to become a social worker because he identified with the belief to '*help people help themselves*' and this was the reason why he remained in the field for so many years. He used the metaphor – *the flame in his heart* – to describe the passion he had for social work: working for the benefit of the clients. But he was disappointed by the dominance of 'market' thinking and managerialism in recent years that emphasised only effectiveness and efficiency at the expense of clients' benefit.

*"In the past, our team was really good; we – including social workers and those who have no professional training – really cared about the benefits to our clients. We would try our best to think of the various ways that would benefit them. But now, it is not the situation, we become routinised at work by just finishing the tasks required. **The benefits of clients are not our priority.** I don't like that but since I have been working in the same field for that long, it's difficult for me to change. That's why I have to further study, which increases the possibility for me to find another job after graduation.*
(14th supervision session with Steven)

By adopting a modernist viewpoint, Steven's further education could be regarded as an *escape* from his existing situation, which is identical to the view Steven has about himself. In my own understanding, however, Steven is not satisfied with the current situation and wants to change *because he doesn't want the flame in his heart* being extinguished. In other words, he wants *the flame to keep burning* by further study and entering in the counselling field.

In this, the supervisory conversation using the narrative approach is focused on the *process of the dialogue* rather than on its *content*; similar to the application of the narrative approach used in the therapeutic context, the focus of the conversation here is not only on the narratives the supervisee tells, but also on *how* they are being told

and how my very presence can be conducive to rich narratives that could enhance a positive identity construction by the supervisee.

2.2.2 Egalitarian Relationship

Building an *egalitarian relationship* is more conducive to rich narratives to occur in the therapeutic as well as supervision contexts. As O'Donoghue (2003:81-82) says:

“The supervisor’s voice also has a leading role in the performance of supervision as a supporting voice for the practitioner and client. It is a responsive voice and should not dominate the narrative of supervision. It helps create a forum that will encourage the practitioner’s voice. It may incorporate attendance, observation, reflective listening, enquiry, support, challenge, knowledge of ethical and professional safety, and education and development”.

As Solas (1994) suggests, its emphasis is on *process* rather than *content*; thus, I intended to engage in an egalitarian relationship with Steven, as I realised that the hierarchical relationship between us and the various ways in my exercise of power – in what I choose to say and not to say; in how, when and where I speak, that I had the power to ‘pass’ his work – seemed inevitable (O'Donoghue, 2003). During the pre-supervision session, when discussing the supervisory arrangements, Steven suggested to start the 1st supervision 3 months later because he wanted to finish all his assignments before entering into the sessions. As well, it was Steven who decided what to bring up for discussion in each of the supervision conversations and I adopted a ‘*being-informed*’ position. As Anderson & Swim (1995:8) state,

“The supervisor takes a position in such a way as to be receptive to being informed by the supervisee. Such a position allows the supervisor to better maintain continuity with the supervisees’ position and to grant primary importance to the supervisees’ voice – their world views, meanings, feelings, emotions, and understandings. This ‘being-informed’ position joins the supervisor with the supervisee in a shared inquiry, a co-exploration of the supervisees’ understanding.”

Being-informed by Steven, I used to ask about how he made sense of the things he would have just told me; I would ask questions about his understandings of the clients

he interviewed and I was also interested in how his work impacted on him, how his work reflected his values and beliefs and how he integrated his internship with his work and his life's experiences. No 'model' answer was expected in this process; to the contrary, Steven created his own answers to these questions. Our conversations were dialogical in which meaning is mutually and collaboratively constructed; for instance, he shared with me how one of his cases told him that he knew very well that counselling could not help in his situation, whereby Steven questioned himself immediately, saying to himself that

*"I am **useless**; I was not able to help him. So, what am I doing here?"* (Pre-supervision session with Steven)

Listening to Steven's exclamation, I was interested in how he made sense of the client's description of the counselling service and its connection with his work; I wondered how his *sense of uselessness* affected him in his conversation with his client. I also explored his understanding of being helpful to the other, thus engaging in the telling of, inquiring about, interpreting and shaping of his narratives.

2.2.3 Curiosity

While there is a clear role and task expectation vis-à-vis therapist and client in *institutional talk*, whereby the client is expected to follow direction and instructions given by the therapist, there also exists a clear role and task expectation towards supervisor and supervisee in supervision when adopting the modernist perspective. The supervisee is expected to learn the skills and knowledge the supervisor is expert in; however, as Anderson & Goolishian (1998:382) state,

"The more quickly a therapist understands people, the less opportunity there is for dialogue, and the more opportunity there is for misunderstanding."

In the same manner, Anderson & Swim (1995:7-8) maintain:

"Supervisees often begin their study of therapy with a need and quest for certainty, particularly if they equate certainty with knowledge...most supervisees have learned to understand the first-person experiences of their clients by using general psychological and family models. Professional

technical vocabularies, which are rich and certain in one sense, are impoverished and uncertain in another.”

Maintaining such sense of *curiosity* in the supervisees’ (and the clients’) narratives in supervision conversations allows a rich opportunity for dialogue and the generation of alternative descriptions/explanations. Again following Anderson & Swim (1995:8),

“Through a curious posture, including words and actions, the supervisor conveys abundant interest and a need to know more, a desire to learn about and understand the supervisee’s meaning and social construction of the supervisory agendas. Questions, comments, said-aloud thoughts, checking-out statements, and imagined ideas are ways of participating in the experience of meaning co-developed through dialogue between therapist and client, or supervisor and supervisee.”

As mentioned above, there were two stages in Steven’s internship and he explained how a critical moment in the 5th supervision session represented a *watershed*. His sense of *failure* was strong during the first stage of his internship, creating tremendous stress for him; his sense of inadequacy made him question his competence and ability to finish the internship, which would once again confirm that he was a failure, thus creating even further stress. During the 5th supervision conversation, Steven told me how he felt like almost breaking down mentally when sitting at home idly, without motivation to write up the recordings of his internship; he was accused by a ‘voice’ that he was a failure, upon which he ‘yelled’ at the voice to stop before he calmed down himself; he was worried about a mental breakdown in such stressful situation.

I was curious to know how he made sense of this experience – at the edge of a mental breakdown – and how this experience would affect him in the coming internship. I explored with him what that ‘yelling’ meant to him and he found out that his ‘yelling’ was a *resistance* to the accusation of the voice:

*“It (yelling at the voice to stop) could be understood as a **resistance** to the accusation of the voice – you are a failure – but at the same time, I still have no confidence to go on the internship.”* (5th supervision session with Steven)

My curiosity allowed him to enter deeper into this experience (which would most probably be regarded as *pathological* in a medical model of understanding) by having a dialogue with me about this experience and how it would affect him in the coming internship. It was important for him to know that there was an alternative understanding of that ‘*pathological reaction*’ of yelling at the voice. As well, my curiosity for his narratives made him curious in his clients’ narratives, too. By the 7th supervision session, when we were discussing a case situation, he got the insight that

*“I don’t know what approach I am using, and a thought came to my mind when I was talking with the case – am I **too conscious** about my performance without the intension to understand him more? I started to **realise** that I was not really listening to them!”* and *“In the past, when I focused on what approach I was using and found that I was using nothing, I was disappointed because it seemed that I had learnt nothing. Now, to me, learning was not talking about what approach to use, but whether I have created a **space**, a **platform** for the clients to tell their experiences and stories, which I think, was **therapeutic in itself**.”* (7th supervision session with Steven)

During the 8th supervision session, Steven found that

*“To **be concerned about** clients, to **listen** to their stories and to be **interested** in their experiences really **relieved me from my anxiety** of whether I was doing well enough!”*

2.2.4 Identifying Resistance

Supported by my *curiosity*, Steven developed an unconventional understanding of his *yelling at the voice*; it became *an act of resistance* and remained an important experience to him because, even though he was still uncertain about his internship, he could see his way of struggling through. After the 5th supervision session, he sent me an email, which was a poem describing this experience as follows (excerpts):

*I sit under a tree (3:20 pm), with the wind blowing from behind my brain.
My head becomes light; my breath becomes long and deep.
I look up the sky after finishing the tea,
I see the white, the blue, the grey and the mixture of colours penetrating
in between the tree leaves and branches...*

=====

Just before that (12:45pm), I sit on the bench in the opposite.

Looking high, I could see nothing but the sky.

I am short of breath, I even breathe gaspingly.

But in less than three hours, I've changed.

My *curiosity* has also allowed Steven to engage in self-supervision, which Anderson & Swim (1995:19) define as

“The ability to be in dialogue with oneself and maintain a dialogical space in one’s own head...the dialogue we have with ourselves, the thoughts we have, the questions we ask, are in the nature of continually puzzling over what has just been said, continually checking out for interpretive understanding against what has been said and not yet said.”

After that, Steven faced uncertainty differently; he was full of vitality during the following supervision session. He said,

*“I still don’t know exactly what to do for the cases, but **knowing briefly that the direction is good enough**...I was **different** from before because I needed to control the situation in the past, I would ask what skills do I have and was that enough for the case and the situation...but now I think that my skills or effort only contribute 50% at most to the case’s situation... but I **enjoy** the conversation with my clients.”* (6th supervision session with Steven)

2.2.5 Avoid the Use of Pathological or Normative Labels

There were two layers as I tried to avoid the use of pathological or normative labels in my narrative supervision with Steven; the first layer was my rejection to use any pathological label for Steven’s critical experience – *yelling at the voice*. Instead, we realised together in our conversation that it was an act of *resistance* that generated alternative meanings and hence, its effects on his internship. The stories that people tell are constitutive of their identity, as the characters one regards as significant or not significant, the voices one privileges or silences when telling it, are all reflections of the dominant context in which the stories are embedded. Bobele, Gardner & Biever, (1995:21) point out that

“Often times supervisees also come equipped with education about normative understandings of clients. We try to encourage supervisees to look for a balance between the commonly understood, or normative, information about a family or problem type and the uniqueness of a particular client”.

More importantly, avoiding the use of pathological or normative labels prevents us from drawing only a *thin* conclusion of the self as these labels will close-off the expansion of additional meanings. My avoiding the use of pathological/normative labels in relating with Steven (first level) increased his awareness of the negative effects his own use of such labels had onto his clients (the second level), which was reflected in a case situation he told me of during the 9th supervision session.

One of Steven’s cases, a young woman, who was suffering from emotional problems, was described by her lecturer (a psychology teacher) as ‘*incapable of handling failures*’. He felt very bad and angry about that, as he knew that the student strongly identified with the label that lecturer imposed after having spent less than 30 minutes with her. Steven, therefore, intended to enter into the life experiences of this young woman, to discover with her the skills and knowledge she had in handling failure, to discuss with her how the definition of failure reflected the dominant context in which she was embedded. They finally came to a conclusion that the young woman might not need to fully accept her lecturer’s conclusion about her identity.

2.2.6 Discovering the differences

As mentioned, the 5th supervision session was a *watershed* in Steven’s internship; he moved from being self-conscious about his own practice performance to becoming interested in his clients’ narratives and stories that made him enjoy his conversations with them. Other than that, additional differences occurred in the following aspects:

1. Being Transparent

There has been a long established tradition in psychotherapy to obfuscate the therapist’s reactions, feelings, biases, history and context in order to prevent transference; it is said to follow that there should be a clear boundary between the therapist and the clients; however, as Behan (2003:40) states,

“a transparent conversation constitutes responsible action when it is centred on the client, when the therapist is careful to tie the disclosure to the client’s life and experience...transparency is a revitalizing remedy that can be used often and to good effect”.

During our 11th supervision conversation, Steven realised the reason why he shared a feeling of ‘heaviness’ when his client, a young woman who had separated from her boyfriend, told him that she was not able to separate from him emotionally. It reminded him of a personal experience that had many similarities to this young woman’s situation. He decided to share with that client the reason why he felt ‘heavy’ whenever he listened to her story; he also shared with her his emotional state while he separated from a previous girlfriend and he claimed that

*“I was really **transparent** in my conversation with her. I had never had such experience before because the training taught us not to tell our client our personal issue. I felt **good** even if I had a mind-flash that questioned whether this would cause any negative effect...I could realise **the difference** of the client, she felt very much relaxed after my sharing”* (12th supervision session with Steven)

2. From “Solving their Problems” to “Walking with People”

At the start of the internship, Steven intended to learn a new approach – the narrative approach – to *solve people’s problems*. In the process, when he found that some of the clients were ‘irrational’ in their thinking, he had puzzled whether he should switch to a cognitive-behavioural approach (aiming at correcting people’s ‘irrational’ thinking) to help them *solve their problem*, still the dominant approach in psychotherapy. I discussed with him why problem-solving was so dominant, how this reflected the dominant institutional therapeutic context we are embedded in and he changed his mind finally – abandoning the use of cognitive-behavioural work and sticking to the use of the narrative approach to identify the rich stories of people’s lives. During the last supervision session, reviewing his internship experience, Steven thought that

*“...the contribution of a counsellor is to **walk with people** in times of difficulties, my contribution was to **discover** with him/her the **stories** that s-he*

had forgotten, the stories which were different from their problem-saturated theme.” (15th supervision session with Steven)

3. From “Copying” to “Searching my Own Way of Using the Narrative Approach”

Supervision that intends to create a liberating and emancipating space facilitates the collaborative conversation between the supervisor and the supervisee through which the latter can create his/her own answer. As Anderson & Swim (1995:9) state,

“When learning becomes collaborative and participatory, it also becomes individualized and self directed...the supervisee’s expertise, competencies and talents are respected, valued, made room for, and encouraged”.

Referring to the supervision sessions with Steven, he no longer assessed his own practice performance according to the normative labels ever since the 5th supervision session. Instead, starting from the next session, he was keen to learn the narrative alternative approach – the way of understanding clients’ stories, the skills in asking questions that open up possibilities and the adoption of the not-knowing position. During our discussions of his ‘cases’, he asked what I would respond if I were the therapist, being interested in the way I would ask questions when in a therapist’s role. By the beginning of the 11th supervision session, however, Steven initiated a change in our mode of ‘doing’ supervision, asking:

“Can we change the way of doing supervision? I don’t want to talk about the cases but my learning of narrative approach in the past month”.

We then started to discuss his learning mode, whereby he used the metaphor of him initially ‘*being an apprentice of me*’, the ‘*chef*’ and expert in using the ‘*knife*’ (narrative approach) to cut whatever comes into my hands and according to my will:

*“In the previous supervision sessions, **I intended to use your knife and learn the way you use it.**” (11th supervision session with Steven)*

This is what White (1992:93) identifies as a supervisee’s temporary need to position his/her work within the *narrative story* of therapy and copy the ‘teacher’

as a point of entry, calling it “*the copying that originates*”, Behan (2003:33) adding that

“Supervisees will get a toehold by learning about the narrative worldview and current practices. Copying is just the beginning; the point is to originate a new story that extends upon the narrative metaphor by incorporating the therapist’s experiences and meanings and then continuing to perform it into the future”.

Steven then added in the same supervisions session (the 11th),

*“I realised that in the past supervision sessions, I tried to **copy and imitate** your way of using the narrative approach in relating with my client...but I started to **think of my way of using it**. When you discussed with me in great detail the case situations, I felt like you helped me to find **my own way of using my knife** instead of using yours that didn’t suit me!”*

During the following supervision sessions, Steven did not report in great detail about his cases, but summarised and concluded his observations and work by discussing with me the directions to take and without asking me about questions I would ask in his situation. For instance, in the 12th supervision session, he concluded:

*“Looking back over the past interviews, it seemed like I used your ‘knife’ in the conversations with my clients that seemed to me feel difficult to handle. But now I have my own knife in relating with them that allows me to listen to them, to walk along with them and to **follow their needs**.”*

4. From “I Want to Leave Social Work” to “It’s Okay to either Stay or to Leave”

The reasons for Steven to study the Masters course and his insistence to complete it were to change to another job after graduation. This message was really clear, starting from the very beginning of our conversations. By the 14th supervision session, however, when reviewing his three-year study and internship, he told me that

*“It was **wrong** to think of changing jobs after the completion of the Masters course, though it was my original intention to study. It was **wrong** if changing*

*jobs was to **escape** from the existing situation...now, I believe that it is **okay** for me to stay or to change if the **flame (the passion)** in my heart is **still on**.”*

2.3 The narrative supervisions ended when...

Steven finished the internship within the statutory time frame and the narrative supervisions ended after the 15th supervision session and we reviewed the entire experience together. He said that the internship journey *had not been easy* but he had *enjoyed the process* very much. Using the word ‘friend’ to describe me when talking about his understanding of our supervisory relationship, he explained that

*“I used to think that we should only discuss my work in the internship and have never thought of talking about my personal issues in supervision, for which I think I should go for counselling. But this is an **extraordinary experience** to me...through our **dialogues and conversations** you helped me to see something that I have never noticed before. You also **walked alongside me** when I was on the dark side of my life...you **ARE** the supervisor that I esteem very much.”*

When I asked him about his understanding of what contributed to being a good counsellor, he said that good counsellors should

- ~ have sense of *curiosity* towards clients’ narratives/live experiences
- ~ have *passion*
- ~ *walk along* with their clients in time of difficulties
- ~ help the clients to *identify their rich stories in their lives* (especially those they have already forgotten)

After the internship, Steven returned to his workplace and continued working as a social worker there.

3. The story of David

3.1 The story of David started when...

As mentioned before, the major focus of supervisors in many if not most welfare agencies has shifted almost entirely to their *administrative* function, while the *educational* function of supervision has been delegated to *external* clinical supervisors with specialised expertise. It was under such circumstance that I was approached by the NGO (where David and Ella were employed) to offer clinical supervision (itself to be based on the narrative approach) to their staff members in mental health settings, so as to strengthen the narrative practice approach for which the agency was well-known in Hong Kong.

In fact, the Social Workers Registration Board (SWRB) had recommended in 2001 that social workers attend professional enhancement activities of not less than 24 hours a year with the aim of upgrading their professional skills and knowledge, echoing the Reform Proposals for the Education System in Hong Kong issued by the Education Commission in September 2000. These proposals claimed that Hong Kong needed to develop into a society that values lifelong learning and that everyone should have the attitude and ability for lifelong learning and the willingness to advance further beyond their existing knowledge levels, continuously consolidating and upgrading their skills and competencies. For this reason, the institutional area of continuing/on-going professional development is to be included under the *educational context* within this investigation, so as to explore whether the use of the narrative approach could facilitate the creation of transformative spaces.

David was an experienced social worker and he had been working in the welfare sector for about eight years, three years in youth work and five years in the mental health setting. A total of seven individual supervision sessions and four group supervision sessions (with one his colleagues, Ella) were conducted. Since the David's agency favoured the use of the narrative approach, this approach was not totally new to David; he defined the meaning of using narrative approach as follows:

*“The narrative approach (story telling) helps me to **build up relationships** with the agency members, but to me, it is **just a set of skills**”* (1st supervision session with David)

Since David was an experienced social worker, he knew very well the constraints and limitations the dominant institutional context exercises on people diagnosed with ‘psychiatric illnesses’ and Dickson, one of David’s cases, would be used for illustration.

3.1.1 Hierarchical Relationship

With the dominance of the medical model in mental health settings, people who have suffered from mental illness are being regarded as *sick and pathological*, unable to take care of themselves and depend on medication and the interventions of the helping professions. Dickson suffered from depression and depended on drugs to control his emotions; he was in his mid-thirties, the only son in the family. His father passed away when he was just a little child and since his mother was an orphan herself, she became his only family member after his father’s death. As he had injured his backbone when young, he had lost his working ability and depended on the Comprehensive Social Security Assistance (CSSA) for his livelihood, leading to a negative self-identity, given that, as I have pointed out before, in Hong Kong, people who cannot earn their own living are labelled ‘*useless*’ and a *burden* to the society. As well, in a patriarchal society infused with values of ‘proper’ *masculinity*, his *sense of failure and uselessness* was so strong that he had to depend on medication to control his depression, further increasing his sense of failure vis-à-vis the helping professionals.

Dickson attempted suicide and was sent to hospital by ambulance, after his ageing mother had called the police for help. When hospitalised after his attempt, his mother suddenly died at home of cardiac arrest. This was such a tragedy for Dickson, who blamed himself for causing the death of his mother, calling himself a *murderer* who had killed his own mother. He felt so guilty that he could not forgive himself:

“...*she was dead, this was my fault, **I was the murderer**, and I will never forgive myself, **NEVER!**” (as David described Dickson’s conversation with him during our 1st supervision)*

3.1.2 Monopoly of Interpretation/Internalisation of Problem

Dickson was diagnosed to suffer from **depression** and had to depend on drugs for emotional control. He needed further treatment especially after his suicidal attempt; he had also suffered from panic attacks after that; as he had internalised the problem, Dickson offered no resistance – a depressed person who had to depend on medication in controlling his own emotions and also on the help of professionals to manage his life. After the death of his mother while still being hospitalised, David helped to take care of the funeral of Dickson’s mother. After he was discharged from the hospital, David offered intensive counselling to Dickson.

3.1.3 Pathologising, Totalising and Disempowering

Facing Dickson’s intensive emotions, medication became overwhelmingly important for himself and in David’s understanding of his situation; the latter was afraid that he would try to commit suicide again. Hence, preventing him from emotional breakdown became David’s primary concern, *depression* becoming so pathologising and totalising both therapist and client were disempowered in the process. After one year, Dickson had improved somewhat and he was able to manage his basic daily living tasks and needs, but whenever he heard someone talk about *family* or a relationship with his/her mother, he still could not help falling into a very depressed mood, screaming and crying out loudly, even in public.

3.2 My narrative supervisions with David

In order to fulfil the agency’s requirement for clinical supervision, my narrative supervision with David started; for him, the supervision should be understood as a way to enhance the agency’s reputation. As I already mentioned, when talking about his understanding of narrative approach, he thought it to be just another set of skills to solve clients’ problems. But he also wanted to experience the *difference(s)* in the

approach, as his colleagues had mentioned there were. As David was unhappy with the side-effects of medications as well as the pathological labels given to people suffering from psychiatric illness, at the same time, he was worried that, if clients would not comply with the prescribed medication, they would easily relapse. Referring to Dickson's situation, David really did hope that he could find relief from his guilt feelings; but he felt helpless in therapeutic relationship as the client showed little change even after one year of intensive counselling and he was afraid that Dickson would never be able to shake off his depression without drugs.

3.2.1 Our first narrative supervision conversation started when...

Similar to my work with Steven, the first conversation started with an exploration of David's life, including his work, cultural and family context. He had worked in the business field before becoming a social worker; he had earned a good salary but he finally decided to leave his job for two reasons; firstly, he witnessed a lot of illegal '*dirty work*' (such as corruption) in which he refused to get involved in and, secondly, he wanted to do something *meaningful*. So, he decided to change – to study the Diploma Course in Social Work to become a professional social worker and help those in need, which, to him, was a meaningful way to live.

Looking back over his past experiences in relating with people suffering from mental illness, his sense of helplessness was strong during his very first contacts with them; David described that they seemed to have been *frozen* by their psychiatric condition – displaying withdrawal, being distant and indifferent. But once he found that one of his clients had previously been a social worker, he realised that every person, no matter who one happened to be, could be at risk of mental breakdown. He started to develop a different understanding of his work, saying that

“making them happy makes me happy...it's my honour to take part in people's lives... It is my honour to be a social worker and I have no regret to have made this choice, because being a social worker, I have many chances to get to know people from all walks of life and I can learn a lot from them.” (1st supervision session with David)

3.2.2 Egalitarian Relationship

David's expression – '*making people happy would make me happy*' – resonated very much with me during our first narrative conversation and I told him that he had encouraged me to continue my narrative journey to discover the wealth in people's lives through the use of the narrative approach; simultaneously, David had written me a reflective note after our first conversation:

"Thanks for sharing your life stories with me...in this sharing, especially when talking about your social work journey, you reminded me of my passion to become a social worker. It is a good reminder for me in such a busy working context!" (1st reflective note from David)

We thus joined as equal participants in our narrative conversations, both learners as we shared and explored each other's voices (Anderson & Swim, 1995).

3.2.3 Curiosity

In our second narrative supervision conversation, David told me that he and his colleagues at the same Day Training Centre had faced a difficult situation in the past few days; one client/member had committed suicide and had died soon after leaving the centre and all staff members were blamed by the member's mother, who questioned whether they had taken care of her son. David had a phone conversation with the mother and she blamed him for about 2 hours, making him very upset not because of the blaming, but because of his *helplessness* in this situation. He felt with the mother for the death of her son while at the same time wondering what could have been done to prevent this from happening again. He said

*"It is **too heavy** for us (my colleagues and I) to learn a lesson based on taking away a person's life..."* (2nd supervision session with David)

David was in tears when talking about this situation and I could feel the heaviness in his manner of sharing and his expression; so I was curious about how he could remain in such situation and I asked

"What makes you go on with your work and not feeling destroyed even in such a heavy and difficult situation?" (2nd supervision session with David)

He answered that

“I know that people (like our clients) who face great difficulties can still go on... When compared with them, my experience is not that difficult, though heavy!” (2nd supervision session with David)

In addition, David told me that he enjoyed getting along with the members in the agency and that his relationship with them was very good; it was more than *working* relationship, but represented the connection between lives. He enjoyed listening to members' sharing as he believed that if they could not do this with them as social workers (or if social workers were not willing to listen to them), it represented a failure of the social workers.

Listening to David's words, I felt the strong connection between us and, at the same time, I was curious about how he made sense of sharing his experience with me and what the impact of this would be on his work. David told me that

“I felt being understood...this is such a good experience because, in as far as this issue is concerned, I didn't share much even with the supervisor of the Centre or with my wife. This is also why I was in tears as shared...this issue also reminded me to be very conscious about our way of relating with our members if we don't want this to happen again...” (2nd supervision session with David)

3.2.4 Respect his Definition and Understanding Derived from his Life Experience

Facing Dickson's situation, whilst David felt really honoured that he could help he felt desperate, at the same time, he had a strong sense of helplessness and wondered if using a narrative approach could be of help:

*“In the course of this year, I have used different methods to help Dickson to face the death of his mother. Though it seemed that he could basically manage his daily living, he felt so guilty that whenever he heard people talking about family, he would cry to death. **I wondered if using a narrative approach could help him to relieve his guilt**”* (1st supervision session with David)

Dickson was also one of the members of the narrative group I ran in the agency David worked in and once, in a group session, when another member was talking about the love and care of her mother, he was so emotional that he ran out of the centre. David followed him to calm him down and David suggested that he meet with me to see if I could help relieve his intensive guilt feeling. Together with David, I met Dickson twice; his feeling of guilt and self-blaming were really strong; he said that

*“The **guilt and self-blaming** would be **with me for my entire life**.”*(1st conversation with Dickson)

Listening to this, I could feel Dickson’s difficult situation but I was also curious about what sustained him during the past year and I was interested in how he would describe the guilt feelings and self-blaming and how they affected him. As I asked him how he would describe the feelings he had experienced since his mother’s death, he looked up and saw a 29” *TV set*, immediately replying that he felt like such a 29” *TV set* being pressed on his chest, so much so that it was difficult for him to breath and he expressed the effects thereof:

*“I have an **intense feeling of being scared** so that I lock myself at home and cover myself with a thick quilt even in summer; I also **refuse any contact** with people. Whenever I see my mother’s picture, I cannot help **kneeling down** in front of it to **cry loudly** and can only stop when in atrophy. I cannot not help **hitting my head against the wall**; I also feel **breathless** and have chest pains”*
(1st conversation with Dickson)

According to David, this was the very first time he heard Dickson’s descriptions about his mother’s death as he seldom talked with him about this; hearing it, David’s immediate reaction was:

*“Wow, how can he bear this? A 29” *TV set*?”* (2nd supervision session with David)

Realising that he had helped himself by ‘*downsizing the TV set from 29” to 25”*’ and that he was not aware of this before our conversation, Dickson gained more confidence in relating with his problem. During our 2nd conversation, he said

“I realise that my life still needs to go on after our conversation last time and I do not want to remember my mum with regret”.

Hearing this, I wanted to know whether there he felt any difference after our last conversation; Dickson told us the different ways he uses to help himself, including:

*“**I decided** not to watch tragic TV programs to prevent myself from falling into my depressed mood again. I also accelerated the process in handling the inheritance of my mother **as a way of wrapping up the sadness**. I started to **prepare myself for job seeking** and to **join the centre activities actively**.”* (2nd conversation with Dickson)

I was curious about the size of the TV set again this time and Dickson answered that *it was now about 21”* and I wondered whether this was an *appropriate size* and his answer to this was *positive*:

*“I don’t want to become anaesthetic because I still **cherish the memory of my mother**. I want to remember her but at the same time want to continue my life. I would still **allow myself to cry** if I really want to cry, but I will **choose** when to cry and when not to.”* (2nd conversation with Dickson)

David had never thought that maintaining the 21” TV set, as he wished that Dickson could remove the TV set entirely from his life. He exclaimed that

*“Before this conversation, I really hoped that Dickson could **get rid of the TV set totally** and start a new page of life. Now I realised that **it was not up to me**, the social worker, to determine what and how to let go, but up to Dickson. **‘This is an appropriate size’** taught me a lot – this was a **precious lesson!**”* (3rd supervision session with David)

3.2.5 Discovering Dickson’s skills and knowledge in resisting the problem’s influence

According to Dickson, since about two months after the death of his mother and even though it was really difficult, he had not thought of committing suicide again. I was curious about that and asked him the reason for this. He replied

*“It was my suicide attempt that killed my mother. I was the **murderer!** I didn’t know who would be killed by me if I would commit suicide again. I didn’t want to become a murderer again!”* (1st conversation with Dickson)

Even though Dickson stated clearly that he would not commit suicide again, David was still very worried about him as the anniversary of his mother's death was approaching and David was afraid that he would collapse emotionally. As his mother had passed away since about one year, I wondered if there was any difference in the size of the TV set and he stated clearly that the size had diminished: ***It was 25"***. When asked what he had done to downsize the set, he answered that in the past six months, he had tried different ways to help himself as he realised that his life still went on;

"I mopped the floor four times a day and made every effort to keep myself busy; I changed the internal decoration of the house frequently. I also put aside the big picture of my mother – the one that made me cry whenever I saw it – and I substituted it with the photos I took with my mother (with a smiling face) during a trip. I also accepted the advice of David – I spent the day in the centre and did voluntary work in order to maintain contact with people".

(1st conversation with Dickson)

Both Dickson and David were *surprised* to realise that the former had done a lot to help himself, to which David reacted with awe:

"I have never thought of seeing the problem this way. It is also a big surprise to me that Dickson has already done a lot to help himself while I thought that he just suppressed himself so that he only looks okay superficially. This is the very first time I directly witness that people do have their resources and ways of resisting the negative effects of the problem" (2nd supervision session with David)

Another set of skills that we discovered in Dickson was his way of *downsizing the TV set from 25" to 21"* mentioned above, which we found was very rich.

3.2.6 Discovering the Differences

There were two levels of differences, both those in Dickson and those in David; according to David, *the differences of Dickson were obvious* after the two conversations with me; he started to *attend vocational training* at the centre to prepare for open employment. In addition, he invited David to *together visit his mother's*

graveyard on the anniversary of her death, whereby he witnessed that Dickson was still grieving but he *told his mother* that he *would take good care of himself*.

There was also difference in David. In the 5th supervision session, he told me that

*“**This is the difference!** Using the narrative approach prevents me from falling into the trap of solving the problems for Dickson. Instead, it is my **honour** to become his **companion** to walk with him together; to **discover the beauty** of his live and to be his **partner** in this walk of life.”*

This experience also helped David to pay attention to the wealth and beauty of members’ lived experience, even if they are regarded as *fragile*. It also reminded him to listen to the members’ voices. Most importantly, David exclaimed:

*“It is **not enough** for me to just listen to their voices, **but also the general public needs to**. I hope to organise activities for **people to hear their voices**. I think they can also **stand up for themselves**.”* (5th supervision session with David)

4. The story of Ella

4.1 The story of Ella started when...

Ella worked in the same NGO as David and she was one of the colleagues to whom I offered clinical supervision; after graduating with a Diploma in Social Work, she started and stayed to work for the same NGO for about 15 years. She worked in a youth setting for 5 years and after that changed to the psychiatric rehabilitation service setting. A total of seven individual supervision sessions and (together with David) four group supervision sessions were conducted.

4.2 My narrative supervisions with Ella

Since Ella was an experienced social worker who, similar to David, had worked in the psychiatric setting for about 10 years, she knew the dominant institutional context very well and since I have repeatedly indicated its characteristics, I won’t repeat them.

4.2.1 My first narrative supervision conversation with Ella

Similar to those with Steven and David, I started the first narrative supervision conversation with Ella by exploring her life stories; as mentioned, after graduation she worked had worked in the same agency for 15 years and even though her workload had increased since the welfare reform, they did not prove too difficult for her due to her maturity and abundant experiences. She was married and had a six-year-old son; her pregnancy had been difficult and her son seemed like a gift to her. At this stage of her life, her primary attention was to her son and family as she wanted the best for him, which was also the reason why she had not thought of further study at this stage. This didn't mean that she was not involved in her work and even though it was 'routine' to her, she tried her best to work for her clients. She also wished to experience the differences the use of the narrative approach would make in working with her clients; as she said,

*"I used to help clients to solve their problems by providing answers to them quickly. I know this is not what you do when using a narrative approach but I don't really know what to do. I **really want to experience the difference** in using narrative approach."* (1st supervision session with Ella)

Hence, our conversations focused on Ella's use of the narrative approach in her work with one of her clients; Mrs. Wong was in her mid-forties, had been married for about 20 years and had a teenage daughter and a 10-year-old son. She used to be a housewife whose first priority was to take care of her family: to be a good wife, supporting her husband and a good mother in taking care of the children. One year ago, however, Mrs. Wong decided to separate from her husband, which was a difficult decision for her; her husband had incurred big debts that caused the family to live in fear as the creditor threatened to hurt them if they wouldn't repay. Mrs. Wong was really hurt not only because of the debt, but also because she knew nothing about her husband owing it and because her children would not be able to enjoy a peaceful life. So she initiated to go for a divorce but she *blamed herself* for not being a good wife, as she knew nothing about her husband's debt; to her, it was her *failure* that her family became incomplete, it was her *fault* because she could not provide a shelter to her children. Because of this, Mrs. Wong suffered from depression and insomnia and depended on drugs; she *even had thought of committing suicide*, which she did not do

because she still needed to take care of her children, but when her children would have been old enough to be independent, she could do so. According to Ella, Mrs. Wong had said the following:

*“I have thought of **committing suicide** but I cannot leave my kids alone...I have given every effort to be a good wife and a good mother...It’s **my fault and failure** for not being able to maintain a complete family, **I am a woman with a bad fate!**”* (Ella’s description of a conversation with Mrs. Wong during our 1st supervision session)

Mrs. Wong had burst into tears and the more she talked, the stronger her negative emotions and the more intensive her sense of failure:

*“Mrs. Wong was really depressed during our first conversation, bursting into tears when she told me of the family’s problems and the burdens she faced; **the more she told me, the more she cried**...I didn’t know what could really have helped her; **I just thought whether** the use of narrative approach could help!”* (1st supervision session with Ella)

4.2.2 Egalitarian Relationship

After working for about 15 years in the social services, Ella was an experienced social worker but the supervisions by the agency supervisor were more on an administrative level and thus more hierarchical in nature. In our narrative supervision conversations, adopting a constructionist perspective, we focused on Ella’s and her client’s stories, inviting their telling, deconstruction and reconstruction; O’Donoghue (2003:37) says

*“The paradigm shift from modernist supervision to constructionist supervision is a shift from **outside-in** supervision to **inside-out** supervision. In other words it is a shift from applying general approaches to particular situations, to an approach that is shaped by the dialogue between the persons, situations and context.”*

While listening to both the foreground and background of Ella’s story of her own family as well as her explanation of Mrs. Wong’s story, I was interested in how the latter, especially her commitment to her family and doing the best for her children –

which was similar to Ella's description her own commitment – affected her in relating with Mrs. Wong. Ella replied that

*“I was **moved** by Mrs. Wong's **wisdom** in rearing her children. She **reminded** me of what to insist on and what to let go. Hearing her talk, she reminded me to think of what would be the best choice (of primary school) for my son. I agreed with her that I was also very much **concerned about** the future of my son – not how much he will earn, but his **well being** and his **character**.”* (2nd supervision session with Ella)

Ella had also told Mrs. Wong that she was moved by her commitment to her child rearing and the latter was surprised to hear this, for she had never thought her story – a story of *failure* – would have a positive effect on a social worker, who she believed to be an expert in this area. Mrs. Wong thus started to wonder if she was a total failure and hearing this, I also shared with my experience and reflections about my relationship with my son. In this dialogical process, no-one's voice dominated as we felt free to express ourselves; in the 7th supervision session, Ella reflected that

*“I enjoyed having conversations with you very much; to me, they were not supervisions, but conversations between us that let me **really feel free in what I could say**. I was most impressed when in our 1st conversation you asked what made me continue to be a social worker after 15 years of work; you were also interested in my family life. It made me think how much I cared about my family, which increased my understanding of my clients – those who suffer from family problems. Thanks for that!”*

Ella enjoyed the same conversations with Mrs. Wong; instead of providing answers towards problem solving, she listened to her stories, saying that

*“I was **excited** after every interview with Mrs. Wong, the conversation with her was so **smooth and relaxed** that it seemed like **we just had a chat** but through this process, we **discovered the beauty** of her life – her love, her care and concern towards her family members as well as her insistence to keep the family together”* (4th supervision session with Ella)

4.2.3 Curiosity

Talking about Mrs. Wong's problematic situation and her overwhelming emotions rendered Ella worried about what to do next; she wondered if she should stop her from talking too much as she was afraid that her client would relapse. I was *curious*, however, about Mrs. Wong's explanation to not attempt suicide as she would not leave her children alone; I was also interested in her understanding to be a good wife and a good mother and in her child-rearing 'methods'. Ella then attempted to explore these aspects with Mrs. Wong during their subsequent conversations and she was surprised to find that *being curious* led to such rich conversations she had never anticipated; she exclaimed during our 2nd supervision session:

*"Mrs. Wong's story was **really rich**; I would never have thought of **knowing her that deeply** in one interview"*

4.2.4 Discovering the skills and knowledge of Mrs. Wong in rearing her children

When Ella explored with Mrs. Wong her way of bringing up her children, she found that even though the latter believed that she had failed to keep her family intact and was afraid that the family breakdown would affect her children adversely, she showed a lot of wisdom in rearing them. Mrs. Wong told Ella, who was thrilled by her skills, knowledge and wisdom:

*"I always tell my kids that I am not a perfect person, but I'll **try my very best** to teach them. I'm very much **concerned about** their future – not how much they'll earn, but **how good their character will be**. I **insist** in being **their role model**."*

*"I love my kids and I am very much concerned about them. I can say that my caring for my kids is all-rounded. I have **no regrets about** when facing them."*

*"I communicate with the school teachers as they might not have a thorough understanding of my kids; I will **initiate** to talk to them so that we can **work together** to facilitate their learning and their growth."*

*“Sometimes my kids would forget to do their homework, sometimes they might be lazy. It was **no big deal!** This is life and this is the process of growth!”*

*“I was too compliant to my own mother and I lost my sense of self. I **give** them a lot of **space** to try things out because I hope that my kids can be more independent to work for their future.”*

*“I know that **my kids love me**. They will initiate to do the housework and they will do the massage for me when they know that I was tired.”* (Ella’s description of her conversation with Mrs. Wong in our 2nd supervision session)

4.2.5 Discovering the Differences

The first *difference* that Ella discovered was Mrs. Wong’s relationship with her husband; although she had separated from her husband, they maintained frequent contact with each other; her husband would talk with her over the phone every day; he would also visit her frequently despite the fact that they still had a lot of conflicts and quarrels. Ella was really *curious* about their relationship because,

*“It would be easy for me to **take-it-for-granted** that they should separate and that divorce was the way out. But when I learnt that they have frequent contacts, I explored with Mrs. Wong and she told me that she still had a very **strong belief** that they would be united again one day to take care of their family together, even though there were still many conflicts between them, especially in the child-rearing aspect.”* (3rd supervision session with Ella)

Hearing this, Ella tried to explore with Mrs. Wong her confused feelings – on the one hand, she expected to be united again with her husband but, on the other, she was irritated by her husband’s frequent contacts and visits. Stimulated by Ella’s curiosity and exploration, Mrs. Wong developed a different understanding of her husband’s frequent visits too. She said,

*“Yes, I was irritated by him, especially when he complained about the kids. But it also reflected that **he is still concerned about me** because he told me that he worried about my physical condition (I faint easily). It was **good** that*

*we had lunch together and **discussed our future***". (Ella's description of her conversation with Mrs. Wong in our 3rd supervision session)

Another difference that Ella and Mrs. Wong discovered in the course of their conversations was the realisation how the latter's valuing of family life was evolving; both gained a different understanding over her relationship with husband as Mrs. Wong told Ella:

*"I start to realise that it is important to **insist** on taking care of my family, even in times of difficulty because I feel that he (her husband) is still concerned about us."*

*"Although we have separated for a whole year, I **trust** him **totally** and I have **never worried** that he would start another intimate relationship."*

*"The economic condition is not as important as the **love between us**."*

*"In the past, I have only known about compliance in marriage...but now I know that there should be **commitment** and **love**."* (Ella's description of her conversation with Mrs. Wong in our 4th supervision session)

Given this great shift, Ella was curious about the reasons for this difference, whereupon Mrs. Wong told her a story:

*"He (my husband) was on leave yesterday and he went to the market to bring different types of seafood home for dinner; we **enjoyed** dinner together; when he sat down at the table, he urged me to sit down and asked me what I liked to eat and he then brought it to me...this was simple but it reflected his care and concern. **This was simple but this is my definition of family life!**"* (Ella's description of her conversation with Mrs. Wong in our 4th supervision session)

Ella was very moved by this conversation with Mrs. Wong and she reflected a lot on her own marriage and family life; she gained a new understanding of the meaning of commitment and insistence in marriage, saying that

*"Her insistence in caring of the family and kids was **so touching to me**; I asked myself whether I will still insist when I would face a similar situation to Mrs.*

Wong...I asked myself what I treasure most in my marriage. Yes, it was simple but it was also my definition of family life.” (4th supervision session with Ella)

In addition, she said that she finally experienced the power of narrative:

*“I experienced **the power of narratives** in this interview with Mrs. Wong...I have **never provided solutions** to the problem she faced but just asked questions with curiosity...I witnessed the **transformation in Mrs. Wong from the inside out**. I asked Mrs. Wong about not offering her any solution to her problems and her reply was **positive**. She said that I helped her to think about her situation from **various perspectives**.” (4th supervision session with Ella)*

5. The story of David and Ella: discovering *the differences* by using the narrative approach

Other than in individual supervisions, David, Ella and myself also engaged in group supervision, as required by the NGO; we held a total of 4 narrative group supervisions in which David and Ella would share their experiences of working with clients; the objective was not to evaluate their practice but to provide a platform to honour and appreciate the persons’ (i.e. their clients’) expressions of living and to link the stories of these persons’ lives with the stories of the lives of ‘their audience’ (social workers) around shared themes, values, purposes and commitments (White, 2000).

In addition, we also discussed a narrative group with couples who had been suffering from mental illness; David and Ella had been running this group not only because it was a requirement of the supervision scheme, but also because they found that many negative comments were made vis-à-vis these couples, for example that their marriages would cause many problems which would become ‘burdens’ to government and society. However, when they related with these couples in their work, they found that many not only maintained their families well, but also experienced love and care even in time of difficulties. Both David and Ella were aware that people seldom listen to the stories of these couples, so they decided to run a narrative group with them, to discover their skills and knowledge in maintaining a family. They also wanted to tell the couples as well as the general public that marriages of couples with mental illness could also be beautiful, happy and satisfying.

Together with the lessons learned and experiences from their individual narrative sessions with me, the group sessions helped sum up the *differences* they had both experienced through our joint conversations and reflections (see also the accounts of their discovery of differences in the narration of our sessions using the parameters above).

1. *Appreciation of people's expression of living*

By using the narrative approach in their individual conversations with clients, both David and Ella have more of an appreciation of people's expressions of living:

*"Before the use of the narrative approach, I was **a problem-fixer**. Due to the limitations of time and space at work, I would help them (the clients) to find solutions to their problems. For example, if they were unemployed, I would help them to find a job. But now, I would pay attention to the **values** of their actions."* (4th supervision session with David)

*"I notice my **difference** before and after using the narrative approach. Before, I would give my judgement easily, such as 'your children are actually good, you need not worry'. But now I would **pay much more attention** to their descriptions, to **listen with curiosity**. This helps me to understand them from **their** perspective and their stories were very rich. If I make a judgement without listening enough, I miss a lot!"* (2nd supervision session with Ella)

Together, David and Ella also appreciated the couples' expressions of their ways of living in the narrative group as follows:

"We used to run psycho-educational groups for couples such as skills in enhancing family relationships and conflict management. In fact, the members of this group also expected that we would teach them some skills to solve their family problems, which became a pressure for us and we did consider whether we needed to change the group content according to their requests. But when we insisted on inviting them to tell their love stories and when the group members started to get used to this group, both of us (the members and I)

*enjoyed their stories and also the **process** very much.*” (David in the 2nd group supervision session)

*“I agree with David that the contents of our previous groups were very structured, but in this group, the **interactions among the members** were important because they helped to **thicken the meaning of the stories** they told and the **connections** among the members were also **strengthened**.*”(Ella in the 2nd group supervision session)

2. *Being transparent*

David, in re-telling during the second interview with Dickson, was really transparent when he heard that Dickson found 21” an appropriate TV screen size. David said:

*“Seeing your situation, I thought of what to do so that you can get rid of your emotions whenever you think about your mother. Now, when you have just said that 21” **was an appropriate size to you**, I know **I might be wrong**. You have the choice and you can choose different ways of remembering your mother. It is not necessary to get rid of your memories!”* (2nd conversation with David and Dickson)

As already mentioned, Ella also told Mrs. Wong that her values in child-rearing reminded her of what she also valued most in taking care of her son – it was the well-being of her children.

3. *Linking the lives of social workers (David and Ella) with those of their clients*

When David shared the experience of his dialogue with Dickson in the group supervision, the latter’s stories linked with the lives of David and Ella; hearing the expression of his guilt feelings towards his mother and the subsequent change he experienced, Ella said:

*“I resonated with Dickson when hearing his image of a 29” TV set because **I re-experienced my sorrow at the death of my own grandmother**. But it echoed so much that the **remembering was not necessarily sad, we have a choice**.*” (Ella in the 2nd group supervision session)

*“The story of Dickson **reminded** me of the story of my father. Last month I went to my father’s home town in China and I had a different experience. I learnt from the relatives in China that my father was a tough person who did not talk a lot. The story of Dickson **reminded** me to think once again about what I treasure most. He **reminded** me to spend more time with my family members!”* (David in the 2nd group supervision session)

Mrs. Wong’s stories equally were linked to the lives of David and Ella; David was very much impressed by Mrs. Wong’s expression. David exclaimed that

*“I was really impressed by the words of Mrs. Wong – **they were simple but they represent my definition of family life** – she reminded me that the answer is so simple. I shared with my wife what Mrs. Wong had said and we realised that **we already had a satisfying family life, it was that simple!**”* (David in the 1st group supervision session)

*“Her insistence in caring for the family and children was **so touching to me; I ask myself** if I will still insist when I would face a similar situation like Mrs. Wong...**I ask myself** what I treasure most in my marriage. Yes, **it was simple but it was also my definition of family life.**”* (Ella in the 1st group supervision session)

The love stories of the couples in the narrative group also linked with the stories in the lives of David and Ella;

*“Listening to their stories, I realised once again that there were so many hurdles in their marriage but they still insisted on taking care of each other. It was a **great reminder to me** – of course I cared about my family, my wife and my kids, but I wondered if I can still insist in times of difficulties like them. **Witnessing their insistence to care, I realised that commitment was the insistence to continue even in times of difficulties**”* (David in the 2nd group supervision session)

*“Every time when I listen to their stories in the group, I ask myself what story I would share. I do feel with them when they talk about the difficulties they face. Among their stories, **the theme ‘forgiveness’ impressed me most** because it is*

*not just a word but it is their life; they demonstrate the forgiveness and acceptance in marriage throughout their lives, their everyday experiences. Don't take-things-for-granted; I **treasure** my family and relationship with husband and son very much!"* (Ella in the 2nd group supervision session)

4. *Difference in relating with the service users*

When David and Ella, through the use of the narrative approach, were able to acknowledge the members' expression of their experiences of life and were being transported by their stories (White, 2000), their relationship with the members changed. As David claimed,

*"I was **no longer a problem solver** and the members were no longer problem makers. Instead, I feel **grateful** because the members allowed me to **share with them** their live stories as I can **learn a lot from them!**"* (David in the last group supervision session)

*"To me, the use of narrative approach allowed me to **view a person differently**. I **won't judge**. **Listening to their stories**, especially their beauty, is already a wonderful experience."* (Ella in the last group supervision session)

5.1 The narrative supervision ended when...

The narrative supervision ended when we had fulfilled the requirement of the agency in the supervision scheme, on the one hand, while, on the other, both David and Ella had experienced the *power* and the *differences* the use of the narrative approach had made in relating with people who were suffering from mental illness.

6. Conclusion

Again, from the experiences with my 'supervisees/students' across the reports of their own experiences in their practice situations and from the direct experience with one of their 'clients', I could see the importance of a *liberating space* in our human encounter to bring about *transformative* processes both in their relationships with their clients and own families, but also in themselves. In this Chapter, through the stories of Steven, David and Ella and the narrative 'partners' they reported about,

using again the different parameters expressed in *institutional talk* and in the narrative conversations in the educational context, we have explored whether the use of the narrative approach could open up alternative ways of knowing and understanding people and whether it is more conducive to calling on people's rich narratives, this time in an educational context and, linked with this, again in therapeutic contexts. Again, people realised that what they initially and normally would perceive as 'problems' turned out to be more appropriately called 'possibilities' and they increasingly could identify their own potential in resisting the disabling effects of focusing too much on the problems they *did* encounter.

In the final 'data' Chapter, I will explore whether the use of the narrative approach will bring forth similar results in a community educational setting.

Chapter Six

The Use of the Narrative Approach in a Community Context

1. Entering the Community Context

1.1 The specific institutional contexts of community settings

The community setting in this project refers to the use of a performing, staged narrative in a community-based Day Training Centre for people who suffer from mental illness. Community work (or community development practice) is regarded as one of the major social work intervention modalities that seek to empower individuals and groups of people by providing them groups with the skills they need to affect change in their own communities and beyond, in the conditions which influence their lives. It entails a process of developing sustainable communities with an emphasis on social justice and mutual respect. Often, however, community work is considered peripheral to the main area of social work practice in Western countries (Payne, 1997) and whether the role of social work should be oriented to personal welfare or to the political reality which conditions personal lives has been a subject of controversy in the professional field in Hong Kong (Chiu & Wong, 1998). The tradition of advocacy towards the empowerment of deprived groups in community development services, by emphasising the activist role of social workers in raising people's social consciousness through collective participation to identify, express and act on their needs – with the ultimate goals of achieving social justice and improving the quality of community life – has diminished. It is important to take a brief look of what has happened and what has caused the 'fading out' of the activist, political orientation of community development and substituted it by a merely service-oriented approach.

In Hong Kong, the view that social reform is one of the intrinsic functions of social work has a long tradition (Wong, 1993a; Mok, 1988). Wong (1993b) observes that social workers who worked in community work settings had been active in confronting the colonial establishment for the betterment of the poor and the deprived throughout the 1970s. Kwok and her colleagues (1995) echoed this and pointed out that the aim of community work in Hong Kong was to promote social reform and a

more equal distribution of social resources. However, changes in the political-economy during the 1980s, intrinsically linked with a transformation in personal subjectivity and mediated by institutional and organisational arrangements, undermined the ‘*social*’ aspect of social work practice, replacing it by a preoccupation with professional-technical micro-interventions, particularly based on the use of psychotherapy based on the ongoing quest for professionalisation, as I have already discussed several times.

As Chiu & Wong (1998:288) mention,

“There is a de-politicizing trend in social work, characterized by social workers’ giving primacy to the control and mediation functions of social work and the supremacy of remedial social work practices, in the midst of political transformation in Hong Kong.”

The introduction of market mechanisms into the welfare system further eroded the ‘social’ aspect of social work practice and dampened decisively the spirit of community work. The domination of managerialism and economist rationalism further perpetuated the de-politicising trend of social work, limiting its perspective to the need to reduce personal suffering to those areas which could be situated within the bounds of their individual psyche and immediate environment. This contributed to the attraction of psychotherapy, which emphasised theoretical sophistication and technical rigor in social work practice, further desensitising and silencing the political consciousness of social workers in Hong Kong. Social workers working with government funding and under its auspices become more concerned with demonstrating how their interventions and services were ‘*efficiently*’ delivered and attempted to save costs to the providers of funds, rather than being primarily concerned about whether they pursued the purposes of emancipation and consciousness raising in the community.

‘Community’, under such circumstances, is just a *conglomerate of people* with similar problems and who are not able to take care of their own wellbeing, who have to depend on welfare and the help of the professionals so as to develop their capacities to work continuously for their own and, indeed, society’s welfare. Under such circumstances, economic efficiency has been substituted of social justice, further

diminishing the advocacy and activist role of community workers, as the agencies (as well as the community workers employed by them) have to meet (or comply with) the requirements and expectations of the government – the funding source – if they still want to receive financial support.

Community development (at least in its officially supported version) thus has become a service-oriented, ‘community-based’ approach, whereby a team of social workers provide a flexible yet integrated package of programs, covering all age groups and their (potential) needs in the context of their living environment, aiming at promoting and strengthening informal social support networks, developing the self-help potential (or ‘capacities’) of residents/citizens/recipients, lowering their dependency on formal institutions and filling the gaps of existing social services. Meanwhile for those people with problems (such as mental illness), the best (or most cost-effective) way of doing community work is ‘grouping’ them together as a community that – unfortunately –needs to depend on welfare, providing them diversified trainings aiming at raising and restoring their working and living abilities so as to prepare them for open employment and, in the long run, to re-integrate into the society and live ‘independently’. It, in the process, also reduces welfare expenditure in spite of the fact that, in such a ‘semi-institutionalised’ community context, members of these ‘problematic’ communities could easily become known to the ‘normal’ citizens living in the same environs and become even further isolated and marginalised, unless, of course, simultaneous efforts would be made to make the ‘normal’ communities more accepting and thus become *real* communities themselves! But for these efforts, there are rarely if ever any resources available and the ‘not-in-my-backyard’ attitude in ‘normal’ communities (which is alive and well in Hong Kong, as it is in other areas of the ‘developed’ world) would resist such *inclusionary* approach, as recent local examples have illustrated.

Thus, the reason for inviting people with mental illness to perform staged narratives as a novel way of community practice should be understood against the above background; people who have been labelled as ‘pathological’ face all the problems of having been ‘assigned’ troubled identities through *institutional practice* and as I have already repeatedly detailed the various dimensions of their predicament, I will only offer some highlights below.

1.1.1 Power asymmetry

The dominant notions of health and normality marginalise the narratives of people suffering from mental illness; from the perspective of the ‘normal’ community, it is *so normal* to define persons with psychiatric diagnoses as *abnormal* and *pathological*. They are to follow – ‘*comply with*’ – the psychiatrist’s instructions for medication, so as to prevent them from being disturbed by ‘voices’ or whatever else may be bothering them and thus neutralising the ‘*danger*’ or ‘*risk*’ they are believed to represent and possibly would occasion for others.

1.1.2 Monopoly of interpretation

When imposing assessments and diagnoses, psychiatrists and other professionals seldom seem to care about the subjective experiences of their patients and their ways of making sense of their diagnoses and of the treatment regimes are rarely of concern to those who impose them. In his book *The Illness Narratives*, Kleinman, a psychiatrist, argues forcefully for the centrality of a person’s life experiences in understanding their worldview and the meanings of their illness. He comments (1988:253) that their interpretation of their illness and the complexities of personal (and community) relationships should not be seen as peripheral tasks, because

“they constitute, rather, the point of medicine. These are the activities with which the practitioner should be engaged. The failure to address these issues is a fundamental flaw in the work of doctoring”.

His argument concurs with a number of studies from psychiatry and social psychology, also illustrated by Estroff et al. (1992) in their study of how *individual meanings* were given to patients’ illnesses which appeared to be more important than formal psychiatric diagnoses and treatment. As Cohen (2008:38) puts it:

“The illness narrative tells us about how life problems are created, controlled and made meaningful. They are shaped by our cultural values and social relations, and will affect our self-perception of illness and health as well as the way we monitor our body and act towards bodily symptoms and complaints”.

In this sense, to understand the personal narrative is to understand something fundamental about illness, care and, perhaps, life generally (Kleinman, 1998).

1.1.3 Pathologised, disempowered and exclusive

Even where the (mental) illness narrative is seen as important, Horner's (1995) remark that the therapist's search for historical truth (or the seminal event) was the key to analysing and understanding the particular pathology remains relevant. Many psychiatrists have, similarly, paid attention to user histories to better understand the background to a mental crisis (Korchin 1976; Stevens 1976; Sundberg et al, 1983). Cohen (2008:40) reiterates that

“implicit in the professional narrative is a number of beliefs such as that there is a cause for mental illness; that the cause of this illness can be located within the client; that there are diagnoses for mental illness; and that there is a means for eradicating or containing the mental illness”.

In this sense, a psychiatric narrative is imposed while at the same time undermining the *importance of the wider social world* (and hence, the community) in the cause and maintenance of mental illness. As a result, Showalter (1992:339) finds users' narratives

“dumbed-down by a biomedical model which seeks some ordering of experience through generalizability and categorization of each ‘disorder’ encountered. In this way users’ stories are disempowered by contact with mental health professionals”.

1.1.4 Community care as rejection and labelling

The de-institutionalisation and ‘community care’ movement left many discharged mental health patients uncared for in the community (Bachrach, 1978; Hawks, 1975; Thronicroft & Bebbington, 1989; Yip, 2000a); in Hong Kong, according to Yip (2006:812),

“83.2 percent of mental-health consumers were left alone in the community without any services”.

The densely populated and congested social environment of Hong Kong tends to intensify stigmatisation – a perennial problem in the treatment and rehabilitation of mental patients (Goffman, 1963; Ojanen, 1992; Repper & Brooker, 1996). As well, mental-health services in Hong Kong, even as they seem to have followed the de-institutionalisation and community care movements in the UK and USA, are actually institutionalised (Yip, 1995, 2000b); they include institutionalised *halfway houses*, each housing 40 mental health consumers and large long-stay care homes built after 1996. In each complex, more than 500 mental-health patients are placed in the same building with several halfway houses, one or two long-stay homes and a sheltered workshop (Yip, 2000c). Institutionalised ‘community’ care services were, in fact, not much different from an institutionalised mental hospital (Yip, 2006:810); instead of being integrative and normalised, community care services became excluding and labelling.

In view of the above, the traditional objectives of community development (and even of ‘community care’), to ‘empower’ individuals and groups of people (especially the disadvantaged groups) by providing them with the skills they need to participate and affect change in their communities, to remove the barriers that prevent people from participating in the issues that affect their lives through social participation, has, in fact, been substituted by the mediation between the (unequal) individuals, their daily survival practices and relationships and the governing structures and processes of ‘normal’ society. Community development, in this sense, is obviously fraught with inherent contradictions, tensions and frustrations as, on the one hand, the political-economic system and cultural context of the community setting puts all its bets on *the capacity and duty of the individual to make it in the survival, competition and progress stakes* and that community workers have to make every effort to increase individuals’ capacity to ‘*function well*’ in their communities; while, on the other hand, the social and institutional structures and culture imposed on individuals are so restricting and limiting that community workers often are committed to help them to resist such impositions.

It is for this reason that I decided to use a staged performing narrative approach in a community-based centre with people suffering from mental illness; indeed, Foucault’s analysis of the direct consequences of power reminds us that the regimes of power

bring the self into existence by imposing disciplinary practices on the body. Stone-Mediatore (2003), echoing Foucault, also highlights the importance and often-neglected issues of power and hierarchy both among different health care professionals and within the physician-patient relationship. Hence, under the oppressive social structures of existing community contexts, the narratives of people who suffer from mental illness are easily marginalised; however, as Somers (1994:631) posits, through performing narratives, voices can be included so as to

“reveal ‘alternative values’ since narratives articulate social realities not seen by those who live at ease in a world of privilege.”

Moreover, as Hughes & Roman (1998:5) argue,

“Autobiographical performance comes out of a sense of community and thus helps inform and shape our understanding of identity and community.”

In the following section, I will describe in greater detail the reason for using staged performing narratives in the above mentioned community context.

2. The use of performing narratives (on stage) in the community context

According to Gubrium & Holstein (2001:6), the self should be conceived of as an entity whose existence in the world, knowledge of itself and sense of well-being derives from experience;

“From this perspective, if there is a personal self, it is not a private entity so much as it is a shared articulation of traits, roles, standpoints, and behaviours that individuals acquire through social interaction. It’s not so much the essential core of our being, thoughts and feelings about who and what we are. In talk and interaction, the personal self becomes the central narrative theme around which we convey our identity. It is, in other words, our primary subjectivity, the entity we construct, and comprehend ourselves to be, as we go about our everyday lives”.

In other words, we *become* the stories through which tell our lives (Bruner, 1990; Brockmeier & Carbaugh, 2001); telling stories configures the ‘*self-that-I-might-be*’ and/or ‘*what I think might make me valued by others*’ (Luttrell, 2003). This is how

social identities are constituted in the context of relational and cultural matrices, and whether constricting or enabling, they are, as Somers (1994:625) suggests,

“mediated through the enormous spectrum of social and political institutions and practices that constitute our social world.”

As mentioned in Chapter One, my encounter with people who suffer from mental illness, taught me that they – though seemingly passive recipients of medical treatment and having given over their lives to medical professionals – were simultaneously *so weak and yet so tough* for their insistence on living, even in face of tremendous hardship and difficulties. Using staged performing narratives, I hoped to create a liberating and emancipatory space for them to tell and perform their stories, not the institutionalised, pathologising and oppressive narratives, but stories of resistance, stories that reflected their values and beliefs in life, stories of their skills and knowledge in the midst of difficulties. As Riessman (2003:8) says,

“approaching identities performatively opens up analytic possibilities that are missed with static conceptions of identity, and by essentializing theories that assume the unity of an inner self”.

Moreover, in this social and relational process, what we say about and to ourselves is always spoken in terms of – and through – our social relationships. Bauman (1984:21) argues that all natural sociable interactions are fundamentally about the construction and negotiation of identity and, in such interactions, performances, especially narrative performances, are vehicles

“...for the encoding and presentation of information about oneself in order to construct a personal and social images”.

Gergen’s (1994:186) proposal of a relational view of self-conception, a view of self as narrative that is given meaning through ongoing relationships in the *public sphere* rather than being based on private cognitive processes ‘within’ the individual, echoes with Bauman’s argument:

“We use the self-narrative or story to identify ourselves to others and to ourselves”.

In this ongoing process of social identity construction, Holstein & Gubrium, (2000:187), following Goffman (1959), alert us to the importance of performative contingencies that are

“the material features of a social setting, such as stigmatized bodies, postures, demeanor, closed doors and similar barriers to perception, furniture arrangements, lighting, and other corporeal or environmental props that might be used to communicate a particular narratives.”

In this project, a staged performing narrative is used because I hoped to create such performative contingencies on stage (see below) that are emancipatory and enabling because, as Langellier & Peterson suggest (2004:235-236)

“The performance provides the opportunity to explore the identity configurations in the performer’s relations to experience and to the audience. Performing narrative on stage has the potential to teach about difference and motivate towards social change, but its lessons are not true or self-evident merely because they have been lived through together with performer and audience. Performance functions as a joint activity of bodies, a conventional performance that makes visible performing conventions, and not merely a means for transferring experience between performer and audience. Performance has the potential to open up possibilities or learning about difference and the operations of identity rather than didactically to prescribe or re-inscribe particular identity configurations.”

Performative reflexivity is also emphasised in staged performing narrative because, according to Turner (1986:24), it is a condition in which a

“sociocultural group, or its most perceptive members acting representatively, turn, bend, or reflect back upon themselves upon the relations, actions, symbols, meaning, codes, roles, statuses, social structures, ethical and legal rules, and other sociocultural components which make up their public ‘selves’”.

In addition, the sharing of identity through story performance enables us to understand the others even across cultures; as Fine and Speer (1992:8) state,

“...performance causes the audience to judge not only the content but also how the content was realized...Indeed, the power of performance to create, store, and transmit identity and culture lies in its reflexive nature. Through performance, human beings not only present behaviour...but they reflexively comment on it and the values and situations it encompasses. Through the myriad number of choices performers make, ranging from selecting or composing a text to the tone of voice or style of movement, they have the opportunity to comment on others, on a situation, and on themselves...”

This echoes with Denzin's (2001: 24-26) concept of *performance text*, claiming that *“performance text is not a method of gathering information, but as a vehicle for producing performance texts and performance ethnographies about self and society [where] texts and audience come together and inform one another”* in a relational way. Most importantly, I believe that stories are powerful not just because they (as Davis, 2002:13 suggests)

“reconfigure the past, endowing it with meaning and continuity, [they] also project a sense of what will or should happen in the future.”

I agree with Davis' (2002) suggestion that stories are powerful because they constitute social practices, are part of a social transaction that draws attention to the role of the audience and to the social context in which they are produced and experienced and are able to strengthen a collective identity; as Riessman (2008:8) proposes:

“Personal narratives can also encourage others to act; speaking out invites political mobilization and change as evidenced by the ways stories invariably circulate in sites where social movements are forming.”

In other words, as Langellier & Peterson (2004:237) state, stories make transformation possible because performing narrative on stage can be regarded as

“...[s]trategic, interested, and not neutral for performers and audiences – that is, the potential of performance to trouble as well as re-inscribe conventions which reproduce existing power relations.”

As discussed, I hoped that, through the staged narrative performance, the people with a mental condition and who were to share their stories, would in the first place *be*

honoured and that a *new audience* for their narratives could be created, encouraging realistic, situated feedback. I wanted to reach an audience in an *engaging way*, allowing for their own participation in a *dialogical, creative social exchange* (Jones, 2006). Finally, I also hoped that through this performance a possibility of for *cultural sharing* could be created (Fine & Speer, 1992).

3. The staged narrated performance in a community context

3.1 The story of the performance started when...

Against the background of a diminishing emphasis on ‘community’ as discussed in the first section of this Chapter, my intention was to restore some of its transformative and life-changing potential by using the beautiful stories we discovered existed in the lives of people with mental illness, as we engaged in the narrative group mentioned in Chapter Four. Reminding the reader of the metaphor developed in that group – *that their lives were full of stars* – the members decided to celebrate their beautiful stories rather than their ‘received’, dominant, pathological and problematic ones. Moreover, the stories the group members told one another occasioned strong emotional responses in those who listened to them, including the group members, giving rise to a different understanding of their collective identities – they suffered from mental illness yet they were also brave, trustworthy and responsible. This echoed with Hughes & Roman’s (1998) argument that *autobiographical performance informs and shapes our understanding of identity and community*.

With this extraordinary group experience in the background, together with our discontent with skills-based training being the major focus of the community-based service, I wondered if a stage performance of their narratives before an larger and more diverse audience could create an emancipatory and enabling space for transformation to occur – opening up possibilities for learning about difference and the ‘true’ identity of marginalised people and the chance to ‘*shake up*’ the conventional views such audiences hold about them.

3.2 My narrative journey with the group members started...

There were several stages in my narrative journey with the group and I will detail them successively in this section.

3.2.1 *Stage one: the narrative group sessions*

The narrative group I worked with here was different from the one I introduced in Chapter Four; the major purpose in working with this narrative group was to provide a platform for its members to tell their stories to one another – thus creating a first ‘audience’ for each individual story – and then adding another group of persons who would listen to the ‘staged’ performance of all stories, the latter becoming an additional ‘audience’. In each group session, I interviewed one or two members, inviting them to tell their stories – stories of resistance, stories that reflected their values and beliefs in life as well as stories of their skills and knowledge in the midst of the many obstacles they encountered.

I would like to emphasise that the first ‘audience’ I mentioned (i.e. those members in the group listening to the individual stories) had to participate actively and engage in a dialogical way, as they needed to re-tell the stories they heard in the group – the shared themes, values, purposes and the commitments through the linking of the stories of their lives. According to White & Epston (1990:17), the retelling of the story by an audience serves various purposes:

“Firstly, in the act of witnessing the performance of a new story, the audience contributes to the writing of new meaning; this has real effects on the audience’s interaction with the story’s subject. Secondly, when the subject of the story ‘reads’ the audience’s experience of the new performance, either through speculation about these experiences or by a more direct identification, he or she engages in revisions and extensions of the new story”.

Moreover, as Riessman (2008:9) insisted, “*Narratives also engage audiences through modes of artistic expression, well illustrated in writing, painting, and the performing arts.*” Hence, in the re-telling, the audience was encouraged to write cards to the narrator to tell him/her what resonated with them most when hearing to the stories.

They were also encouraged to use various creative art techniques, such as painting, drawing, dancing, writing and puppetry, so as to expand the dialogues and the encounters. This process echoes what Davis (2002:19) suggests:

“The storytelling process, as a social transaction, engages people in a communicative relationship. Through identification and ‘co-creation’ of a story, the storyteller and reader/listener create a ‘we’ involving some degree of affective bond and a sense of solidarity; told and retold, ‘my story’ becomes ‘our story’.”

Fourteen members (all affected by mental illness) were recruited through the *Take Your Way Club House* and a total of ten group sessions took place, the first session mainly being a warming-up session for members to get to know one another and get prepared for taking part in the staged performance after the group sessions. The theme of the 2nd session was to externalise the problem, while members would be individually interviewed from the 3rd session onwards, acting on the ‘platform’ before the other members as their active ‘audience’.

3.2.1.1 Externalising the problem

As discussed, the narratives group members tell one another are also embedded in a larger social context that ‘works’ in pathological and problematic ways given the existence of power asymmetry and inequality. As narratives constitute past experience and at the same time provide ways for individuals to make sense of the past, the stories we tell become our lives (Bruner, 1990; Brockmeier & Carbaugh, 2001); at the same time, when narratives are part of a process through which an individual constructs ‘reality’, people who are suffering from mental illness easily *internalise* illness narratives. As White & Epston (1990:40) suggest,

“Since the stories that persons have about their lives determine both the ascription of meaning to experience and the selection of those aspects of experience that are to be given expression, these stories are constitutive or shaping of persons’ lives.”

In order to ‘*disrupt*’ the conventions – ‘*we are sick and abnormal*’ – group members has in understanding themselves, I intended to *separate* them from the dominant,

pathological labels by drawing their attention to the larger social context in which they were situated. In this session, I invited them to think about different *illnesses of society and how they affect people living in that society, including people like them*. Together, we identified a total of 10 illnesses of society as follows:

- ~ illness of “***Discrimination***”
- ~ illness of “***Inconsistency***”
- ~ illness of “***Looking down upon others***”
- ~ illness of “***Disengagement***”
- ~ illness of “***Extreme disparity between the rich and the poor***”
- ~ illness of “***Accusing others while they did the wrong thing themselves***”
- ~ illness of “***Busy-ness***”
- ~ illness of “***Oppression by the well-off***”
- ~ illness of “***Being Competitive***”
- ~ illness of “***Not knowing right and wrong***”

I also invited members to think of a body gesture to express the respective illnesses and the effects of the illness on people. Taking the illness of ‘*discrimination*’ as an example, one member thought of writing a big cross on the body of another person while the latter would kneel down to express the sense of being rejected and disqualified. Through these symbolic acts, members were able to become aware that *they were not sick, but the society we live in was*. They were able to become aware that not just they, but many were affected adversely by society’s illnesses; they knew very clearly that when people (including themselves) were affected by society’s illnesses, a strong sense of failure and worthlessness would be aroused. With such awareness, I invited all of them to draw a small picture of what it was that they expected when society would recover from its illnesses. Assembling the small pictures, it became a collage showing our expectations and dreams of an illness-free society.



3.2.1.2 To create an enabling and emancipatory space

From the 3rd session onwards, members were invited to tell their stories being interviewed by me; no specific topic or theme was given to them before the storytelling, as I intended to create an enabling and emancipatory space for them to tell their own stories. In the interviewing process, I would only ask questions to facilitate the *relational aspect* of the storytelling and re-telling among them, so that in the co-construction process between narrator and audience, the narratives which performed a positive and empowering function could be validated and the disempowering ones could be externalised. I also took care in my facilitation to identify the skills and knowledge as reflected through their narratives which could be seen as resisting the disempowering narratives (reflecting the influence of the larger social context) as well as to uncover their alternatives narratives. The latter became the *counter-narratives* (Steinmetz, 1992), resisting the pre-existing stories, pre-

existing cultural and institutional narratives (Davis, 2002) and that made transformation possible.

I will now recount in a summary form the stories and re-telling dialogical inputs by the other group members of the individual members of the group.

The story of Yu: everyone has a rainbow in his/her heart

Yu was the first to be interviewed; when I asked what she wanted to tell in the interview, she quickly replied that she had already had a theme for her story – *everyone has a rainbow in his/her heart; it depends on how you draw it*. I was *curious* about the meaning of the *rainbow* she mentioned and Yu started to tell her ‘*illness narrative*’ in a different way. She told us that she had been suffering from mental illness for 14 years – the onset of her illness occurred when she was 14 years of age. In these 14 years, she changed from being confused, full of blaming and complaining, asking questions like “*Why me?*” and “*How can I recover?*” to a very different description of her illness as a *precious experience and a blessing*. I was curious about the changes and how they happened; she replied that the changes did take time. When I asked what she did to make them happen, she recalled a scenario when first admitted to the psychiatric hospital. She was very scared during her first night there, but one of the patients approached her and comforted her, which made her feel a lot better. Yu realised that it was not the professionals but that patient who had suffered the same illness that could help her at that time, *because they shared the same difficulties*. Yu started to realise that she – an *experienced patient* – could help the ‘*newcomers*’ to face the difficulties caused by mental illness.

Yu added that with continuous family support, she understood that *life had to go on* and that complaints and blaming did not help. She started *to take a step further* and became an active member of the Take Your Way Club House. She finally told the other members that

“Everyone has a **rainbow** in his/her heart; it depends on how you draw it” and “*having this illness is a **blessing** to me because I am the ‘**experienced**’ patient who can **help the newcomers!**”* (Yu during the 1st group session)

Re-telling by Shirley

Shirley shared that she was moved by Yu's story, especially the metaphor of the rainbow, because She herself was also drawing her own rainbow bit by bit – she tried to resist the adverse effects of her mental illness, her negative thinking – and she tried to use another metaphor to echo Yu:

*“I am a computer trying hard to **delete** the programs with a **virus** while at the same time **downloading** various bits of **useful software**. Now the functions of the computer have been **upgraded!**”* (Shirley during the 1st group session)

Re-telling by members through art work



Shirley, Ralph & Keith: a mask with *rainbow colours*:

- Blue hair – kicking away the blue
- Yellow eyes – cheerful eyes that always find happiness in what you see
- Green nose – a refreshing nose that inhales fresh air
- Red cheek – a face that is ready to face the challenge everyday
- Pink mouth – a smiling mouth means that you are happy everyday
- Purple tie – a very disciplined person
- Blue ears – willing to listen to others and different voices

The story of Caroline: To build up trust in relating with my sister

During the 2nd group session, Caroline initiated to talk about her relationship with her elder sister; she mentioned that she felt hurt because there were frequent arguments between them, also complaining that her elder sister did not

understand her. I was *curious* about Caroline's reason for sharing this because relating with her elder sister seemed quite a painful experience. Caroline replied that "*I want to repair this because she is my family member.*" I asked whether she had done anything to improve the relationship and she answered that she had *initiated* to help her elder sister when she needed to move out from home. Caroline further explained that she would try to be good to her sister, saying

*"I want to **build up trust** and **narrow the gap** between us, I will try to **be friendly** to her and **pray for her!**"* (Caroline in the 2nd group session)

Re-telling of Yu

Hearing Caroline's story, Yu expressed her gratitude towards Caroline because she also had a problematic relationship with her elder brother, but had not taken any initiative to improve it. She thanked Caroline for reminding her to take initiative, which she knew was not easy, but witnessing Caroline's insistence in doing so, Yu would try!

Re-telling by members through artwork



Yu & Cherry: "*A bracelet with colourful hearts means the **trust accumulated** with your sister and the **weaving of beautiful episodes** together with your sister!*"



Dickson: “*By unveiling the mask, your relationship with your sister will improve!*”

The story of Ralph: From unstable to stable

Ralph named his story *from unstable to stable* and he told us what he had done to help himself achieve a stable mental state in the course of his 20 years’ of suffering mental illness. Hearing that, I was really *interested* to listen to his story, as 20 years was such a long period of time. Ralph explained that during the onset of his mental illness, he was hospitalised in a psychiatric hospital but discharged after a few weeks; but in the end, he still spent two years in the hospital not because he had an unstable mental state (instead, his mental state was good), but only because his mother refused to take him back home (there existed a policy that patients could only be discharged with family support or else they had to stay in the hospital to wait for a spot in a half-way house). His mother thus rejected him to stay with her and to take care of him any more, which really hurt and disappointed Ralph; he did not give up, however, and *initiated* to join the occupational therapy program of the hospital so as to speed up the discharge process. He was soon discharged to a half-way house. In the half-way house, Ralph *initiated* to help doing household chores and he also *started efforts* to find a job. I was *curious* and asked what motivated him to take so many initiatives whilst he said that he was really hurt being deserted by his mother, his only family member. Ralph answered that “*I know very clearly that **I have to stand on my own!***”

Then Ralph *initiated* to resume his study in the Vocational Training Centre while depending on social security for his livelihood and he finally earned a Certificate in computing. He explained to us that he was the oldest in his class but he *persisted* in finishing the course even though he felt lonely and isolated. After that he furthered his study and took a three-year Diploma course in computer science at the Institute of Vocational Education. Still, being the oldest in his class, he *persisted* to finish this by *initiating* communication with classmates who were a lot younger and *initiated* to seek their help if needed. He told us that

*“I **initiated** to do different things in different settings because I **persisted** to help myself to change from unstable to stable!”* (Ralph in the 3rd group session)

Ralph did express his anger towards his mother as he said,

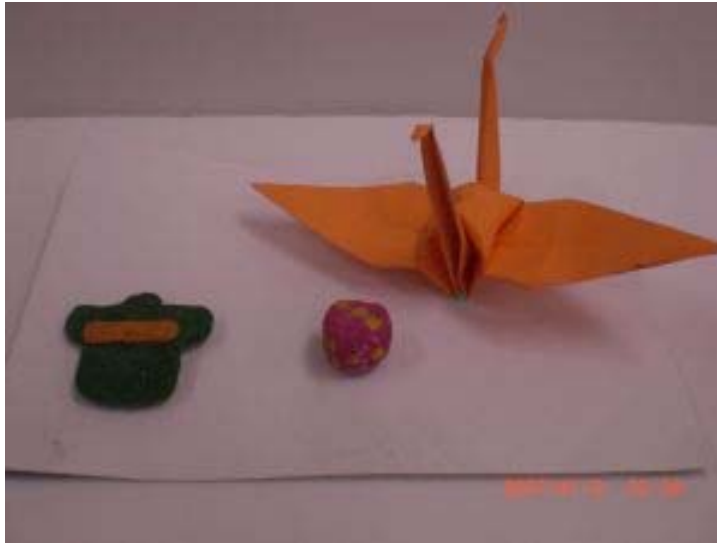
*“If not for my mother, my life would not be that difficult; when I was young and the weather was cold, she never bought me a T-shirt...but I **persisted in** visiting her once a year because she was my mother!”* (Ralph in the 3rd group session)

Re-telling by members

Shirley: *“I am so impressed by his **persistence**. Ralph persisted in attaining his goal in these 20 years and he **really made it, amazing!**”* (Shirley’s re-telling in the 3rd group session)

Yannis: *“I am so moved by Ralph’s story: **persistence** and **hardworking**. He reminds me that we **can** also **achieve our goals** and I will persist in my present job, like him. Actually, I never thought of being able to work in the present job for 8 months. In the beginning, I was really afraid that I could not handle the job well. So I tried my very best. As I know that I am absent-minded, I try to write down the things I need to do. Listening to Ralph, I think I can also make it!”* (Yannis’ re-telling in the 3rd group session)

Re-telling by members through artwork



Yannis: *“I make you a dice, which shows that you have a clear life goal and you would persist to get there.”*

Jenny: *“This is an orange crane’s blessing to you. Orange means energetic. I hope that you can fly as high as a crane and be energetic to achieve your goal!”*

Karen: *“I give you a green T-shirt, hoping that someone you love (referring to his girlfriend, Caroline) will buy you T-shirts in the coming years.”*

Hearing this, Ralph thanked the members with tears in his eyes!

The story of Shirley: I am a crab

Similarly to Ralph, Shirley had struggled hard to fight against the psychiatric illness she suffered from; she expressed the helplessness of her whole family during the onset of her psychiatric condition when she was about sixteen and preparing for the public school examination. At that time, she was severely disturbed by hallucinations but no-one understood what was happening, including her parents, teacher and schoolmates. She felt so isolated that she had thought of giving up her studies but her mother encouraged her to persist. *I wondered what she had done to resist the effects of the voices*, to which Shirley

replied that it was stupid to listen and follow the hallucinatory voices; she said that she would talk to the voices, telling them that

“I would not be that stupid to listen to you!” (Shirley in the 4th group session)

She tried to live a normal life even though the side-effects of the drugs were heavy. She worked as a private tutor and was also active in voluntary service while studying for her matriculation. Shirley was quite sure that she would not be able to study at University but she insisted on repeating Form Six twice as she thought that it was symbolic in that it showed that she had ‘completely’ finished her secondary school. After graduating, she worked hard in a 24-hour convenience shop even though the supervisor was harsh to her, so harsh that her mother tried to persuade her to quit the job, but Shirley persisted as she regarded it as training. She told us proudly:

*“My mother uses a crab to describe me because she says that I have a strong shell. Yes, **I am a crab** and I will not give up. I struggled to win over the illness for the past ten years and this is **still the way I want to go!**”* (Shirley in the 4th group session)

Re-telling by members

Yannis: *“Crab – such a good adjective to describe Shirley, because from her story, I totally agree that she is really strong. I **resonate** with Shirley’s story very much because I am **learning to be strong**. I am also working hard in my job, trying to persist even though sometimes I feel really lonely and isolated. But I do agree with Shirley that looking at it as training, we can learn a lot. Telling you all my good news – my boss decided to renew the contract with me today and I will **continue to be strong and insist to do well, like Shirley**”* (Yannis’ re-telling in the 4th group session)

Yu: *“I **share** very much the sense that it is really difficult to persist in continuing study at school when everyone regards you as ‘monster’ as I had **similar experiences**. I really **appreciate** Shirley for her persistence and I think, with this quality, she will win over the illness!”* (Yu’s re-telling in the 4th group session)

Re-telling of members through artwork



Cherry: *"I think no description is needed because **seeing the crab, we see Shirley**".*



Karen & Ralph: *"A **necklace with a cross** – we see your faith in Jesus; we see your love to your family and we see your love to life in your story!"*



Jenny, Yu & Ida: *“We make you a ‘naughty’ Cross – you are faithful to Jesus and at the same time, whilst we are such pessimistic persons, being with you, we feel happy too!”*

The story of Ida: My growth and change in the narrative group

Ida was one of the members of the narrative group in Chapter Four; she had just been discharged from the psychiatric hospital when she joined that narrative group and she said that that group was really important for her, as it became very clear to her that she needed not take it personal when hearing someone express their negative feelings towards people suffering from mental conditions; because, as it was expressed there, *these were all bullshits*. But she also learnt to accept others’ advice and, according to her, she had learnt a lot from work. The working environment was not easy for her but she persisted in doing well; when colleagues would comment on her work, she would reflect before she would chose to ‘take’ it or not. This was a great change for her and she used the notion of ‘growth’ to describe this change, because, as she said,

*“I learned to **grow up** and be **mature** because in the past, I was so immature that I would hurt others without a thought. But now, I **choose to be mature**. I reflect and learn to be humble as I realise that I could not be right all the time. Moreover, I will **seek help** whenever I have any difficulty.”* (Ida in the 7th group session)

Moreover, she explained that in the auction game of that group (see Chapter Four), *she had realised that she had some very good qualities that increased her confidence to achieve the goal she had set in that group: to save up HK\$ 500 every month.* She told the members proudly that she had not stopped saving money since that group had taken place. Listening to her, the others applauded. Ida also told us that she learnt to be *lazy* when needed; *lazy*, to Ida, *meant not to exert too much pressure on her own self.* She learnt to live a happy life instead of living under the expectations of other people. She said,

*“Don’t use just one single ‘ruler’ (standard) to measure yourself; you have to accept your own self. Sometimes, it’s **good to be lazy** and **be good to yourself**, then; you can have a happy life!”* (Ida in the 7th group session)

Re-telling by members

Yu: *“I witness the differences in Ida because I knew her before she joined the narrative group. She has grown up! I am happy to know that she chose to be mature!”* (Yu’s re-telling in the 7th session)

David: *“I am really impressed by Ida when she said that ‘it’s good to be lazy and be good to your own self’, to be flexible in relating with others and self is not easy. I really want to learn this!”*

Re-telling by members through artwork



Ralph: *“This bundle of colourful flowers implies that you will have a colourful and bright future when you know that you need to be humble!”*

Karen and Yu had made Ida a *snake* as this would remind her that it's good to be lazy some times while Cherry had made her a *ruler* to remind her to be flexible in measuring her success.

The story of Yannis: I am not scared any more

Yannis told the members that she had been suffering from mental illness for about 7 years; looking back, she found that she enjoyed the simple life very much for the time being. She had known nothing about psychiatric illness during the onset of her condition; by that time, she believed that she had some supernatural power which was uncontrollable. She was so scared that she used to stay at home, locking herself up and shivering because she didn't understand that she was disturbed by hallucinations. She refused to talk to people and didn't want to leave home; her family members were helpless whilst her situation lasted for about a year, but they finally realised that she might be suffering from a psychiatric illness and they took her to a psychiatrist. Yannis was relieved once she realised that it was the *voices* – and not something supernatural – that disturbed her and after taking the medication she stabilised again. After that, she started to work in a restaurant; she told us that she was still scared when relating with people when she started to work and that she had wondered whether she could manage. So she tried very hard in her work – she *tried to help herself by writing down the requirements of work everyday*; in the evening, after returning home, she would *review what she had learnt at work*; she tried to *be polite in relating with colleagues*...and she told us that she *became the best 'coffee-maker' of the restaurant* and colleagues called her the '*queen of coffee*'. She was happy to tell us that,

*“I do **not get scared** any more because the voices can't disturb me any more. I am now the **best coffee maker** in the restaurant!”* (Yannis in the 8th session)

Re-telling by the members through artwork



Jenny: *"I drew you the flowers of the plum tree which grow beautifully only in an adverse environment as I see you becoming strong and beautiful in a difficult environment!"*



Karen: *"I saw a trembling hand (the one in brown) now opening up widely with colours – I see the differences in you, your willingness to reach out!"*

The story of Jane: My daughter is going to marry!

Jane, a single mother with three daughters, told us happily that her eldest daughter was going to marry a few months later; she was really moved by her daughter when her daughter told her that she hesitated to get married because she

did not want to leave her mother alone, upon which Jane assured her daughter by saying that

“Don’t worry; I will take good care of myself.” (Jane in the 10th group session)

Jane also told us:

“I love my daughters just because they are my daughters.” (Jane in the 10th group session)

As I was also a mother of three children, I was *really touched* by Jane’s words and *curious* about her way of relating with her three daughters; she started to tell us stories of her taking care of them when they were still babies – taking good care of them in their daily living; playing with them in the park happily; staying awake at night for about a year, because her 2nd daughter suffered from epilepsy. Saying this, it reminded Jane of her own mother who took care of her when she suffered from mental illness – the *unconditional love* from her mother. She said that she learnt from her mother such unconditional love, so she tried to love and care for her daughters unconditionally as well; I was so moved by Jane’s story that I could not help holding her, telling her that

“You are the ‘mother’ that I have to learn to be – with unconditional love and care” (my comment in the 10th session).

Hearing this, Jane embraced me and assured me by saying **“YOU ARE!”**

Re-telling by the members

Jenny: *“I can **understand** the feelings of your daughter – hesitating to get married because she wants to stay with you – because **I love my mother** and I don’t want to leave her either. But I have never told my mother that I love her. Hearing your story, I would tell her I love her, just like what your daughter has told you!”* (Jenny’s re-telling in the 10th group session)

Re-telling by members through artwork



Karen: *"I give you a pillow because you can sleep very well by now, not only because your daughters have grown up, but also because they love you so much. I give you a pinafore because your eldest daughter is going to marry"* (based on the proverb that a mother is so happy to have a son-in-law that she would 'slobber'.)

Cindy: *"I give you a baby basket which implies that the mother's love and care last from generation to generation."*

Yu: *"I use a paper to fold you a heart which is your love; and a crane which represents your blessings to your daughter!"*

3.2.2 Stage two: playback theatre training

To prepare members to perform their narratives on stage, I invited a playback theatre trainer to offer 10 training sessions for us (the group members and me); I chose this training because playback theatre creates a ritual space where any story – however ordinary, extraordinary, hidden or difficult – can be told and immediately be transformed into theatre, whereby each person's uniqueness is honoured and affirmed while at the same time building and strengthening our connections with one another as a community of people.

Moreover, playback theatre is created through a unique collaboration between performers and audience – when someone tells a story or recounts a moment from

their life, actors are chosen to play the different roles and the audience watches as their story is immediately recreated and given artistic shape and coherence. After the group members learnt movements and expressions of playback theatre, they got involved in together thinking about ways to perform their narratives on stage. For instance, Ralph chose to play a drum, to express his emotions of being deserted by his mother while Yu chose to sing a song, to thank her parents for taking care of her during the past 14 years. In other words, play back theatre does not invite people to play the roles of others nor to engage inauthentic play-acting; instead, we enact people's 'real' life stories on stage. There are, therefore, no lines or script to remember; no matter whether a member is telling his/her own stories or telling others' stories in the performance.

3.2.3 Stage three: the performance

I believe that stories are powerful because they are *social practices* as they involve two parties, a teller and an interpretive audience. According to Davis (2002:16), *"Well-told stories establish a relationship between the two. According to narrative theorists, this relationship is created by the teller's engagement of the audience's 'narrativity', their ability to fill in connections that are required to make sense of characters and events in the story."* But Iser (1972: 284-285) reminds us that *"It is only through inevitable omissions that a story will gain its dynamism and these omissions are crucial because they give us opportunity to bring into play our own faculty for establishing connections – for filling in the gaps left by the text itself"* and Leitch (1986:36), finally, claims that *"A well-told story is a creative process that implies certain connections, speculations, and emotional reactions but avoids spelling everything out or attempting to control an audience's emotional and psychological reactions too openly."*

To reflect on the process from the stance of an 'involved' member of the audience, I found that I was strongly connected with and engaged in the members' stories; the stories they told in the group, on the one hand, omitted the common episodes from the dominant pathological stance that people use when referring to them, while, on the other hand, they activated my own narrativity, as Pratt (1977:136) indicates:

“The speaker produces in his hearers not only belief but also an imaginative and affective involvement in the state of affairs he is representing and an evaluative stance toward it. He intends them to share his wonder, amusement, terror, or admiration of the event.”

In other words, their stories were so *different* (to the dominant pathological stories) and yet so *common* in the sense that we – those who have not been suffering from mental illness – shared similar experiences to theirs as we would also struggle hard in the midst of difficulties, experience conflicting relationship with family members and feel thankful to the love and care of our mothers. I found that “*We are all the Same*” would be an appropriate ‘caption’ as the ups and downs members experienced were shared experiences of everyone. For instance, mothers love their children no matter whether they have suffered from psychiatric illness or not. So, ***WE ARE ALL THE SAME*** became the title of this performance and we constructed it as a performance in five acts:

Act One	Hong Kong Society is Sick
Act Two	Conversation with Failure
Act Three	We are all the Same
Act Four	Re-telling of Stories
Act Five	Lives affecting Lives

3.2.3.1 The performative contingencies

Stories are always contextually bound; they are always produced and told in particular social conditions and constraints, historical, institutional, and biographical contexts which are always critical to understanding the intelligibility, believability and relevance of stories. Social norms and conventions operating in various cultural and institutional contexts govern *when* stories are told (expected, demanded, or prohibited), *what kinds* of stories can be told (rules of appropriate content) and *how* they are told (rules of participation) (Ewick & Silbey, 1995). This reminded me of the importance of the *performative contingencies* that would scenically signal who the tellers are to others and how the audience interpret who the tellers are. I refer back to Holstein & Gubrium (2000:187), who quote Goffman (1959),

“Some of the most important performative contingencies are the material features of a social setting, such as stigmatized bodies, posture, demeanor, closed doors and similar barriers to perception, furniture arrangement, lighting and other corporeal or environmental props that might be used to communicate a particular narrative. These play as much a role in the work of self presentation as do talk, interaction, emotional expression, or the frames that mediate them.”

Hence, as I mentioned before, there is no line and script to *remember* in the performance because playback does not represent an unauthentic play-acting; moreover, all group members were involved in thinking through the ways of performing the stories on stage so that the performance would become an enactment of their lived experiences. Most importantly, *ALL* performers on stage *are* the group members themselves – those who suffer from mental illness and the performance was to take place in a theatre at a University, with the aim to promote the image of a ‘real’ and even fee-charging performance with as a selling point that it promises “*to experience a different performance; to witness the rainbow in the lives of the people who have been suffering from mental illness*”.

The theatre’s 240 seats sold out very soon after advertising had started; the artworks of the members (with a brief explanatory text) prepared during the re-telling in the group sessions were exhibited so as to arouse the imagination of the audience and connecting them with the storytellers, so that the audience “*...could feel involved in events and care about characters even when they are, in fact, very far from his or her own experience.*” (Davis, 2002:16)



3.2.3.2 *Speak for a particular confluence of a shared event*

Performing narratives can be regarded as ‘stand-up theory’, as Gingrich-Philbrook (1997:353) comments on the critical responsibility of unpacking everyday experience in his performances:

“I also find it useful to recall that autobiographical performers can speak for a particular confluence of shared events and can call the others assembled there to witness a pattern, see how one thing resembles another, or recognize how something previously taken for granted by the assembly is not what it seems.”

Zita (1998:188), in turn, adds:

“As a form of praxis, it (the stand-up theory) is a prolonged conversation helping us get clear on what happened and what we can do about it.”

In order to involve the audience to recognise how ‘*regarding people who suffer from mental illness as problematic and pathological*’ is taken for granted but is also not what it seems, that is, to help them interrogate the *normativity* of the conventions as witnessed by the audience (Langerllier & Peterson, 2004), the title of the 1st act of the performance was “***Hong Kong Society is Sick***”, which was also the content of the 1st group session. When the performance started, the members on stage made movements and body gestures, with the drum as the background music, to express how people in Hong Kong were affected by the ten societal illnesses. So as assist the audience to get involved, some members performed in the auditorium at the same time, thus setting the scene for them to recognise how much ‘taken-for-granted’ it was to think of people suffering from mental illness as sick; interrogating this normativity by telling them that Hong Kong society was sick, not the people and that they themselves (the members of the audience) were also affected adversely by these illnesses.

3.2.3.3 *Externalisation of Problem*

The title of the 2nd act of the performance was “***Conversation with Failure***”, the aim being to separate and externalise the problem from the person. The issue we chose for

this act was *failure*, which is the commonest adverse and negative effect of a *sick society*. As White (2002:43) describes

“The dramatic growth of the phenomenon of personal failure is associated with the rise of a distinctly modern version of power that establishes an effective system of social control through what can be referred to as ‘normalising judgment’.”

In the performance I wanted to emphasise that everyone – and not only people suffering from mental illness – would be affected by (or even manipulated into) *failure* while, at the same time, every person has the skills and knowledge to resist its adverse and negative effects. On stage, performers were surrounded by a *big net* (symbolising how people are controlled by failure) whilst they had to follow the actions and motions of a *big shadow* (representing *failure*) and in the background, *photos* were displayed, representing experiences, skills and knowledge people do have to resist being controlled by failure. After some time, performers walk out of the net one by one and to the front of the stage, loudly making a statement which the one was made by members of the narrative group during our sessions together. The excerpts were the following:

1. There are many angels surrounding me in my difficult time
2. Even though I have a mental illness, I never give up
3. Having mental illness is a precious experience and a blessing
4. I am a crab and I am strong, I won’t give up
5. I am a computer trying hard to delete the programs with a virus while at the same time downloading useful software. Now the functions of the computer have been upgraded!
6. I initiated to do different things in different settings because I insisted to help myself to change from unstable to stable!



In doing this, we questioned the conventions to regard people suffering from mental illness as failures and unable to help themselves, having to rely on drugs. It echoed Langellier & Peterson's (2004:340) explanation of Gingrich-Philbrook's performance:

"He disrupts the effort to recuperate them (the narrative frame) as 'alternative' identities within the same narrative structure; that is, he questions the conventions by which performance makes narrative visible."

3.2.3.4 To disrupt and re-inscribe conventions

Langellier & Peterson (2004) emphasise that performance has the potential to open up possibilities for learning about difference and the operations of identity; they also stress performing narrative as strategic, interested, not neutral and with the potential to disrupt as well as re-inscribe conventions which reproduce existing power relations. Sharing their conviction, I tried in the 3rd Act to open up possibilities for learning from the seeming *differences* people who suffer from illness display, by showing the audience that "***We are (also) all the same***". Here we wanted to suggest that not only would everyone of us be affected by *failure* but at the same time that everyone *has the skills and knowledge to resist its negative impacts*; I wanted to make it *fascinating* for them that everyone of us, no matter whether we do or do not suffer from mental illness, has lives full of ups and downs and that we share similar experiences of struggling hard in the midst of difficulties: it is only the *categorisations* and the *labels* that block our connections. There were a total of 10 shared experiences (scenes extracted from the narrative group sessions) between us and I used the metaphor of

various *tastes* (sweet, sour, bitter and spicy) to represent “*all sorts of joys and sorrows*” in our lives as summarised in the below table.

<i>We are all the same – in experiencing the different taste of lives (sweet, sour, bitter, spicy...)</i>
1. We are all the same – there will be fun and tears in school
2. We are all the same – in experiencing “ <i>hanging around</i> ” at home
3. We are all the same – in experiencing the negligence of parents
4. We are all the same – in the memory of our mothers
5. We are all the same – in experiencing the bonding among siblings
6. We are all the same – in experiencing parents’ love
7. We are all the same – in gaining the support from friends
8. We are all the same – in having the sweet memories of love
9. We are all the same – in longing for the marriage of our daughter
10. We are all the same – in searching for our life’s goals

In using the metaphor of “*all sorts of joys and sorrows*” in our lives, the members piled up several chairs on the stage and covered them with colourful textiles; four members of the group then used facial expressions to express the four different tastes – sweet, sour, bitter and spicy



In each of the following scenes, excerpts of the video-recordings of the group sessions were followed by various means of expressing and enacting the stories on the stage. For instance, in scene no.4, which was Ralph's story, we first showed the excerpt of the group session in which Ralph expressed his sadness when talking about his mother, followed by his drum playing on stage with several members 'backing' him whilst waving coloured textiles to express his emotions.



Another example was Yu's story (no.7); after showing the video excerpt of the group, Yu sang a song on stage to give thanks to her parents while her father was listening in the auditorium.



When telling Jane's story (scene no. 10), after having shown the excerpt of the group session in which Jane said "*I love my daughters just because they are my daughters*"

and then embraced me whilst I was in tears, Jane's daughter (the one who was getting married soon) was invited to come on stage to re-tell the story she had just heard on the video. In her conversation with me, Jane's daughter said:

*"I am **really touched** by my mother's statement – I love my daughters just because they are my daughters – because **she exactly did what she said**. I remember when I was unemployed, staying idle at home for quite a period of time, she never urged me to find a job but **just let me be me!**"*



I also invited Jane to the stage to have a conversation with her daughter which developed as follows:

D: *"When I was young, I used to complain to you that you were not a 'qualified' mother. Daddy used to complain to you of not being a 'qualified' wife...I complained to you a lot. But now, as I am getting married, I realise that you **have given me one very good thing – you respected our choice, you gave us a lot of space and freedom. Most important of all, your door is always open! Thanks so much, Mummy!**"*(She was in tears)

J: *"I wish you a happy wedding and a bright future. Later on, when you become a mother, you will know how to take care of your baby. **I know you will also give them a lot of space and freedom. Don't cry my daughter!**"*

This scene touched the hearts of many members in the audience.



After having staged the *narratives of difference* using the theme that “*we are all the same*”, I appealed to members of the audience to make it explicit that they were a collective body engaged by the performers in the construction of the latter’s identities. In achieving this, the performers who wore masks (symbolising how they were dominated by pathological labels and stigmatisations) were lying on the floor of the dark stage, which expressed their loneliness and isolation. When the light slowly came back on, the participant lying in the middle of the stage slowly took off her mask, stood up and touched the fingertips of another performer, who then also took off the mask and stood up; and so on until everyone on stage was standing. The performers then descended to the auditorium, touching the fingertips of members of the audience and urged them to touch the fingertips of the persons surrounding them. It was intended as a metaphor, showing that when we try to put aside our prejudices and biases (taking off our masks), we would find that “*we are all the same*”. It conveyed a sense of connectedness among performers and audience, who were made to feel that they were able to share in the experience with the performers.



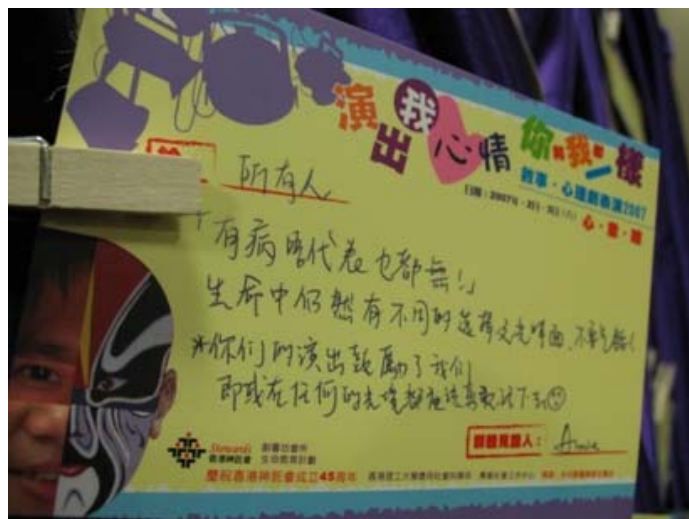
3.2.3.5 Recruiting the audience as a 'bedrock of evidence' for the performers' stories

After touching the fingertips between performers and audience members and thus conveying a sense of connectedness, we wanted to engage the members of the audience in a dialogic process, enabling real-life, situated feedback and allowing for their participation in a creative social exchange (Jones, 2006). I invited them to have a re-telling conversation with me, thus representing the 4th act of our performance. Four members of the audience joined the conversation; only one of them – a member of the Hong Kong Legislative Council – had been invited beforehand, as we hoped that he could help bringing the stories of the performers to the attention of actors on the policy level. One participant in the conversation was the daughter of one of the performers, who wanted to thank her mother openly as she had witnessed the beauty

of her mother on the stage; another was a counsellor, who was close to suffering burn-out at work while the last participant suffered from a psychiatric condition.

The member of the Hong Kong Legislative Council told us that he was much impressed by Jane's story and that the entire performance confirmed once again the importance of his commitment to work for the benefit of marginalised groups, as he agreed that "*we are all the same*" and that no one should be oppressed! The daughter of one of the performers joined the re-telling because she really wanted to give thanks to her mother openly, as her mother very much deserved it. The counsellor expressed her gratitude to all performers, as she was inspired by their stories; she said she was honoured to be a counsellor and receiving all her chances to listen to people's stories in times of difficulties and to walk with them. At the same time she could learn from them the skills and knowledge to resist the negative effects of their problem. The last participant, who also suffered from a mental condition, was impressed by Yu's song; she came onto the stage because she also wanted to say thank you to her parents because they had taken good care of her.

As there was no time to participate in the re-telling conversation for the large majority of the audience, I invited them to write their feedback on a card and post it on a board and a total of about 200 cards were collected.





3.2.3.6 Struggle for agency

According to Scott (1993), performing narrative involves a struggle for agency rather than the expressive act of a pre-existing, autonomous, stable self that serves as the origin for or authority on experience. Moreover, the resistance of pre-existing stories to challenge and change – which has important implications for movements in their interaction with the broader society – also involves a struggle against pre-existing cultural and institutional narratives. In order to consolidate a collective sense of struggle for agency, we used a ‘gimmick’ in the 5th act to also end the performance; we gave each member of the audience a ‘*little pig*’ – simulating a ‘recorder’ – and asked them to invite the person next to them to ‘record’ an encouraging statement to him/her; whenever s-he was depressed or emotionally down, s-he could take out the pig and listen to it. It turned into a collective sense of struggling for agency in resisting the negative effects of problems together, rather than leaving it to the individual.



3.2.3.7 Making the differences

As mentioned before, what we enacted was more than simply turning the performers' narratives into a stage production; we offered opportunities for collaboration between performers and audience members for meaningful dialogue that would also open up unknown possibilities for further (future) dialogues and associations. This not only allows a dialogical participation that would stretch the boundaries of our (both performers and audience) understanding, minds and imagination, but would also gauge the effects that emerge with fresh, creative and innovative ways of social exchange (Jones, 2006). This would also encourage a connection and give rise to a sense of intimacy, as Speedy (2008:161) states, "*Performances have always provoked laughter, sometimes tears, and a climate of intimacy.*" The members of the audience, who were recruited as *bedrock of evidence* for the performers' stories, also were privileged witnessed. Langellier & Peter (2004:237) propose to

"...construct the audience as privileged witnesses, as ones with greater sympathy and understanding than those in the narrated experience (or the rest of an oppressive society), as ones who see what is really going on, as authentic 'because-I-witness-the-person-who-performs-it'."

Using performing narratives on stage, to me, is not just a method of gathering information, but a vehicle for producing performance text and performance ethnographies about self and society (Denzin, 2001), a research method that, as Law & Urry (2004:392-393) suggest (and as I have already mentioned)

"...are performative; they have effects; they make differences; they enact realities; and they can help to bring into being what they discover."

The re-telling and abundant feedback by members of the audience (for a full account of the re-telling and feedback, refer to Appendix 1) included encouragements to the performers, others stated what they learnt from the performers and some expressed their thanks to them while yet others appreciated the aesthetics – but all somehow showed that the audience members had experienced a strong sense of connectedness with us and even amongst themselves. It also created new ways of understanding people suffering from mental illness, as some audience members found:

“Somebody says that there are two important things in life: to love and to be loved! In your performance, I witnessed how two important things happened: use your own life to influence others’ lives; and to love and to be loved!”

Moreover, the real acknowledgement of the knowledge and skills of people suffering from mental illness puts all of us humans on an equal footing; it’s not about being better or worse, as some members of the audience recognised that: *“You let me know that, actually, **we are all the same!**”* The narratives performed also reminded the audience about important values and principles in their own lives, as one of them wrote:

“In the performance, you reminded me of what I have forgotten – the love among people. This performance helps me to search for my life goal – to care and concern people around me.”

3.3 The narrative journey ended when...

All performers were very excited after the performance as it represented such an extraordinary and novel experience for all of us. After the re-telling by the performers, they identified the many *differences* they had experienced and learned (for the different understandings of their own selves, of mental illness, of the society and the performance itself, see Appendix 2). Many had developed a different *self-construction*, as one of them expressed it:

*“I am **so excited**, so happy, the experience is so **new** to me...everyone can be the **best actor** of his/her life, to tell others what he/she wants to tell, to do what he/she want to do and everyone can make it. Not only one person can do that but **all of us can do what we want to do**, all of us can perform well in the performance.”*

Many of them gained a different understanding on mental illness; for example:

*“We, people who suffer from psychiatric illness, are a group of people that **support one another**. No matter how people see us, we have made a very good performance because we have very **well cooperated**.”*

There were also different understandings of society as a result of the narrative process and the performance; one example follows:

“What made me stand on the stage and tell others my story? Because I think that everyone can have his or her own way of living and living style. Moreover, everyone will be affected by the environment. Today when you say that I am problematic, it might just be because something unhappy or bad has happened to me and that makes me depressed and anxious. So I want to tell the audience word from deep down in my heart – when we compare, no matter what, looking down on others or looking up to others is not good.”

Finally, different understandings of the performance itself also emerged as illustrated by one excerpt:

*“The way we did the performance is really **new and novel**; we used only our **body language** to express our feelings and thoughts, such as by dance and drum playing. It’s **easy, relaxed** and we need not remember the points to deliver.”*

Our narrative journey ended when we realised that ***“We are all the Same and yet We are Different”***

4. Conclusion

In a community institutional context, as people with similar problems congregate they are usually looked at as incapable of taking care of their own well being, as having to depend on welfare and the help of professionals and only their pathological and problematic narratives and characteristics are being highlighted. Stories are powerful because they are *social practices*; they draw attention to the role of audiences and to the social context in which they are produced and experienced. When an audience

identifies the storyteller by stepping into his/her story, they would, as Davis (2002:17) says,

“recreate the world it presents, and retain the experience. They make, in short, the story their own.”

The identification between storyteller and audience also stimulates recognition and empathy when the stories appeal to what the audience values. Based on this belief, together with the participants, I tried to create an enabling and emancipatory space by performing narratives on stage, aiming at involving a large group of people in a communicative relationship, by building affective bonds between storytellers (performers) and the audience and strengthening a collective identity so as to make transformation possible. As Witkin (2007:6) reflects,

“Conversations between people who share some sense of personal connection, that is, who know one another as multi-dimensional selves, tend to be different from those within the structured impersonality of professional forums. Less encumbered by the rules of proper discourse, the former conversations tend to be more interactive, rich and stimulating.”

As reflected in the re-telling by members of the audience, they identified affectively with the stories of the performers on the stage; they did not just realise that ‘*we are all the same*’, but also learnt from the rich and stimulating stories of the performers.

Chapter Seven

The Discoveries of my Narrative Journey – So Different and yet So Common

1. Introduction

The previous Chapters recounted my exploratory journey as I investigated whether the use of the narrative approach across three institutional contexts and settings would be able to assist in the creation of emancipatory and liberating spaces that would allow the expression of multiple voices and transformation in social work practice. The project also reflects my attempts in assisting people *to be different* to the ways they have been living their lives – to be free from domination and oppression by limiting institutional structures and processes. Hence, *discovering the differences in people's narratives* – the differences in *relating with their 'problem'* as cast by the larger social context in which their narratives are embedded as well as the differences in *relating with professionals* who often 'enforce' these narratives – became the theme of this project, which, as I said early on, is more than just a novel *choice of theory*, but rather a novel *political and personal stance*.

2. The trajectory of the narrative journey

Given the rather complex nature of the several discourses and settings I have travelled through – in my readings, my reflections, my conversations and other co-creative activities with other participants in this narrative (ad-)venture – it may be useful to briefly retrace my trajectory and pause at some of the highlights of the steps I took.

In the *heuristic entry* to this thesis, I shared my personal encounter with three experiences that perplexed me and that stimulated me to 'let go' of what I held on to as my 'certainties'; critically reflecting on otherwise seemingly familiar experiences shed light on the importance and necessity of a '*subsidiary awareness*' that offers an alternative context for working with (and thinking about) service users in social work practice. I found that the availability of emancipatory and liberating spaces for social

work practice would be important to build new kinds of relationship that could lead to multiple voices being heard, that would help to separate people from the problems they have and enable professionals and ‘clients’ to enter into mutually transformative relationships.

It had become clear to me that such a quest required a viable epistemological stance and a meaningful theoretical-interpretative framework in order to make sense of what I would encounter in my journey. Indeed, the ‘usual’ application of a positivist stance and methodological approaches based thereupon seemed blatantly inappropriate given their philosophical premises, which were utterly opposite to what I had come to understand as the nature of human being and knowing. Habermas’ and Gadamer’s elaborations of the generative role played by language alerted me the constitutive role language and interpretation play in the human encounter and Foucault’s (1978) analysis of power provided a breakthrough as it offered insights in the construction of ‘self’ and identity and enabled me to see how knowledge – in particular expert knowledge – excludes the voices and experiences of marginalised groups under the regime of a *manifest discourse*. Grafted into these ‘discoveries’, I explored the basic tenets of (what I came to call) the ‘*narrative approach*’ and detailed how several of its proponents helped me develop a set of parameters which – when operationalised – could help me analyse and change restricting conditions/spaces/structures/processes in existing social work-relevant institutional contexts.

In Chapter Three I offered an abbreviated historical appreciation of the larger social context of social work practice in Hong Kong, especially focusing on the changing social-political-cultural-economic-technological configurations which had and have a direct impact on the three institutional contexts in which I was about to ‘experiment’ with interventions based on a ‘*narrative approach*’. I explicated a series of (what I called) dominant restricting and limiting institutional parameters/conditions and inserted these into an overall picture, gradually expanding the latter to include my intended and hoped-for goals of creating liberating spaces through narrative work in the three identified institutional contexts.

My goal of *making a difference to the stories people tell about themselves and wanting them to be different in the way they live their lives* summarises why I

intended to negotiate my role and participation in concrete setting in the three institutional contexts and shape the relational aspect of my encounter with the persons involved in this project.

As recorded in detail throughout Chapters Four to Six, I applied a narrative approach across a therapeutic, an educational and a community context so as to be able to explore the *differences we could together create* in people's self-understanding and their identities as well as in the relationships between themselves and 'professionals' or 'outsiders' in different guises. Finally, the reader should be reminded that the purpose of this exploration was not a comparative one, nor did I intend to offer a definitive appraisal of the potential of the narrative approach across the various sites. Rather, I considered this work an *exploratory* journey, the intention of which was to create a degree of confidence – based on cumulative qualitative evidence, however limited in numerical terms – which would allow me to move on and aim for further confirmatory practice and research in this area. More or, indeed, other than that would not have been possible given my epistemological stance and, of course, available resources.

3. Discoveries made along the narrative journey

3.1 The parameters expressed across various institutional contexts by using narrative approach

Rejecting to view problems encountered by marginalised people in individualised terms, but view them as reflecting the larger social context and inevitable results of the imposition of power/knowledge, my intention in the interventions was to *share power* and build *mutual and egalitarian relationship* with the persons participating in this project. I also adopted a *sceptical view towards disciplinary knowledge*, seeking *alternative* ways of meaning-making and understanding by participants, separating the problems from the persons, appreciating *their resistance to power*, acknowledging their *knowledge and skills* in resisting the negative impacts of the problem, leading to a *transformative, empowering, inclusive and strength-oriented* practice. I again use a diagram as introduced in Chapter Three to illustrate the intentional use of the narrative approach.

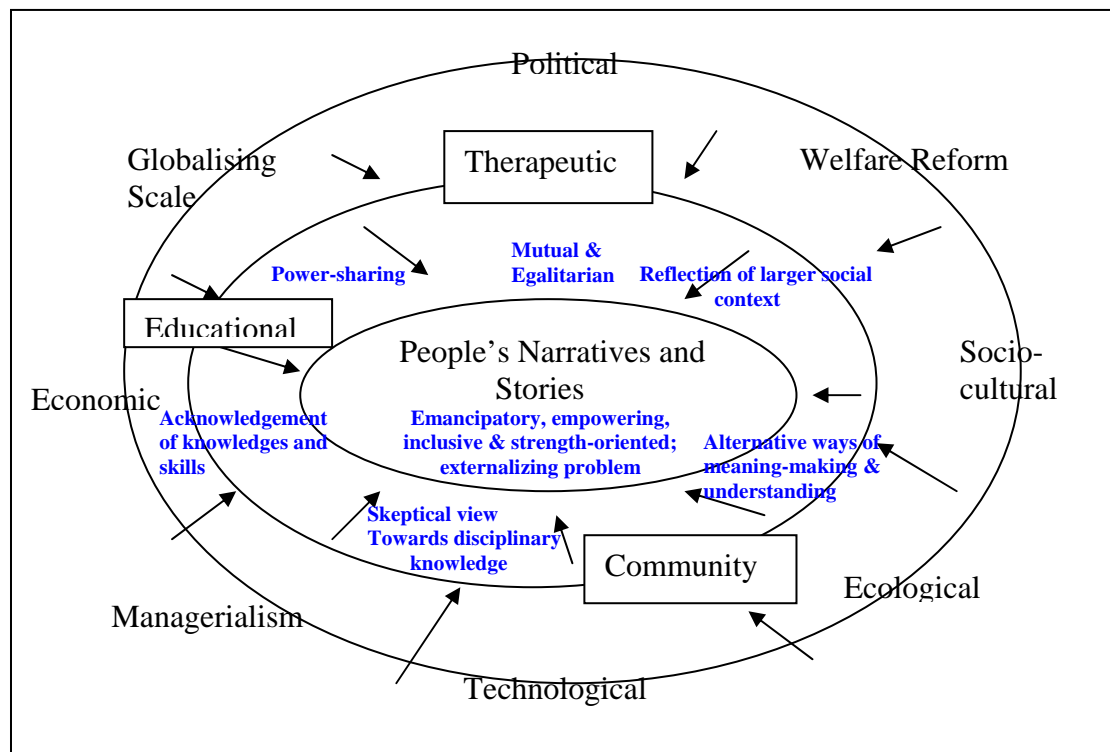


Diagram 5: The different parameters expressed in various institutional contexts by using the narrative approach

3.2 The differences in people's narratives through the use of the narrative approach

3.2.1 So different: individualised problems are reflections of the social context

Belief in the value of scientific knowledge in the human sciences led to the development of generalised categories of experience and the creation of order, boundaries, classifications and certainties through formal reason, laws, typologies, uniformity and universality. Importance is given to the objectivity of knowledge, the universality of values and the progress of science and society and truth is centred in human reason (Seidman, 1994; Parton and O'Byrne 2000). The (Western) 'medical model' as well as ideas of 'education' and 'normality' or 'normativity' have upheld these dominant values which gradually came to also dominate social work practice, translating into aspirations to use medicalised/therapeutic treatments for people with mental illness, translating into educational models promoting teaching and learning models which are disempowering and into community work approaches which further isolate marginalised groups and separate them from those deemed 'normal' and living their lives as 'prescribed', i.e. in individualised 'nuclear' families.

However, by implementing a narrative approach, individual problems, selves and identities are regarded as reflections of social contexts of which people can make sense of through changing their stories. Jessica's story reflected how she had been 'constructed' as a problematic person, positing treatment by several helping professionals as a necessity. In our narrative conversations, however, from 'being' a person suffering from *depression and anorexia nervosa who was too weak to stand up for herself*, who was *uncooperative and giving up and thus wasting the precious time* of professionals, she became someone who was a 'victim' of the medical model, having to bear the pathologising labels and their negative effects. Rainbow, instead of being a *failure, incapable* of meeting the 'outcomes' the agency was expecting of her, was, in fact, a 'pawn' of the managerial welfare system, who had struggled to help the young people with 'problems' she was working with. Instead of viewing the two groups of people suffering from mental illness as *abnormal people with problems and deficits*, they started to see themselves as 'victims' of the medical model and of the managerial welfare system as well as being *misunderstood by the population at large*; all their real strengths and qualities were not normally recognised by professionals and the community and they had to comply with the instructions of the helping professionals for their 'rehabilitation' and safety.

As to Steven, instead of seeing him as an *incapable* learner and an 'escaper' from the difficulties he faced, he was, in fact, being negatively affected by the dominance of the technical-rational order which 'assessed' his performance, whilst David and Ella equally suffered under the negative impact of managerialism of the welfare sector, forced as they felt to have to 'build up' their agency's reputation, by developing and claiming its elevated 'expertise' in the context of a competitive welfare environment, rather than devoting their professional development to serving their clients better.

3.2.2 *So different: symptoms are resistance*

The institutional requirements that shape a client's conduct and subjectivity are imposed through professional power; if a client rejects to follow them and thus rejects to have his/her subjectivity shaped accordingly, rather than refusal to change or non-compliance, this should be rather understood as a sign of resistance to power, a rejection to accept further subjectification, a refusal of the imposition of a troubled

institutional identity and a protest against dominant cultural practices (normalisation). ‘Symptoms’ are, therefore, not to be eliminated but to be regarded as a person’s *resistance to the annihilation of his/her self* and that needed to be respected.

Jessica’s, through her *silence* in front of the clinical psychologist, resisted and rejected the latter’s exercise of professional power and refused to be further subjectified by not seeing the clinical psychologist any more; remaining silent in front of her social worker when being perceived as *weak* and *un-cooperative* was another sign of resistance that needed to be respected as a refusal to accept a ‘*troubled identity*’. Rainbow’s *symptoms*, – insomnia, fluctuated emotions and inertia – preventing to work, could also be regarded as an expression of her *resistance* to the further subjectification of both her clients (‘marginal’ youth) and herself, as further work with the former could only lead to their further stigmatisation and labelling, as she had to motivate them to find jobs in the knowledge that it would force them to accept that they, really, had no future.

The intense feeling of incapability experienced by Steven and that motivated him to ‘escape’ into further study was also an act of *resistance to the adverse influence of technical rationality at his workplace*, making him realise that the *flame in his heart* was burning out and he hoped to keep it alive through further study. Moreover, *yelling at the voice*, rather than as symptom of mental breakdown, represented an act of resistance to the acceptance of a pathological label and to the accusations of the voice itself. While his own resistance was identified as such, he assisted those that consulted him to protest against the negative influence of institutionally dominant practices, as exemplified by the lived experience of one of his clients, a young woman whom he helped resist the imposition of a problematic identity imposed by her psychology lecturer, an authoritative figure in ‘self’ and identity’ construction.

The ‘bullshit’ re-labelling exercise with the first narrative group and, indeed, the entire staged narrative performance and the sessions leading to it can be easily identified as processes whereby symptoms were transformed into modes of resistance that could lead to great changes in people’s relationship with their assumed problem: it would no longer be internalised, but externalised because all had been struggling to separate themselves from the influences of their ‘assigned’ problem.

3.2.3 *So different: 'problematic behaviours' represent people's knowledge and skills in handling and resisting the effects of their problems*

Applying the medical and problem-based models of intervention, social workers pay attention to the *problematic behaviours* of people that they need to eliminate; using a narrative approach, however, a different understanding of '*problematic behaviours*' emerges as the *knowledge and skills people have in handling and resisting the effects of their problem*.

Jessica was regarded by helping professionals as not '*strong*' enough and was advised to tell others of her experience so as to make sure that it would stop bothering her; but when she felt hurt and rejected this advice, it was seen as a sign of her *giving up*. She was also being regarded as '*too sensitive*' when she hesitated to tell them how she felt. She was relieved when I told her that her carefully observing me before deciding to approach me meant that she was using her understanding and skills to protect her from being hurt again. The *two voices*, rather than being a pathological symptom, also indicated how her knowledge and skills helped her to struggle through and fight against accusations.

The same can be said of the reactions by Rainbow, Steven and Dickson and by several individuals who shared their stories and experiences in the two groups I introduced the narrative approach to; and the reaction by the 'normal' members of the audience during and after the staged performance offers, as I suggested, a '*bedrock of evidence*' that most 'got' this message as well and interpreted it appropriately as the strengths of the presenters.

3.2.4 *So different: problematic behaviours are the reflection of people's values and living principles*

Problematic behaviours not only represented the knowledge and skills people have in handling and resisting the effects of the problems and issues they encounter, but they were also reflections of their values and living principles. Taking Rainbow's situation as an illustration, her emotional problems, in fact, reflected that she *really wanted to help people in need*; she was especially committed to helping grow children living in

undesirable/disadvantaged environments. Steven, whose intense feeling of *incapability* in fact reflected his commitment to ‘*help people help themselves*’ and Dickson, who seemed unable to face the death of his mother, was, in fact, reflecting his love for his mother, while Mrs. Wong’s depressive symptoms and behaviours reflected her strong commitment to take care of her family, even in difficult times.

The realisation of their values and living principles not only separated their ‘selves’ from the problems they encountered, but once again confirmed their future direction in life. Rainbow, after seeing her strong commitment to assisting in the growth of children, left her present job and started work as a social worker in a kindergarten in a deprived area in Hong Kong. Steven finally let go of his insistence to change jobs as he had learned that he could work in whatever setting where he could assist people to help themselves. Dickson clearly appreciated that nothing could stop him from loving and honouring his mother, while Mrs. Wong had decided to continue to care for her family in the coming years, knowing that it was the commitment and love she treasured in relationship with her estranged husband and her family.

3.2.5 So different: we are replete with strengths and alternative stories

It was such a beautiful picture that when the group of participants suffering from mental illness realised that the descriptions used for them were all ‘*bullshits*’ and as they reflected on their lived experiences, they noticed how they were full of strengths and alternatives: their trustworthiness, bravery, responsibility, positive thinking that made them persist in training for open employment, to work in undesirable work environments, to continue the public examination so as to enter university, to try their best to relate with colleagues ... They gained more confidence to continue their life’s journey, even knowing that it would remain full of uncertainties and difficulties; they had realised that the ‘problematic stories’ could no longer dominate their lives, as they had an abundance of strengths and alternative stories.

3.2.6 So different: we are all the same

People suffering from mental illness are perceived as *abnormal* by society and they had come to internalise these perceptions as their own – believing that they were,

indeed, abnormal and had to rely on professional help. But when recognising that their troubled identity was *constructed* by the society they lived in; when realising that, rather than they themselves, it was society that was '*sick and pathological*'; and when discovering and seeing confirmed by others that everyone could also be affected by society's illnesses; while at the same time, everyone has skills and knowledge to resist the negative impacts of such illnesses; and that everyone of us – whether suffering from mental illness or not – would experience *all sorts of joys and sorrows* in life; and, finally, when experiencing directly that their stories also resonated in other people's lives and could elicit positive changes in them; they knew that '*we are all the same*', which gave rise to a strong sense of relatedness and connectedness between them and other people, a truly extraordinary experience to them as it was to those who were part of the audience.

4. How did the narrative approach 'work' 'institutionally'?

If storytelling is a natural way of recounting and making sense of experience, how people become what they are depends on what they have experienced in the social contexts in which they participate (Moen, 2006). If the social contexts individuals encounter constitute where they are at any particular point in time – never fixed, but constantly changing – stories cannot be viewed simply as abstract structures isolated from their environments; rather they must be seen as rooted in society and as experienced and performed by individuals in cultural settings (Bruner, 1984). If the perspective on people's experiences constantly changes as they gain new experiences and engage in dialogues with other people (Heikkinen, 2002), narratives are neither reductionistic nor static, but 'wrapped' up in a process of development and occurring within people's social, cultural and institutional settings. If, finally, the *personal is political*, my very existence and my way of relating with people involved in this exploratory project were important in facilitating the emergence of their new experiences when I was in conversation with them. Below, I offer a matrix, summarising and illustrating the characteristics of what I engaged in using the narrative approach to facilitate the emergence of '*differences*' in participants' experiences as expressed across the various institutional contexts.

<p><u>Attitudes: respectful</u></p> <ul style="list-style-type: none"> ~ respect participants' definitions and understanding of the problem ~ respect their voices ~ respect their 'differences' ~ curious to know more about their stories 	<p><u>Thinking: sceptical</u></p> <ul style="list-style-type: none"> ~ challenge the dominant positivist ideology ~ challenge techniques of power (classification & categorisation of persons through pathological labels) ~ challenge exclusionary practices ~ challenge the ascription of troubled identity ~ challenge the techniques for isolation and surveillance of persons
<p><u>Role and Relations: egalitarian</u></p> <ul style="list-style-type: none"> ~ mutual and egalitarian relationship ~ co-constructor of people's stories ~ power-sharing ~ collaborate with the people involved as they are experts in their situations ~ being transparent in the relation 	<p><u>Doing: intentional</u></p> <ul style="list-style-type: none"> ~ identify the knowledge and skills of the people involved ~ identify the resistance ~ identify people's strengths and alternatives ~ externalise the problem ~ bring in the social context of the problem

To facilitate the emergence of differences across the parameters as identified in the various institutional contexts and that were conducive for rich narratives that would generate new experiences for participants, I kept a *sceptical* view vis-à-vis the dominant positivistic ideology that I recognised as subjugating people. In my conversations with people suffering from mental illness, I never asked them what their diagnoses and symptoms were; instead, I was concerned about how they made sense of these labels, how they affected them and what they did to resist their negative effects. This was essential, as we can only really respect their definitions and understandings of the problem with a *sceptical* view and without imposing our 'professional' view; it is only with such sceptical view that we can become aware of the lack of equality and justice between individuals within collectives and recognise the real significance of difference and plurality that can open up individual choice and freedom (Allan, Peace & Briskman, 2003).

Based on this understanding, I also intended to alert participants to the social context that constructed their problems, to identify their knowledge and skills and their resistance against the negative effects of their problem and to identify their strengths and alternative stories, so that they could ‘separate’ their selves from their problem. This further confirmed the importance of building up an *egalitarian relationship* with them, trying to share power and collaborate with them in the construction of their stories. Moreover, I attempted to be utterly transparent to them, by sharing my own feelings when listening to their stories, expressing my emotions freely and telling them how their stories resonated with me, encouraged and transported me in the process.

5. The use of the narrative approach: *so different and yet so common*

The use of the narrative approach across the various institutional contexts in this project enabled a positive identity construction of the participants so they could better resist further disempowerment and marginalisation. The role I played in relating with the participants was important as I actively took part in widening emancipatory, liberating and empowering spaces to advance and support the parameters of difference the respective institutional context as the below diagram attempts to show.

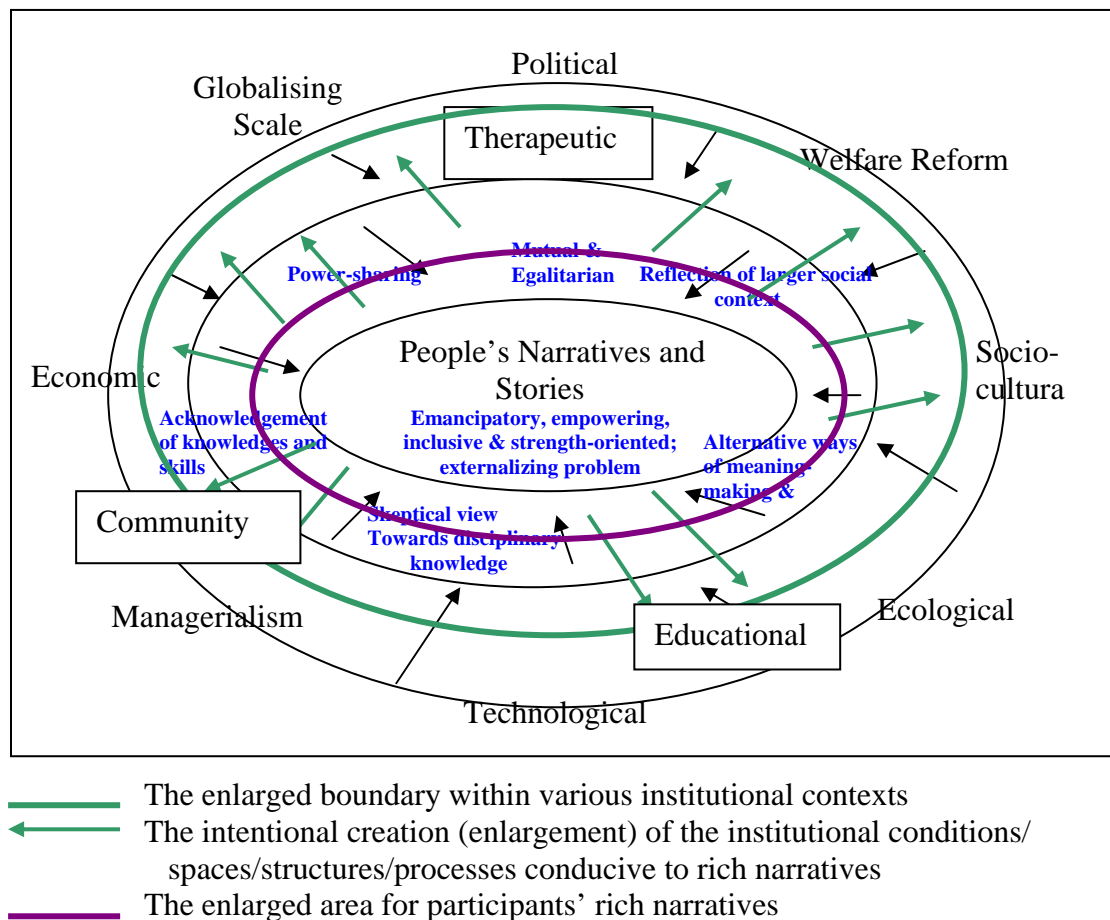


Diagram 6: Enlarging the emancipatory, liberating and empowering spaces within institutional contexts

My intentional introduction of the narrative approach made a difference in the *conditioning parameters* I had identified in the three institutional contexts, leading to participants' developing and 'living' *different stories* also instigated by the *different ways I related with them* – based on my scepticism of the dominant positivistic ideology in welfare thinking and social work practice, my respectful attitude, my attempts at establishing egalitarian relationship and finally, my desire and efforts to separate the 'problem' which brought me in contact with them from them as persons, by calling attention to the social context and on their innate strength. These parametric changes led to the recognition that participants' experiences were *so different and yet so common* to those of others in similar situations as well as to everyone else in society.

They were *so different* because social work institutions in whichever contexts traditionally and generally embrace mainstream modernist approaches to practice, inquiry and education, whilst – using the narrative approach – I attempted to ‘*think outside the box*’ and questioned the *construction and function of ‘the box’ itself* by exploring the usefulness of new approaches and metaphors (Witkin & Saleebey, 2007). They were *so different* because, whilst many social workers continue to play their role as instruments of dominant social institutions (even if they do not intend or are not willing to do so), I – however modestly - tried to change this by elevating the ‘*social aspect*’ of the respective constructions of clients’ problem (including their institutional/professional constructions), by identifying the strengths, the resistance, the knowledge and skills of those who are usually marginalised.

They are *so different* because, whilst dominant social work practices remain wedded to the scientific measurements that lead to and support instrumental problem solving, I strongly rejected this discourse which belittles or discredits alternative discourses and ways of knowing (Irving, 2007). Instead, I respected participants’ definitions and understanding of their problems, their voices and the possible positive nature of their existing ‘differences’ often pathologised or otherwise discriminated against.

They are *so different* because when mainstream social work remains preoccupied with finding universal definitions and values, global education standards, evidence-based ‘successful’ practices and an emphasis on hierarchical professional relationships, based on neutrality and emotional distance, I attempted to be transparent, intent on establishing an egalitarian relationship, to collaborate participants in the co-construction of their stories leading to a generative, cooperative and mutually respectful relationship.

They are *so different and yet so common*; they are *so common* because even though professional social work has since long been dominated by a focus on *the individual* and has conceived of its professional task as lying entirely within the realm of the ‘*interpersonal relationship*’, throughout history social workers have also challenged unjust and oppressive societal institutions (Gil, 1998), a struggle between ‘*social activists*’ and ‘*individual interventionists*’ (Dominelli, 1998) which can be traced back to the nineteenth century (Mullaly, 1997). As the inclination to believe in and practice

professional reductionism, which seems to render individual problems more manageable, tends to become stronger and stronger in the present environment, what I have tried to implement seems to be *so different*, but is equally *so common* – through remaining aware of how certain practices of knowledge generation and representation are privileged and hence sustain the existence of social problems, through critically appraising and examining the existing distribution of power and resources and the contradictory and oppressive nature of social structures so as to prevent personal and social problems being de-contextualised.

They are *so common* because social work's traditional role is to link the personal/individual with the public/societal and to professionally conceive of and address problems as related to 'persons-in-situated-contexts'. What I attempted to do is *so common* because it tried to bring the *social* 'back into' our understanding of problems and issues. What I have tried to do is *so common* because I solely attempted to identify people's *strengths*, their knowledge and skills in resisting the problems, as against a focus on people's *inability* to cope and as against intervention and 'treatment' models which at present occupy so much of our work processes (Saleebey, 2002).

They are *so common* because '*respecting people*' is one of the core values of social work; my approach was *so common* because I simply respect people as they are, regardless of their pathological labels and of their being different from the norms; I respect them as *human beings*, not as 'complex persons' with a problematic life story; I listened to their stories with *curiosity* about what they were telling me and about what they did not (yet) tell me, without being preoccupied with diagnoses, the extinguishing of 'symptoms' and with problem 'solving'.

They are *so common* because *we are all the same*, each of us able to gain from understanding the other and the other's 'theories' about their selves and their identities; indeed, *because we can collaborate in the co-construction of common meaning*. What I have been doing is *so common* because I was just paying attention to the person who – as always – had a particular point of view, a context which allowed certain ways of describing and interpreting what is going on while, at the same time, telling him/her how his/her stories struck me and what they evoked in me.

6. Reflections about the research process

6.1 Reflecting on power

It has been a really positive experience for me to listen to the participants' stories in the course of the research process and to grant each other the space to voice and listen; the mutual and collaborative endeavour created positive and trustworthy feeling; and also strong ties between us (researcher and participants). I have appreciated the participants' participation, involvement in and contributions to the process and they were equally appreciative of my authentic engagement. In this collaborative meaning-making process, both participants' voices and my own voice were included; Chase (2005:666) refers to it as

“the interactive voice that reflects the intersubjectivity between their (researchers') voice and the narrator's voice. Through the interactive voice, researchers examine their voice – their subject positions, social locations, interpretations, and personal experiences – through the refracted medium of narrators' voices”.

During the entire research process, therefore, I remained alert to the power imbalance between us, aware of how we related and how their stories were being told as well as how the space I have referred to as 'liberating' was 'held' and facilitated as an enabling one. I have been striving to be as transparent as possible, because when focusing more genuinely on relationships, the self/other boundary blurs; as Sclater (2003) reminded us, we are who we are not just 'inside' ourselves but also in relation to others and mutual actions with others occur ordinarily on many levels, including and containing the unconscious.

6.2 Reflecting on my political stance

As mentioned in previous Chapters, espousing the narrative approach signified more than just offering an alternative to the pragmatic, empiricist, instrumental therapies which are so abundantly on offer; for me it constituted a paradigm shift including a shift in my political stance with ontological and epistemological implications, whereby ongoing critical reflection was of paramount importance. It had to do with

the realisation that we were together embedded in a larger social context and that we were still constructing it together; there was the constant danger of ‘falling back’ into ‘therapy-based’ practice with an expectation to be seen and experienced as ‘more effective’ at problem solving. This was especially so because it was narrative *therapy* that originally drew me to narrative inquiry and it was reinforced when witnessing the differences created as participants were able to tell their stories. To remain alert to this ‘danger’, I continuously questioned my own position, values, beliefs and background and shared this questioning with colleagues so as to increase my self-awareness and reflexivity; I wanted to avoid locating myself and the ‘outcome’ of the narratives at the centre of the discourse throughout entire research process.

6.3 Reflecting on the sustainability of the liberating space

Working with the narrative approach in this project has been, at least, suggestive of a promise that it is possible to create a more emancipatory and liberating space for social work practice. Given the impact of neo-liberalism and managerialism, however, not many institutional contexts would be conducive to applying the approach, as the acceptance of complexity, uncertainty, uniqueness and conflict within this approach do not correspond well with the model of technical rationality inherent in the present welfare economy and its associated ideologies. It was really hard for me to accept that participants - both service users and social workers - involved in this project still would have to struggle hard – or even harder – when returning to or joining the dominant institutional contexts without much opportunity to experience the continuation of the liberating spaces we had together opened for ourselves.

7. Looking back at the project

Overall, this study has been the first in Hong Kong to directly address the interface between specific institutional contexts and the concrete interactions through which narrative exchanges take place and to explore how people situated at this interface experience the promises of – and potential barriers to – the narrative approach as applied in the local welfare context and social work practice.

The project intended to explore how the narrative approach could offer ‘*conditions of possibility*’ across the three selected institutional contexts in which I played the crucial role of creating and holding a space for participants to negotiate a *different identity*. In other words, I also have been an *actor* in changing the institutional working and relational context so as to create the conversational space in which participants could tell their alternative stories and offer alternative ways of making meaning and where it would become possible to acknowledge people’s knowledge and skills. It is possible to understand this as demonstrating how institutional players can be enabled to render their interactive context differently; Bhabha’s (1994) notion of ‘*dis-identification*’ when applied to participants’ resistance against institutional pressures to adapt and obey is suggestive here and it would equally apply to my own way of relating with clients or students as I ‘*dis-identified*’ with the institutionalised roles of a social worker or an instructor, as I offered participants a new subject position enabling them to collaborate with me on a more equal – indeed, liberating - footing.

This exploratory study also demonstrated the promise of working within the narrative approach as it examined specifically how the (re-)negotiation of our identities was made possible across three institutional contexts in which – as a matter of course and based on an analysis using Foucault’s genealogy of power - professional knowledge tends to be privileged and the knowledge of clients or students subjugated. The inclusion of diverse voices and rich narratives of the participants, the aesthetic expressions and innovative representations and the direct attention to the particulars of lived experience in unexpected ways (Atkinson, 2010) highlighted the inclusive and transformative purposes of the narrative approach. The project offered the ‘*conditions of possibility*’ across the three selected contexts in which liberating spaces could be created for participants to negotiate a *different* identity and, as Clandinin et al. (2007:6) describe the ‘*central justification*’ for narrative inquiry, it thus gave attention to “how [it] will...be insightful to changing or thinking differently about the researcher’s own and others’ practice”.

As mentioned in the first Chapter, my three ‘dialectical’ experiences inspired me to undertake this study, as I noticed the ‘novelty’ in familiar experiences and started to pay attention to the ‘subsidiary’ factors (as experienced by exponents of the powerless

group) instead of to the ‘focal factors’ (as experienced by those in power). This led me to explore how liberating and emancipatory spaces would be made possible by working based on the narrative approach. The heuristic goal of this narrative journey suggested my commitment to a *reflexive* dimension for my research practice – the critical reflection of an inquirer into my own work as well as the moving back and forth between the awareness of narrative interpretation of experience as constructed in practice (Atkinson, 2010:93). Indeed, the entire study is imbued with a critical stance but the limitations of space and time precluded more elaborate explication of my critical reflections and ‘self-query’ in the course of the research process.

Last but not least, this project has provided much depth to my understanding of the relational aspect of the narrative exchange in and across the three institutional contexts. Nevertheless, it is important to re-assert that the ‘*parameters*’ utilised for the interpretation of the interactive process in the various institutional contexts are to be regarded as describing the ‘*conditions of possibility*’ and not as ‘absolute’ determinants for ‘successful’ practice and, as such, aiming to reduce uncertainty in practice. As Barone’s (2001:153) suggests, the heuristic goal of narrative inquiry is “the enhancement of meaning, rather than a reduction of uncertainty”, an important reminder to avoid the misunderstanding of this study as having offered ‘evidence’ of an absolute and objective kind and thus being ‘confirmatory’ of any hypothesis in the traditional positivistic sense of the word. Rather, the study intended to be truly ‘exploratory’ in that the ‘themes’, the participants, the contexts and the various interactions were not ‘controlled’ in any sense, but ‘evolved’ in the truest sense of that word. And the ‘ride’ has been surprising, to say the least...

8. A final comment

I would like to add a few comments on using a narrative approach, in particular, would want to argue for its promise in creating a more emancipatory and liberating social work practice.

The narrative approach urges us to abandon the desire to find a single, homogenous context for all human lives as seems to case in technical-rationality; instead, *it reminds us that life is to be fashioned in the fluid process of becoming who one is*. To

understand human beings, their actions, thoughts and reflections, we have to look at their environment, or the social, the cultural and institutional context in which particular individuals operate and to which the narrative approach facilitates access through allowing ‘thick description’ of experiences, the context and the web of social relationships in which they have been made. Narratives are not abstract, remote or inaccessible but familiar, informative and relevant for those who hear about or read them. Using the narrative approach across the institutional contexts therefore breaks with the urge to finding solutions to problems, but it shows *concern and interest for how people’s lives are created*. What is remarkable is that the narrative approach brings back the voices of persons that are virtually absent in the institutional discourse – whilst at the same time presenting its ‘*bread and butter*’; indeed, people’s narratives can bring practice ‘*up close*’ (Carter, 1993) in that it contributes, provokes and initiates dialogues, discussions and reflections on practice and its future development. Using narrative also opens up dialogue and discourse about how to construct and create communities of care, it opens up a novel (and indeed very old) understanding of being dependent on and needing others – rather than the shame attached to ‘need’ in welfare discourse and the sad pretence of the virtue of individual independence. It also helps us to appreciate absences, loss, pain, suffering and uncertainty while alerting us to the fact that our every encounter with persons in institutional contexts in fact represents *a mutual construction that can make differences in the way people tell their stories and hence live their lives*.

Having witnessed the novel experiences of participants involved in this project through the use of the narrative approach – however small the number of those involved and whilst certainly not being the only way – it is, at least, suggestive of *a promise* that may lead to a more emancipatory and liberating social work practice. On a personal note, the processes and their outcomes have been inspiring and transforming for myself and, given my other experiences with the approach, also personally confirming.

I can only – finally – express my gratitude to all participants for their preparedness to join me in this journey and I would hope that this report of our experiences – in one way or another – may bear testimony to their bravery and our joint learning.

Appendix 1: Re-telling and Feedback by Members of the Audience

1. Encouragement to the performers

- ~ Your courage to stand on the stage, to face more than 100 people impressed me so much. Bless your life and hope that there are always angels around you.
- ~ I had no expectation when I came, but I have gained a lot after watching the performance. It is difficult to accept people who suffer from mental illness. But you let me know that actually, **we are all the same!** I hope that our society is full of acceptance and wish you all the courage to live.
- ~ The journey of rehabilitation is not easy. But I am happy to see that you are all very brave to stand up in the midst of difficulties.
- ~ I am proud of you all.
- ~ Congratulations! You are so great!

2. Learn from performers

- ~ Your lives create hope and allow me to live with hope. You changed my heart, you changed my life. Bless you all!
- ~ You let me know that **we are all the same** and I also realise that life is full of love
- ~ Life is a journey, no matter how sweet, or sour, or bitter, or spicy, life is unique. You enriched my life!
- ~ Somebody says that there are two important things in life: to love and to be loved! In your performance, I witness these two important things happen: use your own life to influence others' lives; and to love and to be loved!
- ~ Love...is to accept you as you, no matter how many limitations you have. The reason to love is so simple, just because this is you! What a touching performance!
- ~ You open my eyes; let me know that the sky is wide!
- ~ Good! Good! Good! Thanks for making me understand that **we are all the same**; there are ups and downs in our lives. Most importantly, we let me know that "love should be unconditional"!
- ~ I was so touched by all your efforts in the performance. You let me know that I was not alone because I have you, my "companions". Remember, **never give up.**
- ~ In the performance, you reminded me of what I have forgotten – the love among people. This performance helped me to search for my life goal – to care and be concerned about people around me

~ Because of you, I cried, thanks! Because of you, I laughed! You lit up my life!
Because of you, I learned to love! Bless you all, I love you!

3. Expressing thanks to the performers

~ Thanks for encouraging me to insist on my values: to search for the beauty in people

~ Thanks for your performance. Every chapter of your performance becomes part of my memory!

~ Thanks for your courage, love and warmth

~ Thanks for letting me experience what unconditional love is. You also allow me to reflect on my mother's unconditional love. May God bless you all!

~ Thanks for your performance that let me understand that "I am not having anything at all!" I also learned what unconditional love is.

~ Thanks for your performance, thanks for telling us your stories. From your stories, I remember my own stories.

~ Thank God! Thanks for sharing with us your stories. I witness and experience the power of family support in resisting the adversities of life. I realise that even a greeting, a small word of concern could be transformed into a blessing to those in difficulties. I will work hard for my life!

~ Thanks for your performance because you stimulated me to think of my relationship with my parents and my future. You made me feel confident to plan for my future, to make me understand the reason for living because I am not the only one who gets lost.

~ Your every action, facial expression and word touched me so much. Thanks for letting me witness what life, love and acceptance is.

~ Your performance touched me, moved me, made me reflect; let me see the other side of the world. I remember one of you said, "Let's walk together, and let us be together!" Yes, we need mutual support and encouragement. Thanks for reminding me!

~ You are all lovely angels, to live with hope. Thanks for your authentic sharing that lit up my life. God bless you!

~ Thanks for your demonstration of courage, acceptance and genuineness. Your hard work encourages many people and society will become better!

~ "You smile, I smile; you cry, I cry!" This statement touched me most. We can be so closed. Thanks for your marvellous performance.

~ Thanks for sharing your stories. I was so touched that my eyes were full of tears and I reflected a lot about my children and my family.

~ You lit up my life! Lots of thanks!

~ Thanks for sharing your stories, expressing your emotions and telling us the words in your hearts. Your stories became a page of my life. I was moved by your stories and let's go on with our lives, to live a wonderful life.

~ Thanks for your authentic performance and I think that the performance should not be limited on the stage, but in our everyday life.

~ Thanks for the courage, the genuineness and love in your performance. This performance should not only happen on stage, but in life. I see the light, the heat and the energy in you. Thanks.

~ Your performance and your lives touch my heart and my life. Thanks!

4. Appreciation of the aesthetics of the performance

~ Parents' love, friendship, and the conversation with the daughter...everything is so touching.

~ So touching! Every one of you is really good, marvellous! The song, the team...You make me reflect on my own life. It is so nice to have a meaningful night. Wish you all a happy life.

~ What a meaningful night tonight! I see love and I can see what I have neglected.

~ This is the best performance I've ever seen and the most touching song that I've ever heard, just because of your most authentic expression. All the lives of the members of the audience were moved by you, because **we are all the same!**

~ Your performance is wonderful and all you became the angels of my life. You make me understand what the meaning of love and acceptance is; and to also understand the meaning of "using lives to influence others' lives".

~ Thanks for your genuine and wonderful performance. Thanks for reminding me to be brave and authentic in living my life. Thank you!

~ Thanks for sharing with us your lives' stories. So genuine; so touching! Don't give up!

~ I appreciate the effort you pay – use your lives to influence our lives. Bless you!

~ What a wonderful performance, not because of the skills; not because of the stage, but because your lives that touch my life deeply!

~ It's wonderful not because of your skill but because you tell your stories through your lives. You wake me up – to love the people around me.

Appendix 2: Re-telling by the members of the group

1. Different understandings of their own selves

~ I have **never thought of** being able to be an actor to perform on stage, but I **made it!**

~ I was so **excited** because I have never been on the stage. Knowing that I **managed to do** what I need to do in the performance, I was really excited!

~ I am so **excited**, so happy, the experience is so **new** to me...everyone can be the **best actor** of his/her life, to tell others what he/she wants to tell, to do what he/she want to do and everyone can make it. Not only one person can do that but **all of us can do what we want to do**, all of us can perform well in the performance.

~ ...this is **unforgettable**. When I first saw the theme – **we are all the same** – I questioned if we are really all the same?! It was until the rehearsal and after the completion of the performance that I really felt that **we are all the same**...what impressed me most is the statement 'I am not the one who is having nothing at all' because in 2nd act of the performance, when we are having conversations with 'failure', we see the photos of our parents, brothers and sisters, friends, kids...Yes, **we are not alone!**

~ Every time I was on the stage, I wanted to tell people that **we are all the same**, I have recovered...I wanted to tell them that I **would not hurt them**, that I'm not as awful as people say or think...I am **not violent**. This is totally **NOT** the situation...the message I want to transmit is actually very **warm!**

~ What excited me most in this performance was their (audience's) attention. They were really attentive to our performance and I was so happy that they were **full of appreciation**...they seemed to tell me that 'even though you were sick, I **appreciated very much** your performance because it was really good'.

2. Different understandings of mental illness

~ Telling others '**don't just focus on our illness, we are very good indeed**' is an **important message** to tell...I think this was a **perfectly good show!**

~ We, people who have suffer from psychiatric illness, are a group of people that **support one another**. No matter how people see us, we have made a very good performance because we **cooperated very well**.

3. Different understandings of society

~ Though I found it **playful** in the performance, we have brought out a very **important message** about **discrimination**, which is common in our society.

~ *I was willing to participate in the performance because I wanted to **tell people that our society is sick**. I hope that **more people will know** about that and they can tell others.*

~ *I felt **really good** when we **removed the mask, walk to the audience and touch people's fingers!** It seems like **I am a fire to light up the candles** – the audience seemed to have candles in their hands and they transmitted the fire one by one that makes the dark cinema **full of light!***

~ *What made me stand on the stage and tell others my story? Because I think that **everyone can have his or her own way of living and living style**. Besides, everyone will be **affected by the environment**. Today, when you say that I am problematic, it might just be because something unhappy or bad has happened to me that makes me depressed and anxious. So I wanted to tell the audience the words deep down my heart – **when we compare, no matter what, looking down on others or looking up to others is not good**. The most important is you **know what you really want and what suits you most**.*

~ *When I went to the audience and used my fingertips to touch them – the three girls seemed to resist in the beginning, which meant that they were not really willing to reach out their hands – I tried to **say to them: 'thanks for your fire, you light me up'**. After I said this, they started to change, they reached out their hands to me, **and I felt really warm!***

4. Different understandings of performance

~ *The performance is **full of fun!***

~ *...full of fun, no stress at all...to **tell people my own experience directly and loudly** is such a **good experience**."*

~ *The way we do the performance is really **new and novel**, we uses only our **body language** to express our feelings and thoughts, such as dance and drum playing. It's **easy, relaxed** and we need not remember the points to deliver.*

~ *The **applause** from the audience **showed their support** to us. This also indicated that we had a successful performance. We are very happy to have their support and have such a good performance.*

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