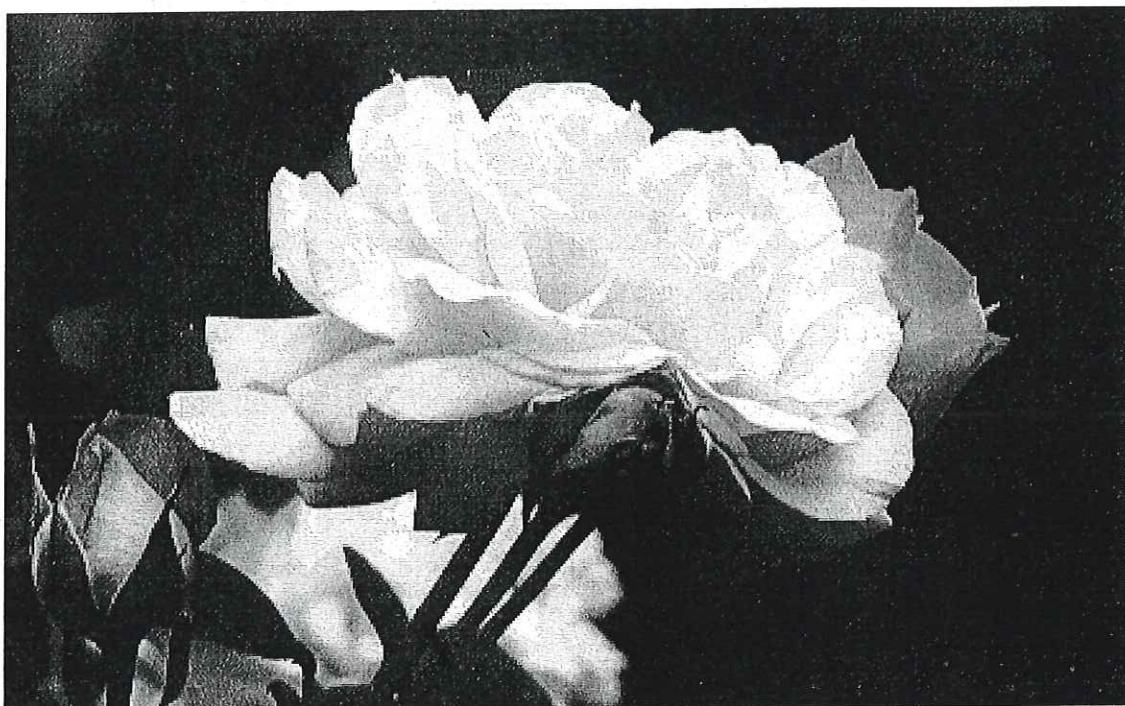


The Calgary Participator



A Family Therapy Newsletter
Volume 4 Number 1
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Overcoming Addiction



Beauty's promise fulfilled.

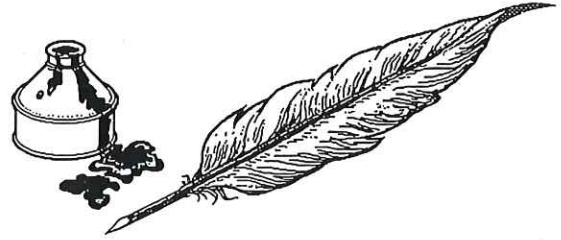
Photo by Joanne Shultz Hall

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Editorially Speaking...

Carol Liske
Editor



Welcome back! It's been a long time since the last *Participant* and we're glad to have this issue ready for you. The good news is that we have had so much support with writers contributing articles that the next issue is nearly complete, so the wait now for another *Participant* will be relatively brief. Our next *Participant* will be entitled *Soul Making* and if any of you would like to contribute to that issue we would appreciate what you have to say about your experiences in lifting the human spirit. As we are well in-progress with that issue, we have a firm deadline of January 31, 1995, to receive any articles, essays, prose, poetry, photographs, etc. that you may wish to offer to our endeavor toward an understanding of *Soul Making*.

As *The Calgary Participant* is a non-profit, volunteer enterprise, we would appreciate offers for guest editorship, in the event that you have a focal interest which you think would benefit the family therapy community. Please contact myself regarding your interest and to discuss the details of how you could proceed to produce your issue. We would like to see the *Participant* come out on a more regular basis, however, we could use with more volunteer support to ensure that possibility.

In this issue, Chris Kinman, in his research paper *Conflicting Discourses: Therapeutic Conversations with Youth Involved with Substance Abuse* has brought forth his ideas on developing youth/therapist discourse through a comparative narrative approach. Thus, Chris suggests a therapeutic methodology to clarify the varied and conflicting voices of power and oppression. From this perspective, Chris shows how developing with a young person the ideas he or she holds within about what various stories others have about him or her, and the inherent contradictions among and obstacles intrinsic to these stories, generates therapeutic progress without increasing resistance or negative self-image.

In *AARC-A Gift of Hope*, Terry Maureen Foster tells about her thirteen-year-old son's experience of losing control of his life to substance misuse and of his admirable courage to enter and complete a process of recovery into self-actualization. The story of this family's journey is both inspirational and provocative. Can we working as family therapists, without some sort of larger context to contain behaviour, sufficiently help such families? What might we do to create such a context within a family's natural network? Can traditional institutions accomplish what seems pos-

sible through the AARC system using a 12-step program?

This issue's focal interview with Harvey Smith, *Overcoming Addiction: The Stages of Change*, provides a sensitive examination of the process of and accountability for change within the therapeutic system. Harvey emphasizes the therapist-client/patient interface as perhaps the key to the likelihood that many potentials for change may be realized. Harvey's work seems noteworthy in regards to his peaceful, yet incisive, approach to working with the problem of substance abuse. From adopting this approach, a therapist may be relieved of considerable, perhaps undue, stress that often accompanies such work and may even be a contributing factor toward therapist burn out.

Reflections Upon 12-Step Programs in Relation to Personal Agency and the Restorying of Personal History by Kathleen Stacey invites the reader to carefully consider the therapeutic risks and benefits that may accrue from taking refuge within a long-term commitment to a 12-step program.

The cultivation of the American Disease Model (Bennett and Ames, 1985) is the subject of Colin James Sanders' article *Workshop Notes: Deconstructing Addiction Mythology*. In his brief paper, Colin attempts to locate and unravel socio-cultural threads of moral-ethical meaning associated with the rise, in America, of the heavy-drinking disease model.

Terry Wilton's clever story *Horses and Their Riders* serves as an existential allegory for the dizzy-ing experience of being alternatively mesmerized and then traumatized by the addictive experience from reaching toward a perceived promise of ever-elusive pleasure without clarity of meaning or direction.

A celebration of new-found hope permeates MaryAnn Fraser's short story *Breaking Free of an Addictive Relationship*. The *Three Poems from an Abusive Man* by Darrin show other forms of breaking free. These revelations remind us of how courage and compassion can relieve the apparent traps in human experience.

In *Domination, Deficiency and Psychotherapy*, Nick Todd and Alan Wade awaken us to the social and political traditions which continue to affect how psychotherapy is practiced, particularly those practices that derive from the grand colonialist narrative of civilization and progress.

Finally, Kathleen Stacey in *Duality: Salient Issue or Red Herring?* and Karl Tomm through his reflection *Commentary on*

'Duality: Salient Issue or Red Herring?' mindfully address one of the most prominent issues within the family therapy profession today. Both have contemplated the involved issues carefully and have important recommendations for the ongoing discernment of ethical behaviour in relation to the controversy surrounding duality.

Last but not least, it is important for you to fill out the necessary information on the back of this issue, in order for you to receive any future issues of *The Calgary Participant* that may be produced. Thank you for joining us for a good read. It is our wish that you are well-satisfied! 🍏

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Conflicting Discourses: Therapeutic Conversations with Youth Involved with Substance Abuse

Christopher J. Kinman
Abbotsford, Canada

But when I got here,
I didn't find bitterness and disillusionment.
I found friendship and hope and faith in myself
and a sense of purpose and passion.
And it feels good.

Bruce Springsteen (Henke, 1992, p. 70)

Abstract

A specific therapeutic approach is presented regarding youth/therapist discourse on problems of substance misuse. Youth/adult therapeutic conversation is set within a theoretical context which addresses relevant aspects of postmodernism and narrative theory. A specific postmodern/narrative therapeutic methodology describes the varied and conflicting voices of power/powerlessness evident in interactions with substance-misusing youth.

and narrative theories, particularly as they are connected to youth.

Stories of Youth and Postmodernism

In the postmodern world we are required to make choices about our realities. You may select a life of experimentation, eternal shopping, in the bazaar of culture and subcul-

polemical catch phrase, but a heuristic term. It characterizes an epoch that upon closer inspection proves to have set in decades ago (in the face of all the resistance to it on the Right and on the Left) and is now making broad inroads into the consciousness of the masses (p.2).

Much has already been said about this historical shift (Anderson, 1991); Gergen, 1991; Harvey, 1989; Kung, 1988; Lyotard, 1984; Taylor, 1984); much has been said about the application of Postmodernism to therapy (Goolishian, 1990, 1992; Hoffman, 1988; Lowe, 1991; and White, 1991). *Particularly little seems to have been presented about postmodernism and its connection to youth.* Due to this absence of discourse, and because of the significance of this discourse to the content of the present paper, a few words on postmodernism and youth are herewith provided.

Hayles (1990) asserts "that the people in this country who know the most about how postmodernism feels (as distinct from how to envision or analyze it) are all under the age of sixteen" (p.265). There are several factors which lead me to agree with Hayles that postmodernism is specially relevant to youth within contemporary western cultures.

Part of the "*sea-change* [italics added] in cultural ... practices" (Harvey, p.vii), typical to the postmodern condition, is an increasing compression of our sense of space and time.³ Multitudinous worlds are opened up through this compression, and within these worlds a market-place of preferences and decisions press upon a

In the postmodern world we are required to make choices about our realities. (Anderson, p.7)

Atherapeutic discourse is emerging which connects the work of therapy with postmodernism and narrative theory. The therapeutic approach to substance-misusing¹ youth as described within this paper is build upon and situated within this discourse. Therefore, before discussing the "*techne*"² of the therapeutic conversation, I will outline applicable aspects of both postmodern

ture. Or you may forego the giddy diversity of contemporary lifestyle swapping and fall into step with some ancient heritage...The range of choices is enormous, but the choice is still a choice and requires an entirely different social consciousness from (those)...who knew of no alternative.(Anderson, 1991, pp. 7-8).

By postmodernism I am referring to a primary shift in history, a shift which significantly affects the way people think, feel and interact within their world. As proposed by theologian Hans Kuhn (1988):

Postmodernity is neither a magic word that explains everything nor a

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person. This plethora of choices seems to be keenly experienced by youth. More options for lifestyle are available to them (married/single, straight/gay, religious/secular, "yuppie"/"dink"/blue collar, etc.) than were available to previous generations. An assortment of alternatives for career press upon them. And even less urgent questions, such as preferred style of music (pop, rap, heavy metal, classic rock, country, alternative, classical, etc.), cause a demand for decision from the youth person.

Harvey (1990) also notes a "mobilization of fashion in mass (as opposed to the elite) markets" (p.vii). This includes both the marketing of style over substance, and a marketing which, unlike the emphasis in other times, is to the public, and particularly to youth, and not to a privileged adult aristocracy.

The extensive marketing of style and experience leads further towards an economy based upon that which is ephemeral, flexible, and transitory, rather than upon that which is material. Huge industries of music, fashion, film, and television, respond to this market by selling "experience," designated specifically for youth.

Beyond the market-place, pop culture continues to exhibit an immersion in postmodernism. This is certainly revealed within popular music,⁴ music videos,⁵ television and (perhaps even more influential) the television remote control.⁶

The above influences introduce a postmodern space for youth where choices, difference, and human connections flourish. I propose that, because of the

human, linguistic-structures of narrative.

Stories of a Narrative Theory and Youth

Stories define the range of canonical characters, the settings in which they operate, the actions that are permissible

This plethora of choice seems to be keenly experienced by youth.

and comprehensible. And thereby they provide, so to speak, a map of possible roles and of possible worlds in which action, thought, and self-definition are permissible (or desirable). (Bruner, 1986, p.66).

Some of the major influences intrinsic to this discussion come from discourse about the role that narrative plays within human experience. Significant contributors to narrative theory include: Bruner (1986, 1990); Gergen and Gergen (1984); and Ricoeur (1984). Those who have applied narrative theory to therapy include: Hoffman (1988, 1990); Madigan (1991, 1992); Parry (1990, 1991); White & Epston (1989); and White (1991).

Theorists such as Bruner (1986, 1990), Hillman (1975, 1989), and Ricoeur (1984) clearly emphasize the requisite role of narrative in the structuring of human experience. Thus, the influence of narrative in the social construction of language and memory in the young child has been highlighted (Bruner, 1990; Donaldson, 1978; Heath, S.B., 1983;

and Nelson, 1989). However, as with postmodernism, little material is available on narrative theory in relation to adolescent youth. A few clinically and experientially-based observations may assist in suggesting that a dynamic affiliation can be distinguished between the youth and her/his narrative.

Bruner (1986) proposes two modes of

thought. "One mode, the paradigmatic and logico-scientific one, attempts to fulfill the ideal of a formal, mathematical system of description and explanation" (p.12). The other mode, which is "narrative," has to do with the ancient art of story telling, it "deals in human or

human-like intention and action" (p.13), and is concerned with the connections of time with place. While the "logico-scientific" mode may or may not play a role in a person's thinking, narrative is a requisite part

of every person's experience. We "cannot not" be oriented in a narrative manner.

Youth, I find, seem to prefer being primarily oriented around the narrative mode: teenage women tell detailed stories about the loyalties and betrayals of friends and enemies; adolescent men talk of football games, or describe in sequence the steps they are going to take to buy this particular car; one youth tells a group of friends how she got stoned last weekend; another youth discusses how he is going to have to become more serious about his homework or he may flunk out of school. Stories abound. Stories dominate their experience. Stories tell them who they are, where they came from, and where they are going.

As has already been shown, there currently is available a body of literature on postmodernism, narrative, and therapy. There have also been various contributions made to the discourse about engaging substance-misusing youth in therapy (Quin et al., 1991; Todd & Selekmán, 1991; Wilkinson & Martin, 1991). However, the purpose of this paper is to flesh out, and to connect together the above two discourses, by specifically presenting a "techne" for a narrative/postmodern therapeutic venture with substance-misusing youth.

Therapeutic Conversations

Before elaborating on this essay's "landscape of consciousness"⁷ (the "Why?", or meanings affiliated with the actions), I will introduce the reader to the necessary aspects of the "landscape of action" (the "Who?", "Where?", "When?", and "What?") in which my

Stories...provide...a map of possible roles and of possible worlds...[of] self-definition...

coupling of youth and postmodern culture, any youth/therapist discourse benefits from a sensitivity to the implications of postmodernism to the therapist's theory and activity.

Essential to this paper is the notion that the fragmentation and ephemerality of experience, so typical of postmodern living, is situation within the uniquely

work is situated.

The setting in which this paper evolved is a government-funded, "out-patient" agency within commuting distance of Vancouver, British Columbia.

The agency provides counselling and educational resources for individuals and families who are affected either directly or indirectly by substance misuse.

As the designated "Youth and Family Therapist" one of my primary tasks is to engage in therapeutic relationship with adolescents (and friends and families of adolescents) who have experienced disruption in their lives because of substance misuse. Those youth who become

involved with our agency do so mostly on their own volition, sometimes attending only if confidentiality can be assured and they can feel certain that family and school will not be informed (without the youth's consent) of their involvement. Others attend because somebody else⁸ has defined them as having a problem which our agency supposedly will be able to be instrumental in solving.

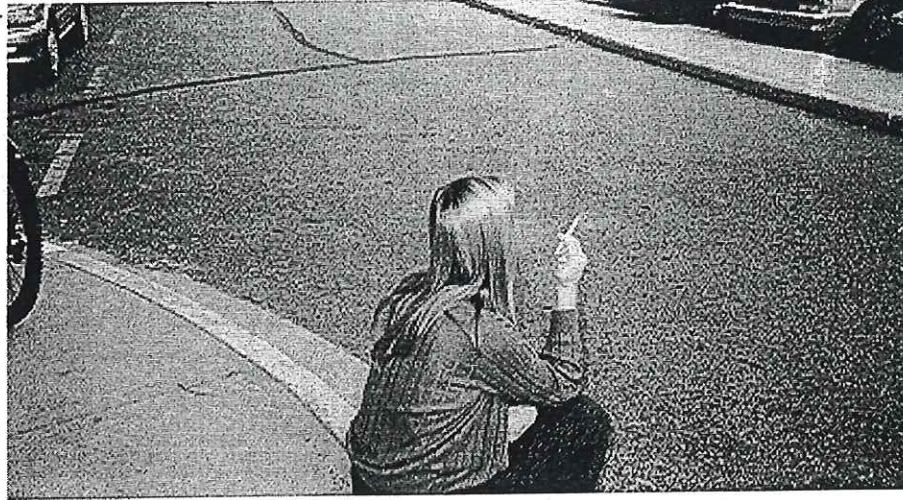
One particular difficulty in assisting youth affected by substance misuse is the task of negotiating through recurrent complementarities of power/powerlessness, control/anarchy, youth-as-property/youth-as-free-agent/etc. Within the context of these polarities surface stories of expectations, disappointment, and pathology. Well-meaning adult helpers tell tales of floundering attempts at governing the youth and the problem. Parents and school paint stories of exclusion, leaving the youth (and often the adults as well) broken-hearted and separate, while at the same time longing for inclusion and understanding.

Victims of these struggles abound: adults are exhausted from futile efforts at exercising power; youths feel colonized by diverse and sometimes battling authorities; and youths, with narratives deprived of a sense of personal influence, are rendered powerless.

From a therapeutic standpoint one

particular question surfaces through the polarized and battling discourses of power/powerlessness: How do I as a therapist enter into these discourses, as a conversational participant, in a manner

externalizing problem conversations, so "the distinction of the problem can be clearly separated from the distinction of the person," and "it becomes possible to carefully examine the dynamics and



Stories define the range of the characters that are permissible and comprehensible.

Photo by Mary Ann Fraser

which would lead the youth and others in healing directions?

Timing the Therapeutic Narrative

As with all stories, central to the therapeutic story described within this paper, is the question of time. The approach that is presented is not limited to a particular time frame, rather a therapeutic process is described which is imbedded within a specific narrative plot. The exploration of this plot might only call for time to sketch out a brief outline, or it may demand time for the writing of a short

direction of the interaction between persons and problems" (Tomm, 1989).

A mode of inquiry which attempts to externalize the problem leads the therapist and client to discover a mutually acceptable description of the problem. This has significant value, except when the client is not agreeable to being defined as having a

problem. Some therapists get around this by submitting to the client: "Your problem does not seem to be so much that you have a problem, but that others are saying that you have a problem." However, with this distinction, the person who resists being colonized with problem descriptions is still receiving a problem description. The benevolence of a conversation which externalizes the problem can transform into malevolence if a problem description is placed upon a person who protests that very description.

I have discovered that particularly

I have discovered that ... it is helpful to utilize ... nonproblem descriptions for the self [to provide] ... space for the problem descriptions of others.

story, or perhaps even the development of a major biography.

Parallel Spaces for Conflicting Discourses

In White's and Epston's (1989) narrative therapy emphasis is placed upon

with substance-misusing youth⁹ it is helpful to utilize a therapeutic methodology that encourages the development of non-problem descriptions for the self, while still providing space for the problem descriptions of others. The following section describes such a method. Ideas pre-

sented by the "Irish team," (Kearney, McCarthy & Byrne, 1989; McCarthy & Byrne, 1988, 1989) and by Tomm (1990, April) are highlighted for their usefulness in aiding in the creation of this conversational locale.

One of the Irish team's major contri-

A "Fifth Province" territory is thus created where all stories can be ["envisioned"].

butions is a notion obtained from Irish mythology called the "Fifth Province" (Kearney, McCarthy & Byrne, 1989; McCarthy & Byrne, 1988, 1989). In Ireland there are four actual provinces, the "Fifth Province" is a mythical location where all emotions, ideas, judgments and observations can be accepted, and where all language of control and competition is subtly made void.

Therapeutically, the "Fifth Province" can become a conceptual space to aid the therapist in organizing a conversational space where the stories of all involved with a particular problem can be safely voiced and explored. The "Fifth

Province" voices can be brought forth, not only in an actual domain, with all characters present, but also within an imaginary domain, with key characters absent.

Tomm (1990, April) suggests that the person can be described as "constituted by a constellation of internalized conversations about the self, significant others, the environment, and relationships among them".¹⁰ This view permits the therapist to create an "Irish Fifth

Province" space which would encourage the entry into the conversation of the

internalized voices of all those involved in the youth's problem description. Only the youth is required to be present to bring forth these internalized voices.

In the beginnings of the therapeutic conversation, after identifying the major characters in the story, the following question may be asked of each character:

I wonder if you could tell me a brief version of how (your father¹¹ might describe the story of your relationship with this problem?

In this way, I request the story in a simple past/present/future manner.¹²

Rather than seeking the youth's own problem descriptions, this question creates a *fifth province* space for internalized voices by requesting the internalized others to tell their various stories about the problem.

A dialogue about the problem is thereby engendered without enticing the youth to personally own a given story of the problem. A particular problem description can be seen, handled, and examined; yet, it is understood as external from the youth.

As I hear the story brought forth I

viewed by all in the room. This process is repeated so that all the major voices can be heard, documented, and made visible. These stories are purposely placed side-by-side, in a nonhierarchical manner. The parallel locales for the various stories deconstruct the perceived power arrangements, enabling weaker stories to be equally heard with dominant and powerful stories.

After the various stories about the problem have been documented the youth's own version of the story is similarly documented. This story is also placed in the same visual space as the other stories. A "Fifth Province" territory is thus created where all stories can be equally presented in a visual manner. These stories are given voice in parallel spaces—where what is said is clearly recognized as belonging to the speaker: where all voices can be heard, compared, deconstructed, accepted, rejected, or considered.

The primary rationale for providing space for these varied voices is not to engage in a search for the most authentic "truth", but rather to provide a context whereby two more specific types of questions can be entertained:

1) Inquiries as to the experience of living with these conflicting, problem-saturated stories.

What must it be like living with all these different ideas as to who you are and what your problems are all about?

This question places the dialogue into a conversation about experience.

Inviting curiosity as to the youth's experience, not so much of the particular problem, but rather of the postmodern problem of living with the various and conflicting stories about the problem.

Often uniquely postmodern stories emerge to this question, portraying lives experienced as fragmented, lacking

Sample of Visual Presentation of Stories

Story of Jamie and Drugs (as told by her probation officer)

Past:

Jamie was a good kid, treated her parents with respect, and didn't get into trouble at school. But she did come from a dysfunctional family."

Present:

Jamie is now mixing with the wrong group of friends, they have caused her to become involved in drugs and crime. Jamie is now in deep trouble.

Future:

Jamie will find herself in and out of jail for the rest of her life. She won't be able to hold down a job; and, if she has kids, they will probably be taken away by social services.

Story of Jamie and Drugs (as told by her best friend)

Past:

Jamie has always been a good kid, she has been my friend since I was just a little kid.

Present:

Jamie is still a good friend. She uses drugs sometimes, but she doesn't let it get out of control. Jamie is someone who really cares for others

Future:

I don't know. But we will probably still be friends.

write it out on a large piece of paper or a chalk board so that it can be easily

any sense of centre, and colonized by imposing, yet supposedly benevolent authorities.

Jamie first responds to the above question by saying, "I don't give a fuck about all these ideas about what people think about me. I am who I am, and I will do what I wish!" However, she goes on to describe how these people don't (really) know her, and act on the basis of this lack of knowledge: "They don't even let me enter the shopping mall. I haven't even stolen anything, or caused any trouble. They just think I am all fucked up. They just think I'm a problem, and they don't want me around." Jamie continues, by describing her own fragmented sense of self: "I don't exactly know who I am. Sometimes I am the kind of person who doesn't want trouble and who doesn't want people mad at me, and other times I don't even give a shit. I will do what I wish, and be who I wish."

2) Questions about which stories might have more influence than the other stories, and explorations about relations of power/powerlessness which are at play between the stories:

Which of these stories are most likely to play a large role in affecting your life in some manner?

(And when a story is chosen)

What influences could this story have within your life?

What influence could this story have on other significant people in your life?

What techniques does this story use to maintain its power over you (or other significant people in your life)?

Not only are stories of power distinguished, but these questions request an analysis of the "techne" of power being utilized (Foucault, 1990a). Exposing the secrets whereby these stories have held control over the youth and others sets the stage for the co-creation of new and inventive "techne's" for the purpose of escaping story influences.

According to Jamie, the story which has influenced her the most is the story that her mother, and her mother's family have told about

her. In the past, this story defined Jamie as a "goodie-goodie," a sweet little girl who was always helpful to the family. Jamie believes that her mother and family are grieving the loss of the "goodie-goodie", and are hoping for the "goodie-goodie's" return. Jamie feels as if she is a disappointment to her mother and her mother's family, and she feels as if the "goodie-goodie" story blinds them to those other qualities which make Jamie interesting and fun to be with.

Jamie identified several "techne" which have enabled this story to have such power. 1) This story is told by people who historically have

Certain questions frequently bring forth narratives of the youth's relationship to social justice.

held a great deal of influence within Jamie's life, therefore the story holds more power over her than other stories. 2) This was the primary (if not the only) story told about Jamie by this particular group of people. The presentation of a limited story left Jamie with the perception that she had limited options. She basically thought she had two choices available to her: playing the role of the "goodie-goodie", or playing the opposite (whatever that might be). 3) Jamie's mother was able to convince the probation officer of the validity of the "goodie-goodie" story as a description of Jamie's past. Thus mother's "goodie-goodie" story, fed into the probation officer's "fall from grace" story, a story which, due to his position, is backed with direct legal power.

Nonproblem Conversations: Emerging Stories of Influence

Once various narratives about the problem have been examined, I deliberately leave the problem stories alone,¹³ and make the following request:

Do you mind if at this point in our conversation we can engage in what I call a "nonproblem conversation?" I mean by this—may we leave the problem alone for a while?

The next part of the youth/therapist conversation entails distinguishing narratives about the youth which were previously omitted¹⁴ from the discourse due to the weight of the problem descriptions. Several questions guide me into these

"nonproblem" conversations, and into the tracing of new, often previously unobserved stories.

Certain questions frequently bring forth narratives of the youth's relationship to social justice.¹⁵

If sometime today you were to be given miraculous powers and you were able to change any two things about your world—whether these changes were big or small—what would you change?

On the basis of this question I endeavour to explore narratives having to do with values which are important to the youth. The question invites the youth to explore those specific values which move beyond the youth's skin and out into the larger social world. Most youth have no trouble answering this question, though occasionally some gentle, teasing persistence is valuable in order to provide a space where the youth can feel safe and courageous enough to bring forth his/her own values.

Common answers to the "Miraculous Powers" question include: "I would rid the world of all pollution, so our rivers and seas would be clean for the animals, and our air would be safe to breathe." "I would make sure that all homeless people would have a warm place to sleep at night, and at least one healthy, warm meal every day." "I would eliminate the world of child abuse, and ensure that children everywhere are able to be happy." "I would free the world of prejudice so that nobody would be treated disrespectfully just because they may be different in some way from other people."

With whatever values the youth presents the therapist can continue to curiously and respectfully explore the histories and meanings involved in those values. The following questions solicit a temporal consideration of the formation of these values.

Can you help me understand the history of this particular value that means so much to you? How

did it come about that you learned to believe so strongly in this idea? 16

What does the holding of these values tell you (tell others) about who you are as a person?

These questions invite a conversation about specific values held by the youth. The inclusion of temporality, which is situated within these questions, places the values within narrative structures. This narrative organization assists in showing these values in a coherent and convincing manner.

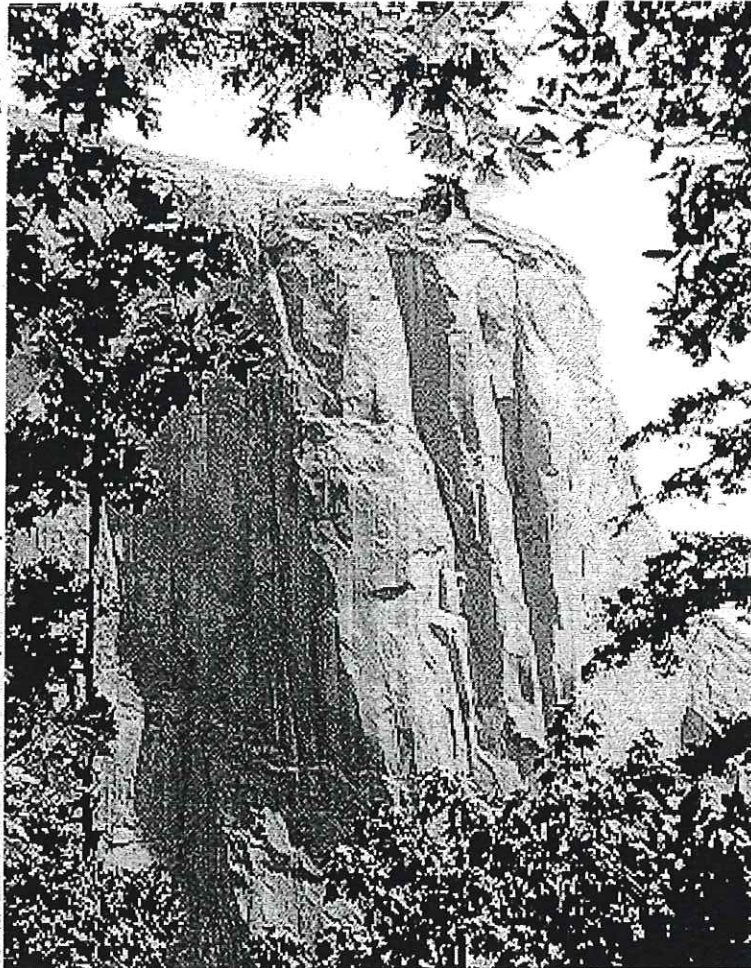
Jamie responded to the "Miraculous Powers" question by stating that if she could, she would "rid the world of all prejudice."

In response to my inquiries about the history of her desire to protest prejudice, Jamie mentioned that she could remember as a child getting mad at her parents for speaking rudely about native people. She reported that she had previously dated a young native man, and both of them were once kicked out of a dance simply because "Indians" were not welcome. Other experience of prejudice was also available to Jamie in that she knew what it felt like to be misunderstood, and have people treat her discourteously because of these misunderstandings.

It became clear within our conversation that the distinguishing of Jamie's protest against prejudice assisted Jamie in re-visioning herself, not as a "goodie-goodie" (nor as the opposite of a "goodie-goodie"), but rather as a person with a highly-developed value system, and as a person who firmly takes a stand against all forms of prejudice.

When significant adults are present, or if they later become part of the ongoing therapeutic discourse, they are often surprised at the answers the youth bring forth. It seems that many adults do not include, within their own narratives about the youth, a strong orientation to social justice. Knowledge of these narratives invite the adult to expand and enrich the narratives held about the youth.

In my experience, many youth involved with substance misuse do not feel free to entertain (or at least to bring forth into the social domain) dreams of themselves within desirable and ambitious futures. Questions can be presented which request curiosity about the future. A question I frequently use is concerned



A wall to climb.

Photo by Nathan Hall

with eventual career possibilities available for the youth.

If your deepest wishes could come true with absolutely no constraints whatsoever—what would you want to do for a career?

The above question invites the youth to put aside restraints, and, in the realm of the imagination, playfully consider different possibilities in time.¹⁷ The therapist is able to further explore the histories and meanings of these career ideas, placing them within larger narratives about the youth—narratives which tell stories of thoughtfulness, social concern, and responsibility.

For the first couple of sessions, Jamie would not answer the question regarding career choice. However, on the third session, Jamie cautiously mentioned that, if all things were possible, she would become a youth counselor, like me. She commented that her friends consider her an "excellent and caring listener."

I asked Jamie about the history of this kind of "caring listening." She recalled how through most of her life, but especially her teenage years, people have wanted to talk to her about difficult problems. Her friends seem to notice this quality about her the most. However, Jamie herself, also recognizes and appreciates her strength as a "caring listener."

Stories of Context and Restraint

As new stories begin to emerge and be owned by the youth, I find it valuable to utilize a series of questions which explore the interactions of the new stories within the youth's varied social contexts, and attend to the restraints which may impede the story from being heard.

Questions which outline distance/closeness of others to the new story begin to direct the dialogue more in the direction of the "landscape of action" (Bruner, 1986), inviting realistic appraisals of the likelihood for the story's social acceptance.

Who in your world is most likely to hear this new story about Jamie?

Who in your world is least likely to hear this new story about Jamie?

Who in your world needs to hear this new story about Jamie the most?

These questions request that the youth enter into conversation over the readiness/reluctance of other significant individuals within the youth's world to welcome/reject the new story. They request

pragmatic consideration of who would be most encouraging of these new narratives, and therefore who would it be most advantageous to spend time around; as well as who would be most discouraging of the new narratives, and therefore, who it might not be the best to spend too much time with. These questions also lead to a consideration of other audiences for this new story.

Jamie noted that her friends were the ones most likely to embrace this new story (the story of Jamie the protester of prejudice, and the caring listener). Jamie was sure that the person who most needed to hear this new story was her mother, however, she also thought that her mom might be open to hearing this new story. The person Jamie thought most unlikely to appreciate this new story was her probation officer.

Because Mother needed to hear the story the most, and because Jamie thought she might be open to the story, the therapeutic conversation focused on how Jamie might assist Mom in being able to hear and embrace the new story.

The possibility of acceptance/rejection of these new stories invites consideration of matters of restraint. Bateson (1972), describing the role of restraint within cybernetics theory, states:

Cybernetic explanation is always negative. We consider what alternative possibilities could conceivably have occurred and then ask why many of the alternatives were not followed, so that the particular event was one of those few which could, in fact, occur ... In cybernetic language, the course of events is said to be subject to restraints. (p.399)

Questions can be asked which bring forth into the dialogue problems of restraint.

What road-blocks keep the new story from being heard?

What kinds of behaviours would enable this new story to be heard with clarity?

While new potential stories, or alternative possibilities are distinguished within the youth's world, the reception of these stories by the youth, and by others within the youth's social setting, depends upon an understanding of those restraints which might keep these stories from emerging.

Questioning as to what would keep the story from being heard with clarity enables the youth to determine the practical change points which would ensure the articulate "telling" and friendly "welcom-

Many youth directly address their substance misuse, for they determine that the substance misuse [is] a restraint upon the "active learning" of their [preferred] story.

ing" of the new story. At this point in the therapeutic relationship, many youth directly address their substance misuse, for they determine that the substance misuse is an activity which behaves as a restraint upon the active hearing of their desired story.

Jamie determined that there were two particular restraints which restricted the reception of her new story within her varied communities. The prejudice within the minds of many of the adults in Jamie's world certainly restrained her story from being heard. Jamie believed that over time she might be able to exercise some influence over adult prejudice, however, she concluded that this restraint was not the most useful one to address at the time. Instead, she decided that her reputation as a "druggo" also interfered with the reception of the new story, and this was a restraint that she believed she could have influence over. Much of our further conversations together were regarding various "techne" for the removal of the "druggo" restraint.

The task of making plans to address

the restraints seems to be invested with much more energy when understood within the context of the bringing forth of new desired stories.

Discussion

While addressing questions of a post-modern/narrative therapy with substance-misusing youth, the present paper also propagates further unanswered questions.

A portion of this paper which begs for further elaboration is the section on restraints. One significant question to reflect on might be: *What kinds of conversations would be most likely to assist the youth in protesting those particular "restraints" which he/she has chosen to deal with (which, if challenged, would in-turn enable the new narratives to be heard with clarity)?*

Another cluster of questions which needs to enter the discourse includes questions of difference (Bateson, p. 72): *How might this approach differ when working with substance-misusing adults? How might this approach differ when working with youth experiencing*

another problem, other than substance misuse?

One final question emerges from the dissonance which I personally experience from the coupling of interest in a post-modern/narrative therapy with youth, and an acute awareness of the shifting political contexts within therapeutic circles: *How might a postmodern/narrative therapy with youth enter into discourse with the various emerging political influences to utilize particular standardized (and often totalizing) assessment tools as a requisite part of one's therapeutic work?*¹⁸

Notes

1. Along with the British Columbia government Alcohol and Drug Programs (1992) I prefer to use the term substance misuse rather than substance abuse.
2. A term which, according to Foucault (1990a), differs in meaning from technology. Techne is a practical rationality governed by a conscious goal; it

includes the function of government (government of individuals, families, self, etc.); and, in the context of this paper, includes the government of conversation.

3. We enter these compressed spaces through travel, the media, or technologies such as the telephone or fax machine. Access to these compressed spaces is through a compressed time, which is only as far away as an airplane trip or the flick of a television remote control.
4. According to Anderson (1991), the development of a global culture is reflective of postmodern influences. Pop music certainly seems to show this globalization (e.g., Paul Simon, with a band consisting of individuals from South America, Africa, and North America, plays music featuring qualities from a smorgasbord of times and places, with lyrics bringing forth global concerns).
5. The postmodern emerges through the videos rapidly changing images; its coupling of collages of sounds with collages of pictures; its emphasis on the body—with dance, fitness, and sex; its move from the sexualization of the female body to the sexualization of the body of either gender.
6. The television remote control enables choices of worlds, rather than the imposition of a single world. And the rapid and easy movement from all-day sitcoms, to twenty-four hour news, to round-the-clock music videos, collapses traditional differences between hard-facts news television, and mere entertainment.
7. See Bruner (1986) for elaboration on landscape of consciousness, and landscape of action.
8. Those perceived to be defining the youth as a person with a problem typically might include social workers, probation officers, parents or relatives, school representatives, counselors, physicians, psychologists, church leaders, and others carrying culturally-recognized narratives of authority.
9. As with other people(s) experiencing oppression and powerlessness (i.e., aboriginal peoples, women, people in poverty, etc.)
10. Gergen (1991) and White (1989) also adopt a view of the self as made up of many internalized others and internalized discourses.
11. And/or any other major voice providing input into the youth's problem description.
12. One could use the internalized other interview technique described by Tomm

(April, 1990).

13. I do not encourage a cessation of discussion on the problem stories if it seems obvious that the youth wishes to continue, and would benefit from a continued discussion around the differing ideas about the problem.
14. Bruner (1990) and Foucault (1990b) are two authors who emphasize the significance of stories which are omitted. Bruner remarks that once one takes a narrative view, one can ask why one story rather than another (p.114). To illustrate, he describes how women's experience has been marginalized, and left out, due to the dominance of male experience. Foucault suggests that the leaving out of a story from a discourse can be considered a techne of power connected to that particular discourse: "There is not one but many silences, and they are an integral part of the strategies that underlie and permeate discourses (p.27)."
15. For a valuable discussion on the discourse between therapy and social justice see Charles Waldergrave (1990).
16. This question calls for a consideration of the techne (Foucault, 1990a) which included the formation of the value under discussion. The youth is lead to consider the possibility of actually having had influence within the development her/his own story, rather than having simply been a victim of some fate.
17. The introduction of temporality, according to Ricoeur (1984), grounds the conversation in a distinctively human place. He claims that time becomes human to the extent that it is articulated through the narrative mode, and narrative attains its full meaning when it becomes a condition of temporal existence (p.52).
18. This question provides the context for a paper I am currently preparing.

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What does a life of total dedication to the truth mean? It means, first of all, a life of continuous and never-ending stringent self-examination. We know the world only through our relationships to it. Therefore, to know the world, we must not only examine it but we must simultaneously examine the examiner.

"The Road Less Traveled" (M. Scott Peck, p. 51)

AARC – A Gift of Hope

Terry Maureen Foster
Calgary, Canada

The utter despair on my son's face—I will never forget it. Crouched on the floor of the shower, towel wrapped around his waist, he wept and said, "I can't go to school today." And I knew he couldn't. Today's "morning battle," as we had come to call

The utter despair on my son's face – I will never forget it.

it, was over. Perhaps tomorrow would be better. I guess that was my constant prayer, that tomorrow would be better, for how could it be any worse?

Why couldn't Ben get out of bed? Why was he so sullen, so silent, so miserable? What was wrong? In desperation, I begged him to tell me what was happening. He refused to answer. Towards the end, he threatened suicide. He told me, "I can't think of one positive thing to live for." I had never known such utter helplessness, as he uttered those words.

Ben had been arrested three times, had spent one night in the Young Offenders Centre, had been to Court on four occasions, had been put on probation and given community service hours, all before his 14th birthday.

Ben, now just turned 14, was enrolled

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in Grade 9. "We give them a fresh start each year," said the Area I Superintendent. Assessed as "gifted" in Grade 6, yet, two-thirds of the way through Grade 8 Ben had been expelled from the public school system. Drugs had been mentioned, and Ben admitted to some experimenting, but we had no idea, at the time, our son was drug addicted.

For nearly two years I had watched my son's downward spiral, and with it my own, and my family's. Ben ran

away nearly every weekend for about a six month period when he was 13, sometimes endangering his life by exiting third-floor windows. We tried everything we could think of to bring him back, and get things under control. His teachers, school counselors, and vice-principals tried very hard to work with him too. When nothing we tried worked, we reached out for help. We tried the Police, Social Services, Woods Homes, the Woods Crisis Team, family therapy, AADAC, and Avenue 15 (a group home). One day my husband picked Ben up at school to take him to the doctor for a check-up. We were hoping the tests might confirm or allay our suspicions of drug usage. Ben was adamant about not going to any doctor. After his Dad managed to physically wrestle him into the truck, Ben jammed the gear shift into reverse, stopping the

truck and destroying the transmission, and he ran away again. One day Ben told me he wasn't going to run away anymore. After that his "outings" merely took a different form: he would obey our curfew, only then to sneak out after we had gone to sleep and return before morning.

During this time, I looked for someone or something to blame for Ben's behaviour. I blamed myself, I blamed the school system, I blamed Ben's friends and their families, I even blamed the doctor because Ben seemed to suffer from constant throat infections. But mostly I blamed my husband, and eventually, for a brief time, we separated. We had been married for 19 years at the time, and I thought we had a strong marriage, but we were so totally unprepared for the stress we were going through with Ben. It polarized us. I thought he was too hard on Ben, and he thought I was too easy.

I remember driving to work one day, contemplating a car accident. I knew I didn't really want to die, but could I just

For two years I had watched my son's downward spiral...

go to the hospital and have someone else take care of me for a change. I was so utterly and hopelessly exhausted. Maybe if I had a rest, I could cope.

One day, with the help of my two younger children, I hit bottom. It was November 11th, nine days before Ben entered treatment. The kids were off school and I was off work. Ben had a dental appointment at 10:30 that morning.

I started calling him at 8:30 a.m. to get ready to go. For an hour and a half I tried everything I could to get him up. I asked nicely, I pleaded, I got angry, and I tried to douse him with water. I didn't know whether to laugh or cry when he pushed the water jug back at me, and I stood

How could I tell Mom...I might have ended up in a place like this.

there dripping. At 10:00 a.m. I phoned the dentist and cancelled. I collapsed on the couch sobbing. "God, what was happening to us?" My 12-year-old, Steve, approached me and gently said, "Mom, I know you were going to take me shopping after Ben's appointment, but don't worry about it if you don't feel like it ... we can go some other time." Caitlin, my five year old daughter, put her arm around me and said, "Mommy, I'm sorry Benny makes you so sad, and makes you cry all the time."

I looked at my two younger children. They were up, dressed, had breakfast, and were ready to go to Ben's appointment. I realized how long it had been since I had actually "seen" them. I was so enmeshed in Ben and his problems, I wasn't "showing up" for my other children, my husband or myself.

Ben took a knife from the kitchen and locked himself in the bathroom during one of our "morning battles" to get him to school. His Dad was able to get the door open and take the knife away before Ben hurt himself or anyone else, but it was a terrifying experience for all of us, and a real cry for help from Ben.

I called the family therapist we had seen the year before, looking for a referral to the Young Adult Program at Foothills Hospital. Our therapist indicated she thought Ben might have been drug addicted when she had seen us last year. I was shocked, but not surprised. Coincidentally, the day I called she had attended a presentation by the Alberta Adolescent Recovery Centre (AARC). She recommended AARC, and they agreed to assess Ben at 2:30 the next day. The people at AARC assured me they

wouldn't take our son, or keep him, if he wasn't addicted.

Saturday, 2:30 p.m., we entered AARC. No one was around so we sat in the reception area to wait. One sullen, angry teenager and two anxious parents. Ben was nervous and kept saying,

"They're not here, let's go!" We were ready to jump up and grab him if he bolted.

After a few minutes a door opened and a nice-looking, well-groomed young

man of about 16 walked over and introduced himself to me and my husband. Bjorn's "presence" was astounding to me. He was confident, pleasant, looked me in the eye when we shook hands. What a sorry sight Ben was in comparison—head down, long hair covering most of his face, hands pulled up inside his jacket sleeves.

After the introductions. Bjorn studied Ben for a moment, and then asked him, "How are you feeling?" I was so surprised at that question. When Ben didn't respond, Bjorn asked, "Are you nervous?" and offered, "That would be natural." Ben barked, "No!" at him. I thought that was funny since it was obvious he was very nervous. "Oh, you're pissed

I thank God for myself, my husband, my children, and for the people and the program at AARC that are putting back together all the shattered pieces of our lives.

off!" said Bjorn, and I felt in that instant an overwhelming sense of relief. Somehow in that brief exchange, I knew we had come to the right place. Maybe these people could reach our son.

I later learned that Bjorn was a high-school student and one of the first graduates of the AARC program. He now worked at AARC on Saturdays, giving back to the program that had saved him.

Ben was assessed as a level 3 (out of

4) addict that day. His usage was way beyond anything we could have imagined. Even then, because of his youth and the amount of usage he had indicated, the people at AARC said that they would keep a four-day assessment in mind. For once, I found myself hoping that Ben was "bad enough" that they would keep him.

We were so impressed with the adolescents we met at AARC that day. Could we even dare to hope that kind of transformation might be possible for Ben? Equally impressive were the parents we met. They seemed to have an inner happiness and strength, even as they freely spoke of their own experiences with their "druggie" or alcoholic child. Could we find joy in ourselves and in our family again?

Ben went to a recovery home that night with an "oldcomer," a peer further along in the program. We left the Centre with a list of clothing and toiletry articles we were to drop off at the Centre at 1:00 p.m. the next day. I went home and waited for the phone to ring. I knew Ben would run.

Ben did run from AARC that Sunday, but the peers and staff caught him and brought him back, and no they didn't call. We heard about his run on Monday when we went to AARC to sign some papers. They assured us that if he ran again that day, they would do everything they could to bring him back, and if he

ran the next day, they would bring him back again, and again, and again. And I cried tears of relief that they weren't going to give up on my kid. He ran about a week later, leaping out in traffic while being transported to the Centre. But his peer caught him. And I began to understand what they meant when they said, "the people at AARC would go to the wall for your kid."

Three amazing months have passed. I

have so much gratitude for AARC. I believe beyond a doubt that they have saved my son's life, and I am so grateful for the healing that I see taking place in our whole family. When we came into this program, other parents told me "AARC is a gift" and "one day you'll thank your child for bringing you here." AARC is a gift and I have thanked Ben.

Ben has spent his days at AARC and his nights in recovery homes (i.e., homes of families whose kids are further along in the recovery process). We (his Dad, myself, and his brother) have attended regular therapy sessions at AARC. For approximately the first six months of this treatment program, the clients do not go to school or work.

One day in treatment, Ben and I talked about the day I begged him to tell me what was wrong. We shared a laugh when he said, "How could I tell you Mom ... I might have ended up in a place like this."

I have hope now, and gratitude. I no longer fear Ben's running away. He has seen something in this program and in these people that he wants for himself.

But should his fears overcome him, and he runs again, I now know how to support and love him without enabling him.

I am inspired by the clients at AARC, and by the graduates and the parents further along in the program. I am beginning to understand this disease. I no longer blame everyone and everything else for my problems. I am in my own recovery.

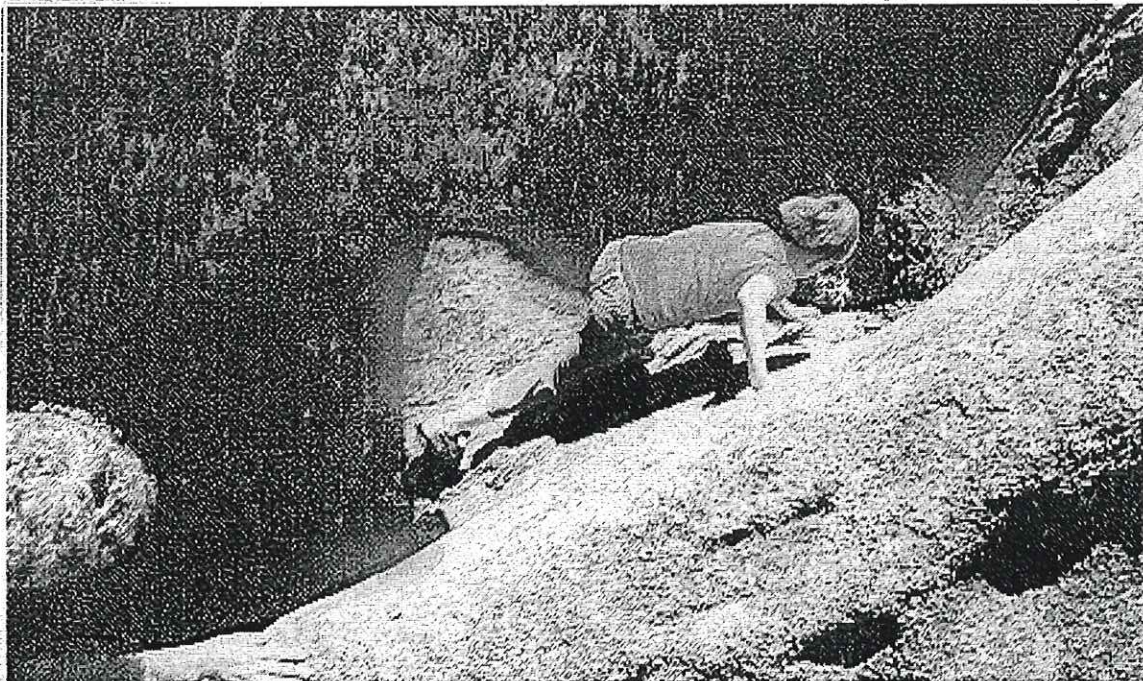
We are looking forward to Ben becoming an "oldcomer" soon and having his "homecoming." I am so proud of my son. I am so proud of the hard work he has done, and the choices and the changes he has made.

The changes in Ben are so profound, they nearly defy description. His eyes are bright and there's life there. He holds his head higher and looks you in the eye. He smiles and laughs more than I can ever remember. He also cries (a rarity ever in the past), and expresses his fears and hurts. He still gets "stuck" from time to time, as we all do, but he's more able to talk about it now, and reach out to strength and ask for help. He's beginning to win. As the walls come down, it is very exciting to watch him emerge. I am

enjoying getting to know him, and look forward to spending more time with him.

Our home was recently "opened" as a recovery home, and we have had the pleasure of spending some evenings with these druggie, alcoholic kids. They are respectful of us, our younger children, and our home. They ask permission to use the washroom or even to get a glass of water. They are so helpful, offering to help with anything ... making the snack, loading the dishwasher, even reading to Caitlin. Their beds are always made and their bathroom tidied. They ask what time we'll be leaving for the Centre in the morning and schedule themselves to be ready to go on time. They are open, honest, funny, talented, interesting young people, and we have really enjoyed our times with them.

I know this disease is "one day at a time," and for this day I thank God for myself, my husband, my children, and for the people and the program at AARC that are putting back together all the shattered pieces of our lives. 🍏



Climbing over obstacles with a helping hand nearby.

Photo by Joanne Shultz Hall

Overcoming Addiction: The Stages of Change

A Participator Profile Interview with Harvey Smith

Carol Liske
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Carol: How are you?

Harvey: Things are going well, thank you.

Carol: What are you doing these days?

Harvey: I'm doing a little bit of everything...I'm doing some reading in the substance-abuse area and on the "stages of change" models.

Carol: Stages of change?

Harvey: It's a model not a theory put forward by Prochaska and DiClemente, in the early '80s, called *the stages of*

mode they have been accessing. It was originally applied to psychotherapy, but it very quickly was picked up in relation to the treatment of addictions. It's become well-established in cognitive and behavioural psychology, much less so in the traditional addictions or disease models. The researchers went outside of the clinical populations and did large-survey studies of self-directed change. By far, the majority of people that change

their addictive behaviour, do so on their own.

Carol: Are you saying that the majority of change is self-generated?

Harvey: Yes, for example, people who

decide to stop smoking struggle with it for awhile but eventually stop, as do people who get in touch with their own unhealthy levels of drinking and cut back or stop. Many more people

end addictions on their own than ever show up at a therapist's door. It's good to stop and think of that every now

and again. Anyway, the whole idea is at one level incredibly simple, but it has withstood the test of some deeper thought too, that a person's cognitions and activities cluster into stages: pre-contemplation—no awareness about change (naivety or denial); contem-

plation—a recognition for the need to make some change but also of the benefits of not changing (ambivalence). The therapeutic task during the stage of contemplation is to help the person sort out ambivalence. Motivational-interviewing techniques have emerged to help people sort out their ambivalence towards change, and motivate a person(s) towards constructive change.

Carol: Do the "stages of change" theorists have anything to say about the intent of the person who is trying to help another person sort out their ambivalence? Do they have anything to say about the interaction between one's intent toward change in another and the other's intent toward change within her/himself? Do they talk about whether intent is explicit or not? I could intend to change you, for example, but if I were a person in authority or I had a lot of power, you may change even if you had not intended to on your own. What about the power relations of intent? What has the explicitness of intent, whether I'm being overt or covert, have to do

There are consistencies in how people change regardless of what therapeutic mode they have been accessing.

change. It's a transtheoretical approach developed to examine if there are consistencies in how people change regardless of what therapeutic

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*Motivational
Interviewing ... opens
up space for the person to
better act on their own
positive desires...*

with change?

Harvey: Traditionally, in the addiction counselling modes, that's the danger that therapists can fall into, because, by one's approach, a certain position may be elicited from the client. So, if

you're confronting, you're inviting resistance. If you are attempting to be coercive, you're overriding the person's struggle with their own ambivalence and require that clients defend

on the client's urgency for a solution. I wanted to know if you could talk about what approaches you do have that help you turn down the invitation to do something to improve on the

Carol: You're saying that essentially something does go on in you. It's not like you can turn it down right deep inside. It's something that mindfully activates within you a feeling to do something, or there is a need for change and it could even be a relatively urgent need for change, but then still you turn down "in-behaviour" the exhibition of trying to take that responsibility on, which is in some sense paradoxical to the very role of a therapist. Some people might define the therapist's role as its up to you to respond in some way to get that change going.

To me, the most helpful position to take may be one of continuing to be able to leave the responsibility for change with the person who desires/needs change.

themselves. And then we say, "Oh, he's a resistant client," or "That person is in denial of their need." Motivation is contextual, and more often than not, we elicit resistance by our questioning, by our confronting intrusive questioning, or by our coerciveness. And so motivational interviewing is questioning in a way which opens up space for the person to better act on their own positive desires, their own positive part of their ambivalence.

Carol: We've missed some stages.

Harvey: The next stage is preparation for action. The person is now ready to try some strategies, to actually experiment with change in their life. At that point, they are open to consider strategies, they are open to enact some task. The next stage is when they are engaged in the experience and creation of change in their life. The final stage is maintenance of the change once its been made.

Carol: What about "self-changers" vs. "people who need other individuals to generate change?"

Harvey: My focus is always on the client as the primary change-agent in their own life. The perception/idea that therapists are the power behind the change process (responsible for change) is clearly discouraged in the "stages of change" model, and definitely doesn't work for me.

Carol: In the one meeting we had together with a client, you, in so many different postures and empathic statements, continually conveyed a strong interest in the client's welfare. Nor did you, in any kind of sense pick up

client's situation?

Harvey: It's not that inside I don't feel a lot of urgency, and am drawn towards the client's dilemma, that's the extension of empathy. At one level empathy is something that is important and helpful, but it can grow to the point of that feeling of responsibility and urgency.

Carol: You feel the desire for change?

Harvey: Yes.

Carol: Which is it you think you feel, their desire or their need?

Harvey: I'm not sure. I think possibly

Harvey: We set ourselves up for that, but how do we respond to our experience of the client, in the most helpful way? The most helpful way, perhaps, is not taking responsibility from that person. It's not that I'm callous towards the person, I believe it is my responsibility to use whatever objectivity, experience, training, or whatever I have at my disposal, to assist them in the most helpful manner. The most helpful position for me to take may not be to set myself up as the fixer. To me, the most helpful position to take may be one of continuing to be able to



A difficult place to grow.

Photo by Joanne Shultz Hall

their desire because if you're going to tune into something emotionally that's probably what your picking up.

leave the responsibility for change with the person who desires/needs change.

Carol: It seemed to me that what was interesting about your own therapeutic work was that you weren't so concerned about technique. You appeared to be more interested in having the client clearly own her/his experience. Are you sure that you were not trying to invent solutions?

Harvey: You're asking me to think about this in ways I don't usually think it about it, so it's good. If I can make a comparison with some concrete things, some things I really like about the work that is done in The Family Therapy Program, such as the practice of "externalizing problems." I like the idea of interventions which open-up space for the person to consider alternatives to their own perception of themselves. It's very freeing. The idea of externalizing the problem, for example, for me, implicitly says that the person's struggle, whatever the issues are, is not my enemy, but theirs. Thus, it seems helpful for both sides to separate the client from his or her own struggle.

Carol: You seem to suggest that the therapist can create the conditions to nurture change. It still isn't clear how a person becomes—if they do—a self-starter in relation to change.

Harvey: Another facet for me that might be historical is that I end up working a lot with difficult cases that struggle and struggle for a long, long time. I respect people for where they're at,

change. That's the part that I'm working with, no matter how small or covered-up it might seem. There's a positive and negative part of ambivalence in everyone. You really see this when

I also have to allow them to fail, because if I interfere, I may join myself with the whole host of people who have stunted positive growth through interference.

By the things I do...I can reinforce a person feeling the need to stay in a negative position...

you work with adolescents. They're really good at showing the whole world the negative part of their ambivalence with, "I don't care!" or, "Get out of my face!" or, "No one really cares so why should I?" If I go on the presupposition that there is a positive part of their ambivalence, as well, then my job is to work with that positive part. My only hope of effecting change is not by taking a sledgehammer to the negative part of their ambivalence, but to somehow touch the positive part of their ambivalence and strengthen it, work with it, and help people to believe they can access it, safely.

Carol: I suppose you're saying you have some basic ideas about life-enhancing

Carol: You seem to be inferring you try to take a position of unconditional regard or at least you wish to move toward that position.

Harvey: It's a predisposition. Certainly I hit my limits in that all the time, but I choose to be predisposed to that. I can separate myself from the consequences of other people's actions because life confronts those effects. So, I choose, as much as I am able, to retain a predisposition of believing in the other person.

Carol: What you're saying is that you value the human condition or the embodiment of human life over and above specific manifestations of behavioural activity?

Harvey: Yes.

Carol: And in so doing, you're implicitly saying that you're reducing tension for them or reducing anxiety in the sense that they could maybe be freer to take risks or explore behaviour from that level of acceptance.

Harvey: Yes, exactly! Someone might have an "ah-ha-light-bulb" experience, at some point, but the ah-ha light bulb can only go on if there is the emotional freedom to explore one's thoughts and feelings about experience. The safety may be in "the setting" which allows selves to explore new perspectives, new visions, or alternate stories.

Carol: And even to have permission to keep old versions.

Harvey: It may be important right now to keep trying an old version, to not give up on it, and to be validated for trying to keep it, in order to become ready to

I would ask, what has the cost been to their relationship(s).

and honor them for wherever they're at. If I expect them to be further along or to be doing something totally different, then somehow I'm just another negative influence that they have to react/rebel/defend themselves against. I like to believe that I'm working from the position that there is a part of them that wants to change; there is a part of them that has the potential to

elements, for a person, elements that would support the person's health (physical, mental, and spiritual). Is that the undercurrent?

Harvey: Basically, I'm saying that I have an appreciation for the immense diversity of people, all doing their own thing their own way. It's such an easy trap to think that I know better ways to live. If I say I respect people,

try something new.

Carol: Or, to even come more in touch with one's own dissatisfaction with rigidified directions.

Harvey: Yes. So, how can the condition of safety be created for a person to consider the potential negative aspects of their actions? That's the therapist's job, as I see it. On the other hand, by the things I do and the things I say, I can reinforce a person feeling the need to stay in a negative position, if I somehow replicate what they reacted against in others, for example a parent in the case of an adolescent.

Carol: That seems right. However, some people might suggest that you're being irresponsible in giving this much liberty to a suffering human being, to make her/his own behavioural choices.

The person who is fully existential or spiritual in their approach would say that's sufficient – the experience of inner authenticity, the moment of being-in-tune with honesty, and genuinely oneself.

Harvey: Giving that liberty, is in itself a therapeutic/healing kind of thing, the vulnerable person can start to feel some freedom to make good choices, and to act on these choices in their own daily lives.

Carol: It would seem that if choice-options are simply available for consideration without constraint, then, whether or not a person gets into the *pilot's seat* of her/his own life may become a starkly self-evident truth. No other person would be applying the kind of pressure that could distract attention from the one's own status in relation to personal agency.

Harvey: Yes, that's right, I like that! I can see how that ties back to your initial questioning.

Carol: I've been wondering about people who work with children. Children are often told about their experiences/accomplishments. Few people say to a

child "How did you do that?" or, "What was important about that to you?" or even, "What happened to you?" Similarly, I was wondering about asking even all of our clients, what kind of choice possibilities they perceive have been available for them. Then, about how they have felt living out the choices they have adhered to, and to what extent they have imagined they are living the only way they can. Thus, the issue of experienced choice would be explicitly addressed and not only implied. In the therapeutic work I observed you do, I thought you were compassionately sitting with the client and exploring his experience. You didn't seem to answer too quickly. It seemed that you were letting him know you would be there with the feeling that he had,

but that you didn't try to give some clever impression that you had a way to alleviate him from his experience.

Harvey: Okay. That's interesting.

Carol: I guess, in a way, I thought you were modeling, on a relatively consistent/persistent basis, that this was his life, this was his dilemma and that it was his responsibility to decide what he could/would do. That's what so deeply intrigued me.

Harvey: I think I also like to model that it's okay not to have a magic answer and it's okay to ponder and sort of hang-in-there with the feeling and the struggle. So, you hang-in-there with it for a little while until they want to drop it. It's okay to scratch your head and say, "Hey, that's a real tough one." I'm very hypothetical a lot of the time. I'll try different frames and just throw one out gently, not impose

it, but sort of speculate about it and see if the person can pick it up or can take a little piece of it that works. What's real? Is it the effect a person is having on others? Or is it more real to focus on internal dilemmas and struggles. There is no one reality. It's just that if the first focus doesn't work, then maybe more benefit can come from a consideration of internal frames of reference.

Carol: When you're working, though, who sees *the enemy*, the therapist or the client? I was wondering where that definition is coming from? We've been working here with externalization where we kind of see something and then we frame it and we externalize it, yet I wonder if we do move too quickly? I wonder if we could slow it down a little bit and let our clients clarify their own oppressors, even if we have to shift our language to help.

Harvey: Oh I see, yes, yes. I hang in there a long time just with that perceptual phase. I don't hurry to give the person an instrumental thing to do to fix their problem, but I do behave as if it is an external problem. For me, that's the process that a person can pick up on and be empowered by, and then, start to work with.

Carol: Like it's going to end with some catalyst or some effort that speeds up the process?

Harvey: The danger is that we're further along than our clients are. We want them to do something, but maybe they're not ready or not able, as yet. For example, an incident occurred at work today where we had to deal with a young person in our treatment program. This person was continuing to use drugs, covertly, and had become very disruptive in his group because some of the other kids knew about his drug use. The transgressor maintained the position that he was being truthful and everyone else was lying. What can a therapist do? You can confront it very hard and say, "We know you're lying and we are going to have to make you confess." Or, you can still take a position, but you can present it in a different way. You can talk as if it's true without hitting the person between the eyes. You can say, "It's really difficult for you to be stuck in this position, having tried so

long to make this program work for you." You can say, "Even the setting we're in now makes it really hard for you to come forward and to work with this difficult issue." In this way important indirect things are being said, with the intent to help the person get some maneuvering room. All the

Carol: Previously, you suggested that substance-abuse issues ought to be addressed over and above family or interpersonal issues. Could you reflect on that?

Harvey: I wouldn't go so far as to say over and above, because then you run into this debate of what's primary and

to the roles people take within the family to adjust to the drinking [addicted] person's bizarre, irrational and emotionally erratic behaviour. The notion of denial is significant. For example, the drinking person, again typically if it's the male, can resort to a lot of aggressive blaming and power tactics, to defend against family member statements like: "We're worried about your drinking"; "We don't like you when you're drunk"; "You hurt my feelings last night." That's what I mean when I say there's a lot of orchestrated power. Family members learn, over time, that there are things you can talk about and things you can't talk about. The drinking is treated as a secret, usually, and it's one of the taboo subjects. I have some trouble even trying to portray this because I'm a person who really wants to recognize a diversity of perspectives about substance-abusing persons, and I have just been suggesting a stereotypical perspective.

Carol: One of my dilemmas, in thinking about this, is whether the power is coming as a result of maintaining the drinking habit or is the drinking habit enabling a certain kind of expression of power in particular systems.

Harvey: In systems theory that is the debate.

Carol: And how is it viewed in addiction theory?

Harvey: It's like a third force within the system. It's an influence unto itself.

Carol: Are you saying that the activities

You'd explore it with questions about how the family relationships are different when the addiction behaviour is involved.

kid has to do is say, "Yah, it has been difficult," and then, you've got an entrance. You've got something you can work with. But, if we are stuck in the dilemma of, "Well, should we believe him or shouldn't we?" and if other people are saying, "He's using!", it's two negative positions against one. If you are working at that level, you have nowhere to go and he's got nowhere to go. You can constrain him to maintain his stated position. We're both locked in. However, if we take some responsibility for having put him in that position by pursuing one truth so directly, then maybe we can open up some maneuvering room for this kid to turn his story around. If he can, he will, or maybe he can't. Regardless, I still act and speak as if there is a part of him which would like to converse with me, honestly.

Carol:

Similarly, I think with questions like, "If you were even lying to yourself, and you were in trouble with this behavior, how do you think you'd first become aware of it?" some real backwards questions to surprise and to invite wonder, a lot of the defensiveness could be lessened.

Harvey: That's what I really liked about FTP, I've learned a lot and have seen a lot of really good questioning, I've seen the power of questioning.

secondary and all that which is quite linear and diagnostic. If some people come with an alcohol problem in the family, then an addiction-orientated person might say that the drinking behaviour has to be addressed first because it's such a blocking force to the family-change process. I think that view just comes from a therapist's experiences. If you're working with a lot of families where there's a major alcohol problem, especially with a drinking male, there's so much power that that person has orchestrated to protect his continued drinking that unless you address that as an issue,

Are you saying that the activities and thoughts of maintaining the addictive habit is a "third force?"

nothing else will change.

Carol: Are you saying that a lot of power is orchestrated to protect the substance-abuse habit?

Harvey: In the more traditional addiction/disease model, attention is given

and thoughts of maintaining the addictive habit is a third force?

Harvey: Yes. It is a source of energy put into the system which defines in some way how the system is operating. If we ignore that force in trying to do

systemic work, the experience of powerlessness prevails. I've seen young people believe that family therapy is powerless when we haven't been able to openly address what the family members believe is the real issue in the family.

Carol: So, family therapy would appear impotent when there was a failure to address the energy that goes with an addiction problem? Is that what you mean by the real issue—that the real issue is substance abuse?

Harvey: If a family comes in and there is a substance-abuse problem in the family, it can happen quite often that it isn't even talked about because by the time you see them, there may be a long history of dysfunctional dynamics, and they may be referred for other reasons. Thus, the addiction behaviour has become a family secret. For example, I've had families where the alcohol problem is the mom's. Everybody talks about it behind mom's back, but a powerful belief develops that mom's drinking problem cannot be talked about, openly, to mom. As therapists, we spend several sessions actually coming to the point where we would be able to get mom to give the family permission to talk about the drinking issue.

Carol: Is that an important part of treating a family with a substance-abusing member—to get the permission of the substance-abuser to bring forth this problem?

Harvey: Yes.

Carol: I've treated several families where it seemed impossible to access any permission for a discussion about an addiction problem.

Harvey: What I would try to do is build a situation that can be safe enough for this person to start the process of acknowledgement. If a person has spent years defending themselves against other people's opinions and criticism, she/he may sulk and elicit sympathy or become angry and leave. Those behaviours don't help the individual. They further isolate the person

within self-destructive behaviour patterns. I try to find safe ways to help this person and his or her family join together in a desire to overcome the problem. If I can help them work together in just a small aspect of acknowledgement and positive motivation in relation to the problem, then that's a starting place. I'm very gentle and interactive in the way I work.

Carol: Could you give some examples of statements that you might use?

Harvey: I use a lot of empathizing statements. I empathize with the family. If

where you coach all family members and you orchestrate a feedback session with the drinking or substance-abusing person. If it's done well, care is taken about what's said, and it's done in love. Then, it's just facts without judgements. Sometimes you have to "trick" the person with the problem to be present. It's very intrusive. It's meant to be emotionally overpowering, to overwhelm the person's defenses, and thereby get some brokenness and some acknowledgement. The belief, and it's a belief I

If...there is a substance-abuse problem in the family, it can happen quite often that it isn't even talked about because by the time you see them, there may be a long history of dysfunctional dynamics...

I'm doing family work, I'll make empathic statements about the family's dilemma, and I'll do reframes about the family strengths in spite of this difficulty. I will acknowledge that in spite of this real difficulty, how much the family has really hung together over the years. Then I would ask about what the future might look like, and about what it was like in the past. I would look for change, talking as if the problem is out in the open. If I go to a "problem" person directly and expect them to work with their difficulties too quickly, I'll likely scare them away. There is a procedure called structured intervention which takes an opposing view. It's an orchestrated confrontation. The belief is that the "problem" person has a life-threatening disease, and that whatever it takes to get this person to help with the cure, is justified. If it works—great! If it backfires—a lot of people may suffer. It's a situation

hold as well, is that underneath the surface of a person who might be even very angry, blaming and denying, is someone who suffers with a lot of self-loathing for their behaviour. The idea is if you break through to that inner experience, the person acknowledges their own brokenness, and thereby becomes very motivated toward change and accepting of treatment. That's the moment you have all sorts of treatment available. I don't personally like to do that. On principle I think that approach is very intrusive and can do emotional violence to people. I hear about lots of cases where it didn't go right and just further isolates/alienates this person and pushes them even further into a position of denial, making it harder for him or her to join with the family, at some future date.

Carol: I have been prepared to treat the very strong influence of substance abuse in different families and I'm

looking back now and realizing that I haven't given this third part—you say it has a life of its own—clarity. I wonder about what you said about bringing forth acknowledgement of the pattern of behaviours involved in the endeavors to engage and sustain substance abuse. Would I lose a family, for example, altogether, if I mostly brought forth the behaviours around the substance-abuse problem? What will happen if I don't bring forth those behaviours clearly enough? If I bring those behaviours forth too soon, will I be able to keep the person who's central to that involved? Is bringing forth acknowledgement a focus too much on a particular individual as holding the responsibility for what's going on for a whole group of people?

Harvey: Just to comment on something—a perspective that might help a little bit—all things being equal, if it was an open issue, then you could deal with it exactly the same as you would deal with anything else. You'd explore it with questions about how the family relationships are different when the addiction behaviour is involved?

Carol: Right, well that part is relatively easy

Harvey: Look for contingencies. "Red flags" need to go up when you sense there's risk in the agenda. One person may be complaining about the effects of the substance abuse, and the other person may deny these effects. The abuser may genuinely believe that they're not this person that their family describes. You can work with that a little bit. In my mind, I would like to think that a person has a lot of depth beyond their fear or denial, and that they may be in-tune with some other focus, particularly in relation to their desires. At the point of disparity in perspectives, you can explore ideas about the discontinuity of hope, as it relates to the substance-abuse behaviour patterns, with a minimum of threat.

Carol: What sorts of questions would you ask about that discontinuity? Can you think of generalized questions?

Harvey: I would ask about what it has cost them? From this consideration, I would get them to explore, through

motivational interviewing, their ambivalence. Also, I would ask what has the cost been in their relationship(s)? What hopes have they had before and what directions do they project for themselves? What started things to change? So again, I believe that if we can create a generally safe environment, the person will allow themselves to express some personal dissatisfaction with some of their own decisions. I think in that neutral exploring or that sensitive empathic exploring, at whatever level they're giving you, they're agreeing that they disagree with the congruence of some of their own behavioural decisions. If you can explore with empathy, safety, and neutrality for awhile, then the person may start to come out of themselves, and say, "Yes, I wish I was

own needs, issues, and trust. I would work through the side or back door, acting as if the problem was real, but I would not be "hitting the person dead-on" with it. I'd be trying to create a chance for the person to come on-board. To me, it's not just a difference of free choice. At some point further on down the road, it might be. Then, if a person chooses to live a lifestyle and say, "It's none of your business what I do," at least I've provided opportunities to bring that person on-board, to acknowledge the issues and work with them, but they haven't been able to join in. I guess at some point there is a bottom line. It is everyone's right to choose their own path. The question remains, what are we, as therapists, going to do about these differences in motivation toward

I think life pushes the person.

different but it's too hard to change." Once the person even mentions that much, then you know that you've got something more to work with. It's important that, within this process, the therapist separates herself/himself from the struggles between clients who are in relationship with each other by asking neutral questions to explore the different perspectives and behavioural requests.

Carol: The therapist, then, would be working within the phase of contemplation as the ambivalence between two (or more) desires for change was being explored. Would you bring forth that there are two experiences of the need for change? Would you bring forth this difference?

Harvey: To be honest, I'm not sure I'm as neutral as I am presenting myself. For example, if one partner is disclosing certain behaviours that are going on and that are destructive and hurtful, and the other person is denying them, for awhile I would want to work as if the problem was real. I would behave as if that the person isn't able to be forthcoming with their

change? What can we do in families about these differences?

Carol: Is it fair to say at this point I can take initiative to change others, and even push the person(s), and at this point I can't. I find thinking about that provocative. Maybe there are ethical contingencies for pushing—contexts for pushing and contexts for not pushing. Have we thought enough about those shifts? I mean you shift gears when you're on a hill, right? And we'd be very foolish not to, our car might stop.

Harvey: One small observation on that, and again it's a semantic thing. I don't think we would disagree underneath the semantics but I don't see that I have a right or a position to push. If I exert influence, it's in the sense of removing as many obstacles as I can for this person to fall forward. Later on in the process, once we're past the fear, the defensiveness, the secrets, once we have a joining in the therapeutic process, then I might get permission to push. And then, that's okay. Because, then, we are still working together.

Carol: You are suggesting that we best only push-with-permission?

Harvey: Yes. Until that point, I'm not comfortable pushing. I think life pushes the person. If I can help someone through a moment of allowing him/herself to be vulnerable, to experience the self in a new way and find that that's okay—if I can allow them a moment of authenticity and vulnerability in safety, well then maybe the next time they'll be more able to explore their own capacities for change.

Carol: I was just thinking as you were speaking, that maybe there are certain experiences that all human beings must have, or best have, to develop in healthy ways. I was wondering if some people have never had that experience of being authentic and attended to for that authenticity. You're talking like you're almost pro-

Carol: In a sense there's a spiritual capacity of a person, to feel hope or to feel ability to go forward or to continue, but there's also a functional part of actual endeavor, and maybe it isn't enough to not address both.

Harvey: Yes. You really see it in individual work because you can see a person who, in the context of her/his relationships, struggles and does all sorts of regretful things without being able to enact healing patterns in their relationships. But in individual therapy, in the context of the interaction with the therapist, they can espouse the things they really wish for. They can be honest with themselves. They can drop their defenses. In their own system-world, their own real life, it is really really hard for them to allow themselves that same level of vulnerability. When they go back into that other context, they feel overpowered

son is taking a kind of responsibility for his or her own problem. I can work with that. Now, the issue is on the table, it's no longer a secret, it's not that everyone has to cover-up or be fearful. You can ask how the other family members are with that. Every member of the family is now working with the issues. Great, no problem! Well, there's still a problem but systematically you're free to work and change is possible. However, as long as you have one member who has not joined in the agenda of therapy, and who has the hidden power outside the therapy session to have the family attend to his or her agenda for maintaining the status quo, I think therapy is effectively blocked.

Carol: You think that the most important thing to do is to diffuse the force, the power of the activities around the substance abuse.

Harvey: Yes, and only the drinking person can give permission for the family to join in an agenda for change. It doesn't help to wrestle that power away from the member owning a problem, during a therapy session, only to have that person reestablish it outside of therapy. I believe that this destructive "third force" is best seen as an "externalized enemy" of all the family members, including the substance-abusing person. My hope in attending to that issue first is to create freedom to work in therapy, and to allow work done in therapy to be transferred to the family's real-life context.

Even though a substance abuser may not be ready to change his misuse, I believe he experiences many concerns about his behaviours toward other family members. In the same way we talked about giving that adolescent room to change his story, if I can create a therapy in which the substance abuser no longer believes he needs to hide, or to keep defending his right not to change, then his own concerns about what is happening will be free to come forth. When that occurs, you will know and feel that something important has just happened in the room, and in the family. They, and you, are now free to move forward. 🍏

I believe the destructive "third force" is best seen as an "externalized enemy" of all the family members, including the substance-abusing person.

viding a type of inner-reality of self-clarity; of knowing the self as having fundamental value or "goodness." I was wondering if that's what you're saying?

Harvey: The person who is fully existential or spiritual in their approach would say that's sufficient—the experience of inner authenticity, the moment of being in-tune with honesty, and genuinely oneself.

Carol: I was thinking of how idealistic we are because maybe if you think of the example of shifting gears to go up-the-hill, maybe there are times where that is sufficient, but maybe it isn't sufficient, overall.

Harvey: It's not! It's not sufficient if life is lived in the reality of challenges, behaviour and relationships. For me, the spiritual experience needs to transfer or translate into ongoing success or life-enhancing activity.

and they re-create previously utilized unhealthy patterns of behaviour. That's why, obviously, it's best to work with the whole-family system because so much of a person's behaviour is interactional and elicited by familiar interpersonal patterns.

Carol: Is there a general kind of story we can tell about people who have a strong problem with substance abuse in their family? Is there any general treatment approach? Or, has it really got to be tailored so carefully to every single family? I'm still a little puzzled on where and how you place emphasis on the substance-abuse problem.

Harvey: Every family is unique, but what will "block" any family from working together, in therapy, is the protection or the secrecy or the denial of issues. If a person comes and says I know I have an alcohol problem, but I choose not to do anything about it, that per-

Reflections Upon 12-Step Programs in Relation to Personal Agency and the Restorying of Personal History

Kathleen Stacey
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As part of my alcohol and chemical dependency subject in the Marriage, Family and Child Counseling Master's Program I am completing, I was required to attend some 12-step meetings. Being strongly influenced by the post-modern movement in family therapy/systems theory, particularly by Michael White, David Epston, Karl Tomm, Tom Anderson, Harry Goolishian and Harlene Anderson, there was some sense of trepidation about doing this.

However, I attempted to "bracket" my pre-existing ideas about 12-step programs and remain open to this new experience before filtering it through my preferred lens. The following comments reflect my post-modern or social constructionist understanding of 12-step ideas about personal agency and the restorying of personal history in AA and Co-dependents Anonymous groups (CODA).

The AA group I attended was a beginners meeting and was well-attended by both relatively new and longer-standing members. I sensed an atmosphere of collegiality, acceptance and anticipation in the group before the meeting officially began. This was confirmed later in the meeting when new members were wel-

comed and other people spoke of their diversity of experiences which were always received with positive acknowledgement and acceptance.

My own thoughts on attending the meeting were of uncertainty and curiosity regarding the philosophy of AA and the

*I attempted to "bracket"
my pre-existing ideas
about 12-step programs.*

12 steps. What became clear to me was that the spirit of community engendered both in the meeting and outside of the meeting through social and sponsor contacts appeared to be a significant contributor to people's success in controlling the effect of alcohol and drugs in their lives. This was certainly congruent with the ideas I privilege about the importance of a network of support and the recruitment of an audience to changes one brings about in one's life: changes which are preferred and enriching, albeit, frequently difficult to bring about.

However, I did experience some discomfort about how people were talking about their experiences, in stopping drinking or "using," which related to the position of the problem in relation to them and their sense of, or lack thereof,

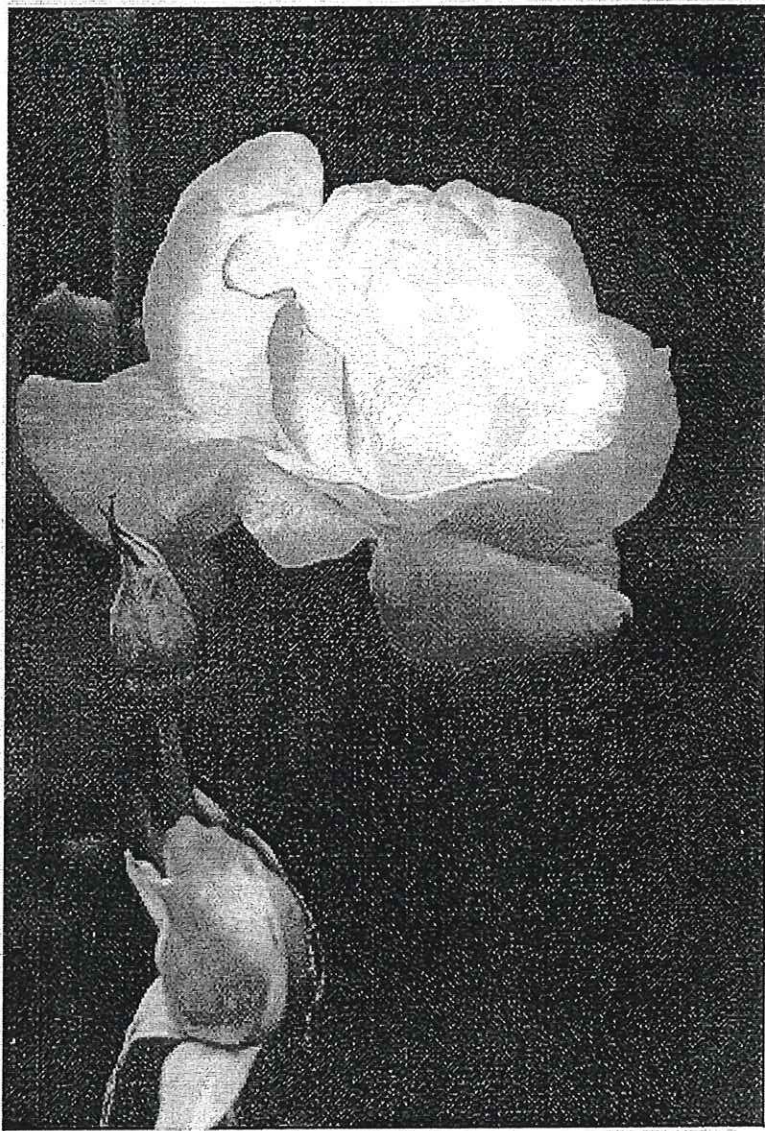
personal agency. The philosophy to which I am attracted in relation to issues in people's lives is to externalize the problem and to internalize personal agency, i.e., a philosophy of valuing the taking of initiative to resist and overcome one's problems through owning personal responsibility for one's behaviour—readily apparent in the work of Michael White. I found that AA seemed to encourage a philosophy of internalizing the problem and externalizing personal agency which was apparent in the way people talked. By internalizing the problem, they were doing battle with themselves, rather than doing battle with the problem. They were struggling with themselves, the alcoholic, rather than alcohol /addiction /stress /guilt /depression (or however they chose to label the problem) and the effect it has on their lives by what it has them doing to both themselves and others. This seemed to

*I found that AA seemed to
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encourage a blaming and pathologizing approach to themselves about which I felt uncomfortable, even though being a "recovering" alcoholic/addict was reframed by the group as being acceptable, although not necessarily positive.

By externalizing personal agency, people constantly attributed their success to AA, rather than to the actions they had taken on behalf of themselves. Thus, they did not acknowledge "personal agency,"

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Working on Mother Nature

Photo by Joanne Shultz Hall

in having taken a stand against their problem and in stopping it from running their lives for them. This attribution of initiative and strength to AA seemed to suggest that they would not have the strength to cope in the future without constant and frequent involvement with the AA organization. Although not necessarily a bad thing, it could be construed as encouraging dependence on AA rather than their own personal resources. I believe that a sense of personal agency is fundamental for people in feeling confident to take action in their lives whether in relation to alcohol/drugs or other related and non-related issues.

The CODA meeting I attended involved members of an ongoing group which people attended on both a regular and intermittent basis. My understanding of the group was to assist people to

become more in touch with and accepting of their own views and ideas about themselves, rather than subscribing to other's views, expectations, descriptions and prescriptions of how they should be. Further, the purpose of the group meetings was, purportedly, to facilitate the ability of group participants to be and do for themselves rather than always acting on behalf of others, often in a caretaking role.

was a productive concept for CODA to promote. I consider it a very difficult expectation, even if it is in the form of accepting the past and moving on. Like grief, I believe that one can never leave behind or fully escape the past. However, it is possible to construct alternative meanings around the past that are more enabling and liberating and thus, minimize its unwanted influence.

There seemed to be no encouragement of a "reconstruction" of the past, a "restoring" of a person's life by identifying with an alternative story rather than their

dominant story of being "co-dependent." This difference, I believe, would have been useful as it would have facilitated people's identification of their own resources and an alternative view of themselves as capable persons. Having a history/herstory about this alternative view, it would be easier to continue building upon it rather than facing a totally new creation from the present forward where no previous foundations have been recognized. The latter is a far more scary and daunting prospect, particularly for people who have relied on the meanings that others have given to their experiences rather than identifying and enlivening their own meanings.

I was concerned that co-dependency could become yet another totalizing prescription for these people's lives and as with my comments regarding AA, encourage a pathologizing view of themselves where the problem is internalized rather than externalized. From listening to these people's different stories, it seemed apparent that they were often bereft of personal agency as they gave credit to most things other than themselves for effecting change in their lives. Again, in accordance with my comments about AA, the internalization of personal agency could be facilitated by externalization of the problem and encouragement for people to give themselves credit in a forthright and open rather than apologetic manner.

There are clearly benefits and attractions to involvement in 12-step groups in the sense of community, acknowledgement and mutual support provided by the meetings and their very low cost.

However, I consider that they have the potential to continue an oppressive rather than liberating stance towards the people who are involved in these groups if the identification of personal agency and alternative histories are not uncovered and encouraged. 🍏

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Workshop Notes: Deconstructing Addiction Mythology

Colin James Sanders
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Genevieve Ames, working out of the Prevention Research Center in Berkeley, California, has summarized a diversity of historical and sociological documentation relating to the origins of the American disease model (Bennett and Ames, 1985). In part, her research punctuates the impact of the way

p.27). At this time, alcohol enjoyed a reputation as having numerous practical, social, ritual, and medicinal purposes and meanings within the context of colonial America. As other researchers have observed from their reading of those days, prior to the nineteenth century, in both Britain and the American colonies,

this, at a time when "...the tavern served a vital function as a meeting place in each community and the innkeeper was often numbered among the most prominent of the local citizens" (Heather and Robertson, 1985, p. 23).¹

This situation changed, as the movement from a largely rural, agriculturally-based socioeconomic system evolved into increasingly urbanized, industrially-based system. In effect, patterns of alcohol drinking were transformed. For a labour force now beginning to work alongside, and to operate, industrialized machinery, to imbibe in alcohol was discouraged. Severe intoxication endangered workers, and also affected production and output. There emerged a sense in which "...drinking became a threat to the economic substructure of the new order" (Heather and Robertson, 1985, p.25).

There was also emerging an association between moderation and sometimes abstinence from alcohol based on factors relating to social class and religious beliefs and other aspects of ideology. Again, citing Heather and Robertson's research into this association, "...conspicuous avoidance of alcohol was used by the emergent middle classes of the Industrial Revolution — the skilled mechanics and tradesmen — as a sort of status symbol and a validation of superior social position" (1985, p.25).

During this period, heavy drinking and "habitual drunkenness" became increasingly associated with the labouring, working class. The popular ideological discourse at this time, regarding the misuse of alcohol, was that alcohol contributed to the destabilizing of social (including moral) values and economic value. Alcohol, as used by immigrants to the new republic, was considered more odious and threatening. David Musto writes: "Not only was the saloon associ-

The consumption of alcohol was an integral part of normal everyday living in colonial America and was not particularly problematic.

(Ames, 1985, p. 27)

in which certain ideas regarding morality and personal conduct came to be predominant in discourses pertaining to persons who drank heavily or habitually. Of importance, first of all, is her reading of the situation early on in the history of the American colony. Of this early history, Ames writes: "the consumption of alcohol was an integral part of normal, everyday living in colonial America and was not particularly problematic" (1985,

"...alcohol was accorded very high esteem. This was an era when beer was regarded safer than water — not without reasons, since the latter was frequently polluted, being drawn in many cases from the same river which served as the local sewer" (Heather and Robertson, 1985, p.23). Medically, in fact, "there is evidence that the calories from alcohol formed an essential part of the population's energy requirements; while beer made a major contribution to the nutritional context of its diet" (*ibid*).

As a medicinal substance, alcohol, at this time, was "useful to fight fatigue, soothe indigestion, ward off fever, and relieve aches and pains..." (Bennett and Ames, 1985). Alcohol was also an important ingredient in promoting conviviality at various social and church functions;

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ated with Catholic immigrants, but it also seemed to make people incapable of responding to Evangelical Protestantism..." (Musto, 1992, p.3). As Musto further describes the ideology surrounding alcohol by this emergent middle and upper class in the new republic of the United States, alcohol "...reduced changes for freedom, prosperity, and happiness and did not contribute to the virtue and enlightened character of an electorate needed by democracy" (ibid).

The original version of the American disease model proper was constructed by Dr. Benjamin Rush of Philadelphia (1745-1813), a friend of Benjamin Franklin and of Thomas Jefferson, and himself one of the signers of the American Declaration of Independence from Britain. Rush has been singled out, in the history of medical practices in America, as representing "the father of American psychiatry" (Heather and Robertson 1985, p.72).

Rush's ideas regarding the deleterious

that habitual drunkenness represented a "disease of will", and that chronic drunkenness was "...an addiction brought on by a gradual breaking down of moral willpower" (Bennett and Ames, 1985, p.). In other words, alcohol, in the lives of some persons, was a misused substance that eroded "willpower" and led to a troubled existence and impoverished life.

In terms of the history of the systems of scientific thought, Heather and Robertson argue that Rush, as an original thinker, was merely attempting "...to apply methods and concepts of natural and medical science to human behaviour and the affairs of man ..." (1985, p.31). They continue to say that the period in

of 'positivism' and the creation of the disease theory of alcoholism must be seen as an integral part of it" (ibid).

Furthermore, and as already noted above, Dr. Rush has recognition as the

Rush...claimed that habitual drunkenness represented a "disease of will"...

"father of American psychiatry" and his disease theory was created at a time when certain medical persons were effecting "the emergence of psychiatry as a separate discipline" within medical practices (Heather and Robertson, 1985, p.31). This development has been documented by Foucault in his analysis, in France, of *The Birth of the Clinic* (1975), and, to

some extent, *Discipline and Punish* (1979), in which texts Foucault seeks to comprehend the various "techniques of domination" utilized against persons who become medicalized subjects, subjects who are transformed into objects under systems of classification and/or systems of surveillance.

The American psychiatrist, Thomas Szasz, has been influential in bringing attention to the misuses of medical practices, psychiatric practices in particular, regarding the co-evolution of ideas in science and the origins of medical disciplines. Szasz has written, "The aims of natural science, and the main criteria of the validity of its assertions, are prediction and control. Naming and classification

— and the construction of hypotheses, theories, or so-called natural laws — help to achieve these goals." (Szasz, 1970, p.199). Szasz goes on to remark that, apart from the mysteries of the natural world, "There is another source of mys-



A practical, social and medicinal ritual in the early history of American colonization.

Photo by Mary Ann Fraser

effects of alcohol on certain persons was strongly associated with the predominant religious ideology, particularly notions regarding human weakness relative to character. For instance, in Rush's original version of the disease model, he claimed

which Rush was formulating and composing his disease model, was a "decisive moment in the history of thought", a period in scientific and cultural knowledge associated with the advent of positivism. According to these authors, "...the birth

tery and danger for man: other men. And man's efforts to understand and control his fellow man have a long and complicated history" (ibid). As analyzed by Foucault and Szasz alike, the efforts that have gone into techniques and means by which some men seek control over other men is woven into the fabric of the history of medical practices, particularly psychiatric ones. Again, Szasz points out that "As a rule, medical diagnoses do not define an individual's personal identity, whereas psychiatric diagnoses do" (1970,

p.202), as a "semantic blackjack." "The diagnostic label imparts a defective personal identity to the patient, it will henceforth identify him to others and will govern their conduct toward him, and his toward them. The psychiatric nosologist, thus, not only describes his patient's so-called illness, but the ramifications of this description have been horrifying for many persons, who have experienced the debilitating and totalizing effects of diagnostic labels in terms of self-blame, self-loathing, and intense self-monitoring (cf. Tomm, 1990).

Chrisman (1985, p.10) argues that clinical categories relating to disease notions are cultural categories ... embedded with the sociocultural system: the professional sector of the public health system...". His analysis of the way in which a social problem, such as heavy drinking, becomes labelled a disease echoes Foucault's ideas regarding the inseparability of "power/knowledge" in the ascendancy of specific technologies of domination and technologies of the self. Best and Kellner offer this summary of Foucault's writing on this topic. Over the years that Foucault studied how certain knowledge and practices were organized, his interest and focus moved from one concerned with so-called "technologies of domination, where subjects are dominated and objectified by others through discourses and practices, to technologies of the self where individuals create their own identities through ethics and forms of self-constitution" (Best and Kellner, 1991, pp.60-61). Perhaps there is a sense in which the so-called "recovery"

ideology contributes to this medicalization of social problems by insisting that a person acknowledge powerlessness over alcohol, drugs, gambling, sex, shopping, soap operas, etc., and by self-labelling.

Regarding the epistemological dimension to disease notions constructed as clinical categories, Chrisman writes: "For

Addiction mythology enjoys a prominence of disconcerting proportions.

social, political, and economic reasons, the professional sector and its knowledge base on which disease constructions are based, carries a great weight on society. In addition, this sector possesses societal legitimacy and the associated power to prevail when competing views of sickness collide. In part, professional sector legitimacy is also based on its connection with a society's Great Tradition of science, religion, and/or philosophy. The knowledge is found in esoteric, and frequently sacred, texts that are closely related to the society's fundamental assumptions about the nature of reality" (1985, pp.10-11).

Theoretical categories come and go, especially in the domain of therapy. It has been estimated there are likely more than 300 different types, or ways, of "doing" therapy. However, it remains imperative to not take any one theory too seriously; such seriousness could lead to "hardening of the categories" and "delusions of certainty", as Hubble and O'Hanlon have noted (1992). As Keeney (1990) insists on pointing out, it is important to improvise in the domain of theory.

The disease theory regarding heavy drinking is no longer considered, in many circles, both scientific and academic, to be credible. However, the belief that heavy drinking (and other social prob-

lems and human dilemmas) represents a disease remains significant in terms of public opinion. The predominant cultural discourse within the realm of public health is one of individual and family "dysfunction" and pathology. During the Cold War, there were communists hiding everywhere, now there is disease!

Addiction mythology enjoys a prominence of disconcerting proportion; a prominence seemingly out of proportion where the actual number of persons affected is concerned. In Canada, for instance, it is estimated that there are four to seven times as many problem drinkers as there are chronic drinkers (cf. Addiction Research Foundation publication, 1993). As the Addiction Research Foundation of Toronto notes, even though there are far more problem drinkers than chronic drinkers, the vast majority of so-called "treatment" programs have, until quite recently, been organized to "treat" only chronic heavy drinkers (ibid). Again, most "treatment" programs, both in Canada and the United States, have insisted upon the utilization of principles associated with Alcoholics Anonymous as a means of maintaining abstinence from alcohol. As has often been pointed out, even though the medical model purports that "alcoholism" is a medical disease, there is no biomedical "cure". At best, following A.A.'s "twelve steps" is a "spiritual" remedy.

Perhaps it would be noteworthy at this point to observe that the American Institute of Medicine, in 1990, published an exhaustive study on alcohol treatments associated with a variety of theoretical

For women, black slaves, and First Nations persons, there was no... "citizenship" or kinship with alcohol.

models. Their study was more than six hundred pages, and they note that the word alcoholism "... enjoys widespread use, though there has been no consensus as to its meaning..." (Institute of Medicine, 1990, p.26). One possibility, they go on to say, regarding the populari-

ty of the term itself may be "...due in part to the remarkable saga of Alcoholics Anonymous (A.A.)..." (ibid., p.27) for its promotion of the label and the connotations associated with the word. However, as Breggin (1993) has recently pointed out, the original A.A. texts in fact do not make any bio-genetic claims regarding the etiology of so-called "alcoholism" in persons; in fact, these texts are more in keeping with Rush's original, moral-ethical, perspective on habitual drunkards as having a disease of will, or mind.

This brief paper has attempted to locate and unravel socio-cultural threads of moral-ethical meaning associated with the rise, in America, of the disease model of heavy drinking. This model was constructed at a time when positivist notions were finding an application in the realm of human beings and their behaviour. This model also was constructed at a time when American psychiatric practices were branching out from the general practice of medicine, and, by virtue of a new diagnostic category, new and unique subjects of diagnosis and treatment were being created.

Note:

1. I think it is important, at this point, to note that while alcohol was no doubt "important" as a substance enjoyed by citizens of the early colonial America, these citizens would have been, for the most part, males. For women, black slaves, and First Nations persons, there was no such "citizenship" or kinship with alco-

hol. In fact, alcohol, once introduced into the now rapidly disintegrating First Nations social structure, became a part of the "technology of domination" (Foucault, 1988) utilized, quite specifically, to attempt a cultural genocide.

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Workshop Questions

- 1) Which social problems do you consider to have become medicalized?
- 2) In retrospect, knowing what you now know, which medicalized social problems have you unwittingly co-produced?
- 3) Describe taken-for-granted practices in mental health, social work, therapy and psychiatry that tend to constitute "the other" in pathological terms?
- 4) Which descriptive categories do you utilize on a day-to-day basis that presume or make assumptions about the experience of the other?
- 5) What are some of the counter-practices you engage in to assist clients in taking back their lives from problems?
- 6) Discuss your understanding of Foucault's ideas regarding technologies of domination and technologies of self. 🍏

*When I undertake to tell the best
I find I cannot.
My tongue is ineffectual on its pivots,
My breath will not be obedient to its Organs,
I become a dumb man.*

Walt Whitman

Horses and Their Riders

A story by
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Once upon a time there was a young man who lived in the country.

One day while walking in the fields this young man came upon a horse. Approaching cautiously, the young man found the horse to be placid, apparently gentle of spirit. It was a beautiful horse with a hide of a deep amber colour and its mane a froth of light beige. Its course hair lay against the hide smoothly, like silk, inviting. The horse nodded and conformed to the touch of the young man in a way that suggested the horse was broken.

The young man found himself speaking to the horse, "You are fine, if only you had a saddle I would ride you."

Now those who have been with horses know that they speak—alas, not in words that a writer could place on a page or a storyteller could repeat—but

with the nod of the head, the touch of a hoof on the ground, the electric swipe of the tail. This young man could hear the horse speaking, "Follow me," the horse said, "I will lead you to my saddle."

And so, the young man walked beside the horse through a sequence of meadows, his hand lightly resting on the mane. As they walked, a mysterious something

and glanced at each other in somber communication. The young man walking beside his horse was perplexed to see his other self riding with an odd, oblivious look of satisfaction on his face.

Once the horse and rider had passed, the young man looked behind to where they should've been and found them to be gone. And when he turned to look forward

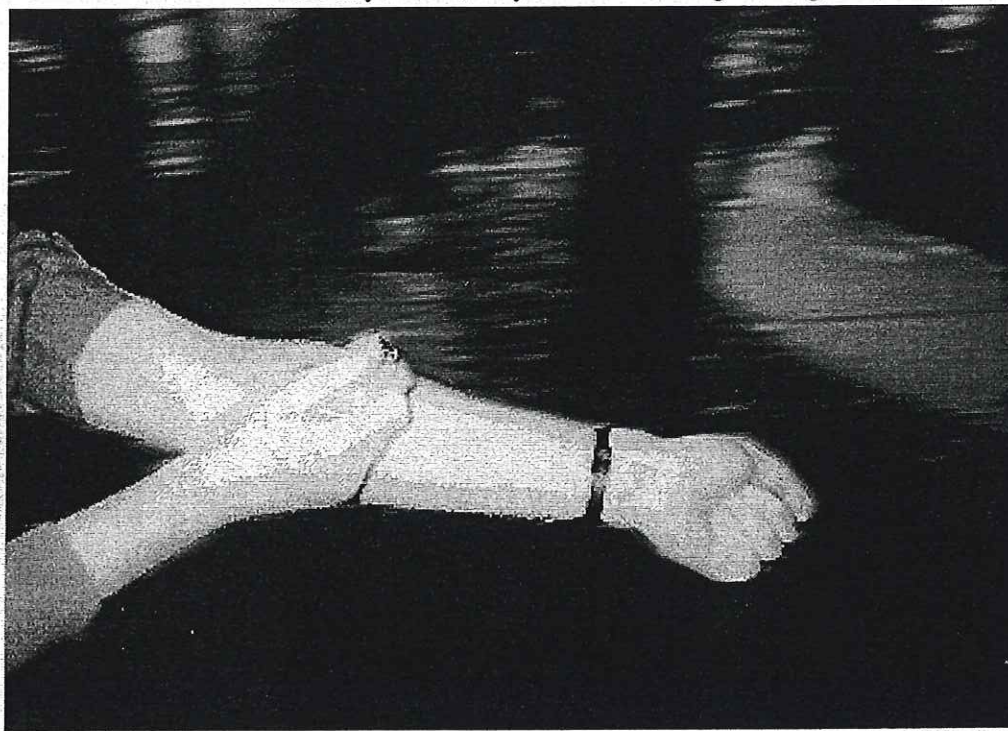
there was a small stable set at the edge of a meadow just before them.

The stable was secure against the elements although weathered and worn—its boards were a stranger to paint and barely spoke of the human hand which had formed them. The horse led the young man to a saddle hung over a timber. Dismal light entered through clouded, insect-webbed windows.

The young man fetched the saddle and went about

putting it on the horse with the rest of the tack.

Just as the young man was adjusting the stirrups he glanced out the window and saw a golden horse with a beige mane cantering around the perimeter of the meadow. The pace was brisk and the movements of the horse and rider were one. They were coming around, riding straight for the stable, facing the young man with the stirrup in hand standing behind the clouded window. Again the



The pace was brisk and the movements of the horse and rider were one.

Photo by Mary Ann Fraser

occurred: another horse and rider approached them on the path ahead. This horse was also golden amber with the froth of a beige mane. The rider was comfortable within the saddle and the movement of both horse and rider was easy and relaxed. As they approached, the young man could see it was the same horse as his horse, and the rider was himself. The two horses and two young men passed each other on the trail—the humans were silent yet the horses nodded

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young man could see the rider was himself. There was a look of excitement, pleasure tinged mildly with fear, an odd countenance of non-comprehension as the cantering horse and the rider bore down on the stable. Closer and closer they came until, just as they were upon the stable, they vanished. The young man was left with the haunting look of his own eyes which stared ahead but couldn't see. He was drawn into the flare of the horse's nostrils filling with oxygen.

The young man led the horse from the stable and mounted. Together they found a trail which took them further from where they had come. As they were riding the trail the young man scanned ahead for a vision of the other horse. He was stunned with the memory of the blank and uncomprehending eyes he had seen in himself on the other horse. He reasoned out that the eyes had been sufficiently engrossed in pleasure, in excitement even, so that it didn't matter that they had failed to see. As the young man, now mounted and riding, tried to consider this discrepancy he lost his worry into the steady pace of the horse beneath.

The trail had given them a ride of unknown distance before the young man was rewarded again by the sight of the other horse. He was certain enough that it was the same horse of golden hide, smooth and topped with a beige mane. It approached them damp with sweat: riderless, empty.

The young man reined in his horse and began to ask within himself where he was, to ask how far had he travelled from his own home. Sensing these silent questions the horse beneath began to take hold, to gather back his rider and break

into a gallop. The young man let himself ride, gave himself over to the thought that he was in control.

The terrain was gravel and scrub. The young man hung on to the reins and the saddle and leaned low against the neck of the horse. Vomit rose within his throat and his body seemed to be no longer his own. He looked up to see a meadow filled with riders on mounts of gold. The horses were spirited, powerful, self-serving. Some riders were barely holding on, some were falling and some were being trampled beneath the horses' hooves. The

on the jeans and flannel shirt which he wore—but they were no longer youthful. The faces of the fallen riders were aged, and were lined with the bitterness and the aggression of the ride in the deeply hidden meadow. The eyes of the fallen selves stared back, still uncomprehending.

With an act of desperation the young man reined back his horse, led it out of the mile and dismounted. Then his horse turned on him and flared at the nostril but the young man stood his ground and the horse fled riderless from the meadow.

The man turned to look at his many selves on the ground—some had wet themselves, others had vomited and were laying in it. The young man gathered them in, took them on. In so doing, he was no longer young.

It took the man a long time to make his way back home. He wanted a different route; he wanted to shy away from the worn path of the horses' hooves; and he wanted to avoid the stable at the edge of the meadow. He was nursing his wounds as he walked, and though he knew better, he would've thought he had been trampled.

There were different visions for the man as he walked home. At first he became aware of other men on horses riding by him, heading for the hidden meadow. He wanted to fraternize with them, perhaps to call them aside and warn them. The horses seemed still gentle and he felt it safe to approach. Of course, some of those men invited him to mount with them, wanted to generously share their ride, and he felt strong in being

Photo by D. Carson 1988

able to refuse their offers. In hearing his warnings, some felt him to be sincere but misguided, stating that the fine horse they had found would never turn violent. Others felt assured of their own horse-



Riders without horses.

horses already divested of their riders wandered back down the trail, sweaty and complete.

The young man was caught in this vision of his many other selves. Each had

manship, their ability to keep control no matter what came. Others just rode on in oblivious pleasure of the strength beneath them and if they were to acknowledge his

er following, taking courage in his own steps.

The man drank clear water from the streams which came through the wood-

* * *

Certain ones would leave ahead of him, provide courage and a path for him to follow.

Returning finally to his home he found a son. The man stared silently at the boy and wondered when this son had been born and how he, his father, had missed his son's youth. This next generation of a young man motioned in his father's gestures, carried his body in the same awkward way. In agony, the father could not bridge the distance between himself and his son. For the boy was drawn away from the house, was drawn to the youthful glory of a horse that happened to be standing in the meadow. And the hide of the horse was a golden amber and the mane a froth of beige. And the father could see that the young man was taken with the horse, that the young man thought that the horse was gentle and tame, that the horse had already been broken. The father ran across the field to warn his son but the son stared past the father unseeing as the horse nodded and pawed his hoof to the ground and swished his electric tail in that subtle discourse which would lead the son on. 🍏

warnings at all, it would've been as a nuisance.

Then the man became aware of other walkers through the woodland. At first he just caught a glimpse of them through the trees. Then, more and more he saw them walking in the same direction as he. Some of them limped, others wheezed and coughed. As he walked the man saw there was ahead of him one other much like himself. He struggled to keep pace. When he looked behind, there was another

land. And he sat on the grasses which bore his weight and opened his wounded body to the sun of warmth and healing. The man found in the woodland a refreshment of spirit and found some peace within himself. In the sunny meadows, at the springs, he could sit with those walking the same direction as himself. Certain ones would leave ahead of him, provide courage and a path for him to follow. Others stayed back and allowed him to be the leader for them.



Evolved respect.

Photo by Byron Harmon 1907

Breaking Free of an Addictive Relationship

Mary Ann Fraser
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For 31 years my husband and I were cemented together, both trying to change the other, and neither succeeding. Every 3-4 years we would have a crisis that would usually involve either an affair by me or a separation. I must say, affairs are not the way to solve a problem. The reunion after a separation would last approximately 3 weeks and then it would be back to the usual patterns of distancing on my part, name calling on his. It was a very toxic relationship and we were in a crisis frequently.

I wanted out of the marriage within 5 months but didn't have the courage as I was 3 months pregnant. After every crisis the promises to change would come forth and we both hoped that the marriage would survive. Our two sons survived in spite of this and hopefully their relationships will be more positive. I should mention that my husband was an alcoholic and was a very intelligent engineer with a major oil company. The alcohol was not a problem at work, only in the home, so he was employed for 30 years. I was quite dependent on him but after 11 years of abuse, I decided the time had come to get

a job and get out but I could never quite make enough money to be independent of him, and as time went on, he had more control over my life than I did.

For 12 of the 20 drinking years, I turned to Alanon for support and refused

Assistance Program and I had an appointment with a counselor within 2 weeks. When I walked into the counselor's office, I felt so good. Finally, I was taking charge of my life. I saw the counselor every 2 weeks for 6 months and in that

time I attended the Lander Centre for a week of intensive group therapy. The layers of "the onion" were peeling away. I made major changes in my life during this time, one of them was to make a decision to leave my job and spend some time with my husband who was retired!! We had never been together 24 hours/day and he really encouraged me to quit work and be at home.



There is a path worth travelling.

Photo by Mary Ann Fraser

Well, the control now was for 24

hours a day and I became very depressed again, but this time I knew that I was in even bigger trouble. On October 11, 1991, I discovered a lump in my breast and as it turned out it was cancerous. For four months I had chemotherapy, a lumpectomy and then radiation. A position came up for another job I wanted and the quality of people I worked with there was just what I needed at the time.

to go to counselling as I worked in the counselling field and "knew it wasn't my problem." For many years I stuffed my feelings, mostly anger but didn't really know it. After he sobered up, he became manic-depressive. Try as I might, I became hooked into this behaviour and believe it or not, found it even harder to live with. The control got much worse. As time went on, I became very depressed. At the time, I was working and was having lunch with the staff health nurse. She knew my situation and I mentioned to her casually, "I think I am ready to go to counselling for myself." She gave me the number of the Employee

On October 15, 1992, after a very stressful year, I was given the courage and strength to finally end my toxic marital relationship, not only for me, but also for my husband. I had to take charge of my life as I wasn't sure how much of it I

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Canada

had left. Now I have a checkup at the Cancer Centre every three months and it will be three years of being cancer free this October. We have been divorced one year and apart for 1 year and 7 months. Once I realized that I had choices there was no looking back. I knew what I wanted and I went forward. I hired a good divorce lawyer, and in 9 months we were free of each other. I did us both a favor and slowly we are both getting on with our lives and it is about time.

My first thought when I was told that I had cancer was, "I haven't even played Bingo!!" I still haven't played Bingo, but I have done other things that mean a lot to me. The first thing I had to do was look at my life and what I wanted instead of living my life according to my husband. I have taken up photography, gardening, hiking, set up my own child care business as well as changed jobs again and am working half time. I have time for me now and the healing is starting to happen. I am no longer in counselling but am involved in a support group for divorced people and we meet every two weeks. We share our thoughts and our attributes. For example, one of the girls is going to put on a demonstration on stained glass. I have invited the group to my place in the mountains and we are going on a hike. So much energy was used up in emotion and the time has come to be active.

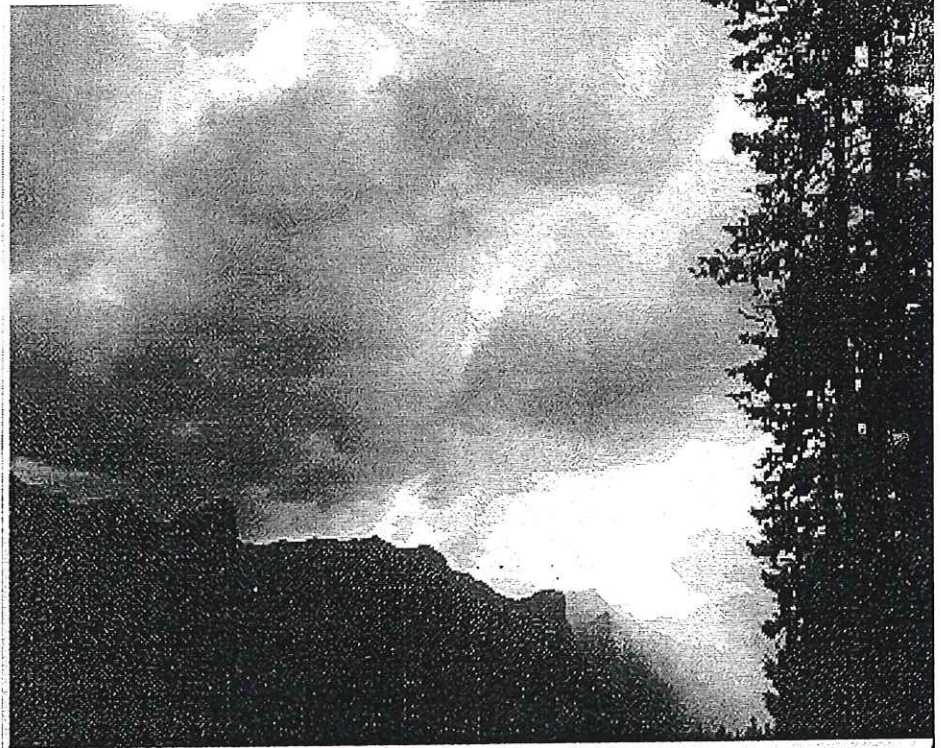
Upon reflection, I realized that my spirit was dying and when I realized my dreams and wishes counted for nothing, I knew I had to take charge of my life. I thank God every day for the courage that I was given to get out on my own and look after my own needs. In fact, now

that I am healing spiritually, physically and emotionally, life has taken on a new meaning. Beating cancer gave me the courage to leave the relationship. Friends were so supportive and the ones that weren't are no longer in my life.

My ex-husband called me the other night to wish me a happy Mother's Day and for the first time since leaving, I have felt no emotion after talking to him. This

the end. As soon as I filed for divorce, I called the Cancer Centre and made an appointment with the social worker and saw her approximately every three to four weeks. I needed the validation that what I was doing was the answer and she was able to give that to me.

By working the soil, hiking the trails, nurturing the children, being alone, being with friends, slowly but surely my self



Inspiration amidst the clouds.

Photo by Mary Ann Fraser

is very freeing. One thing I would like to say is that without counselling, I wouldn't have been able to find the courage to carry the divorce through to

confidence is returning and the fears are leaving. The butterfly is my symbol!!! A new life has emerged. 🍏

*When we have found inner peace,
we feel unity with the Divine
within all human beings ...
so all fear is gone from our lives.
Peace Pilgrim*

Three Poems from an Abusive Man

Written by Darrin
(Submitted by Frank McGrath, Calgary, Canada)

Life

*Standing in the pale moon lite,
Praying nobody'll come by and
Shoot us off the mean streets
Cause they are my home now.*

*Does anybody care
If I am
Dead or Alive?*

*My parents never really cared
I don't really know
How to care
For other people*

*You want to stay alive
You learn how to fight
Or you'll be as stiff
As the table
In front of you*

*Don't run away
That is the easy way
Out*

*For a man with no
Heart*



**Manjusri
Embodiment of Wisdom
(Nepal)**

Frank McGrath
Men's Crisis Service
255, 495-36 St. NE
Calgary, Alberta
Canada, T2A 6K3
(403) 299-9680



Tara
Goddess of Compassion
(Nepal)

Fearful Hand

*Cutting rapidly
Through the thin air
Absolutely nothing
Gets in the way*

*It's gone too far now
Scared for your life
Nite and day
Not knowing what not to say*



Kuan Yin
Goddess of Compassion
(China)

Pain

*I can feel the pain
I put you through
Forgiveness is not
What I want*

*Nobody can help us now
The damage is done
Still having feelings for you
Can't help that.*

Domination, Deficiency and Psychotherapy

Nick Todd
Calgary, Canada
Alan Wade
Cobble Hill, Canada

The practice of psychotherapy is generally understood to have developed within the past one hundred years. This truncated view of its history obscures the influence of much older social and political traditions which continue to affect how psychotherapy is practiced. Lately, however, efforts have been made to demonstrate the continuity of psychotherapy with practices originating in much older social institutions, such as colonization (see, e.g.

Manganyi (1985), Kearney, Byrne & McCarthy (1988), Amundson, Stewart & Valentine (1993). This paper will expand on these efforts by examining some specific psychotherapeutic practices which derive from the grand colonialist narrative of civilization and progress. In Part One we will show how the appropriating and objectifying practices first extended against nature during the Agricultural Revolution and then against human beings during the Age of Colonization, were turned inward during a process of "psycholonization" which accompanied the Industrial Revolution.

Colonialist discourse produced the native as a deficient and therefore exploitable subject; a subject to be contained, civilized and assimilated into nor-

native (i.e., European) modes of conduct. The various professions claiming jurisdiction over psychotherapy have embraced essentially the same approach, though with a diverse and highly refined discursive machinery applicable to their own unique theatre of operations. Through routine and efficient professional acts such as diagnosis and prescription, persons experiencing difficulties can be produced as deficient and simultaneously

Colonialist discourse produced the native as a deficient, and therefore, exploitable subject...

positioned to be treated according to the proscriptions and prescriptions of the practitioner. Many of these practices may be experienced as oppressive yet, as in colonization, portrayed by their inventors as beneficent. Part Two will examine some of the implications for therapy that flow from an examination of the objectifying and appropriating aspects of therapeutic discourse. By examining psychotherapy within the tradition of colonialist domination, we hope to promote a critical reappraisal of practices routinely undertaken in response to persons attending therapy.

Part One

A Brief History of Objectifying Practices

Objectification could be described as a code of relationship in which the One

who objectifies reduces the status of the Other to which he/she relates to that of an object. This can be accomplished through practices which isolate the objectified person or thing from its natural context, strip it of connections or attributes seen as extraneous by the objectifier, implant attributes which better suit the purposes of the objectifier, and constrain its options so that it is more likely to behave in ways which fulfill the expectations and

desires of the One. Many of these objectifying practices originated at the time of the Agricultural Revolution and evolved and diversified into the manifold social and technological changes that swept through European civilization during the Industrial/Scientific Revolution (see Fig. 1).

The Agricultural or Neolithic Revolution marked an important shift in man's relationship with the natural world which was critical to the evolution of objectifying practices. For hundreds of thousands of years man's dominant subsistence pattern had been hunting and gathering. Man made a living as nature made it available; his welfare was not separate from the rhythms and cycles of his environment. For his first two million years of existence, man accommodated nature. With the advent of agriculture, man began to anticipate what he would need and arrange the world around him in such a way that it would be more likely to provide what he wanted. A gap developed between the cultivator, the agricultural man, and the cultivated, those plants and animals against which he applied his cultivating practices. In hunting and gathering societies this gap is much narrower, as the hunter can become the hunted, the devourer the devoured, with alarming swiftness. Hunting and gathering societies also took great pains to emphasize

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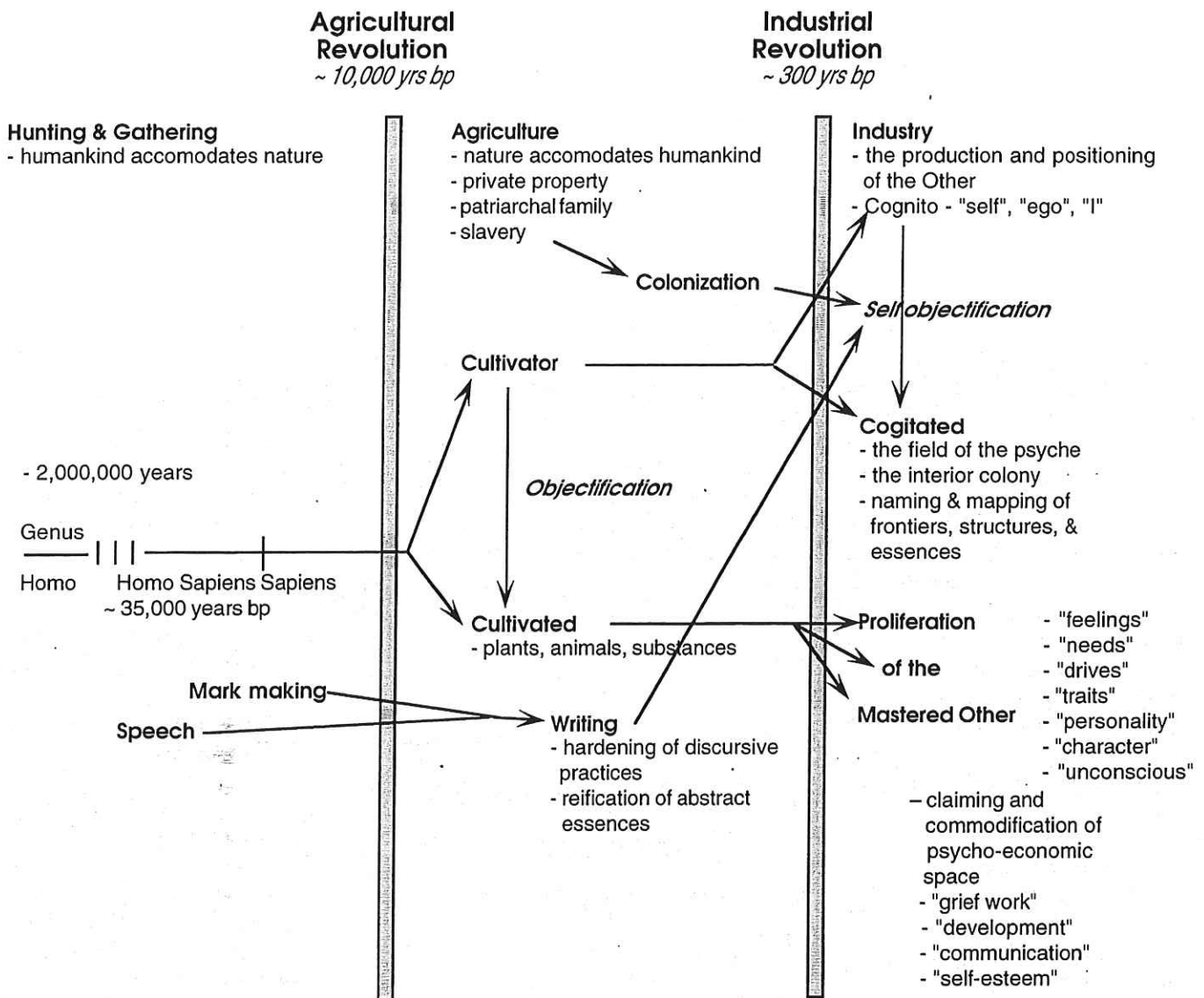


Figure 1. A geneology of some dominant social practices as relevant to the practice of psychotherapy.

and esteem the continuity of spirit between the hunter and the hunted; in the spiritual realm as well as on the hunt man and animal could readily change places. Agriculture tamed the contingency of procuring food, replacing happenstance with predictability and setting up the unprecedented expectation that nature might accommodate man instead of he it.

This expectation of mastery which developed in the Neolithic man brought about a new code of relationship between the One who masters and the Other who is mastered. Those plants and animals deemed most desirable by the cultivator were favoured and propagated at the expense of those seen as interfering with or irrelevant to the desired ones. This

skewed the natural equilibrium in favour of those aspects of nature deemed most desirable by the cultivator. This code of relationship was also extended into human affairs. In hunting and gathering societies, social units generally comprised about twenty-five individuals and required little formal organization (Leaky & Lewin, 1977, pp.159-60). With cultivation, permanent settlement became possible, human population increased enormously, and stratified social structures developed. Eventually, hierarchical relations arose between different social strata, or castes (from the Greek *kazein*, "to split"). Relationship between these castes were characterized by the same instrumental, mastery-based code of relation-

ship which had developed in the gap between the cultivator and the cultivated. This code of relationship manifested, and continues to manifest, most clearly in the practice of slavery.

Slavery is a scion of agriculture. In hunting communities slavery had been largely unknown (Durant, 1963, p.19). The required work of hunting and gathering could be done with ease with the internal resources of the community (Leaky & Lewin, 1977, p.172). With the advent of agriculture there arose the notion of private property and of the accumulation of wealth, originally in livestock and products of the soil, later in money. The English word "capital" derives from the Latin *caput*, meaning

head, and referring originally to a head of cattle (Durant, 1963, p.17). Thus, it became economically meaningful to produce a surplus and the need for labour increased. Captives in battle now became more useful alive than dead and the appropriation of conquered peoples became a standard practice of the expanding city states of the Neolithic world. Slaves were also acquired within agricultural societies through the appropriation of persons of lower caste by those above them in the social order [see Bodley (1970), Taussig (1987) for an account of these practices in colonization.] In these ways the cultivating practices were extended against the social other, both within and outside the community, and the human being was added to the stable of Others over which the One had dominion.

Psycholonization: The Inward Drift

At the time of the Industrial Revolution, the second great economic revolution of human history, there was a highly significant development in terms of the social practices being examined here - an inward turning of the colonizing process. From the 17th century on, the outward movement of objectifying practices began to recapitulate itself as a movement into the interior. At first there were but a few lonely inposts, pioneered by Descartes's tormented cogito, but once established, these inposts provided a vantage point for the mapping of an infinite-

Eventually, heirarchal relations arose between different social strata, or castes (from the Greek word 'kazein,' - to split)

ly receding inner space. Remarkable new vistas were opened for the intrepid inner explorer. J.H. Van den Berg (1961) summarized these developments in the following passage:

James Joyce used as much space to describe the internal adventures of less than a day than Rousseau used to relate the story of

half a life. The inner self, which in Rousseau's time was a simple, soberly filled, airy space, has become ever more crowded. Permanent residents have even been admitted; at first, only the parents, who could not stand being outside any longer, required shelter; finally it was the entire ancestry. As a result the space was divided, par-

At the time of the Industrial Revolution there was an inward turning of the colonizing process. Remarkable new vistas were opened for the intrepid inner explorer.

titions were raised, and curtains appeared where in earlier days a free view was possible. The inner self grew into a complicated apartment building. The psychologists of our century, scouts of these inner rooms, could not finish describing all the things their astonished eyes saw.... Everything had been put into it. The entire history of mankind had to be the history of the individual. Everything that had previously

belonged to everybody, everything that had been collective property and had existed in the world in which everyone lived, had to be contained by the individual. It could not be expected that things would be quiet in the inner self. (p.232)

The movement into the field of the psyche established a new jurisdiction for cultivating and colonizing practices. Where colonization had previously occupied itself with the production of exploitable subjects, there now opened up the possibility of constructing exploitable subjectivities. The individual self was constituted with terms, tropes, and metaphors borrowed from a variety of sources. The words which now name

properties, states or conditions internal to individuals, such as "feelings," "needs" and "drives," can generally be traced to an original social meaning: "ambition" from the Latin *ambitionum*, to canvass for votes; "acumen" from *acuere*, which originally described the sharpness of an insect's sting, "will" from a Hittite term signifying copulation, and so on. The very word "feeling", originating from the Old English term *fel* meaning skin (hence the German word for doubt, *zweifel*, literally "two feelings"), has now been stripped of its original meaning and treated instead as an internalized abstract essence. Other words, such as "worry", maintain both an internal and external connotation, but the external connections are increasingly imperiled as the inward drift of language continues.

Discursive configurations were also imported wholesale from other disciplines and sciences. From geology and geography came the terminology of space, boundaries, distance, depth, topography and levels (of consciousness). From physics came hydraulic metaphors, dynamic forces, pressures, drives and equilibrium. From the grand colonialist narrative of civilization and progress came the ideology and lexicon of progress, development, potential and maturity. These discursive configurations were — and still are — deployed quite unselfconsciously in the constitution of

Figure 2. Parallel Objectifying Practices in Therapy and Colonization

Colonization	Discursive Practice	Psycholonization
<ul style="list-style-type: none"> • Casting those outside the dominant culture as poor savages living in filth and ignorance; God's children in need of salvation 	<p>Adopting the Position of Benevolent Expert</p>	<ul style="list-style-type: none"> • Casting those outside the norm as poor, suffering, mentally ill, needing our guidance to cope with the infirmity
<ul style="list-style-type: none"> • Braving the wild frontier, going it alone, giving up comforts, contacting the dangerous natives 	<p>Adopting the Stereotype of Self-Sacrifice and Rugged Determination</p>	<ul style="list-style-type: none"> • Working with the "under-privileged," helping with depressing and difficult people and conditions
<ul style="list-style-type: none"> • The seminary, convent, monastery, academy and associated authoritative texts (scholarly and religious) 	<p>Ritualized Initiation into Select Brotherhood of Expert Knowledge</p>	<ul style="list-style-type: none"> • University, undergoing one's own "analysis," surviving the pressure and rites of initiation
<ul style="list-style-type: none"> • Chants hymns, incantations, bleached histories, minimization and rationalization of violence, imposition of "good intentions" 	<p>Development of Captive and Opaque Discourse</p>	<ul style="list-style-type: none"> • Psychiatric and psychological terminology, clinicizing of experience, intake meetings without patients, secret (confidential) correspondence
<ul style="list-style-type: none"> • Of the wild, the frontier, the heathen soul 	<p>Penetration</p>	<ul style="list-style-type: none"> • Of the patient, the mind, the unconscious, denial, the defenses
<ul style="list-style-type: none"> • Identification and naming of salient features of the landscape, production of geo-economic space-fronts, frontiers, spaces for settlement 	<p>Mapping</p>	<ul style="list-style-type: none"> • Psychological structure and essences, unconscious id, ego, self, self-esteem. The interior colony; naming of psychojurisdictional spaces-grief, moral development, self-actualization, etc.
<ul style="list-style-type: none"> • Traditional healers and practices are naive 	<p>Displacement of Indigenous Services and Knowledges</p>	<ul style="list-style-type: none"> • Family and friends are well-meaning but inept

Figure 2. continued – Parallel Objectifying Practices in Therapy and Colonization

Colonization	Discursive Practice	Psycholonization
<ul style="list-style-type: none"> • Pronouncements, decrees, edicts, authoritative definitions of natives, assertions of superiority and inevitability of assimilation to European cultural norms. • Heathen, savage, dark, lazy, primitive, child-like, over-sexed • It is better to live by Christian, European principles and traditions 	<p>Displays of Certainty</p>	<ul style="list-style-type: none"> • Assertions, assurances of scientific accuracy, "objective" descriptions of traits and needs, prognostication
<ul style="list-style-type: none"> • Non-compliance with European principles and practices are punished, alternatives discredited 	<p>Diagnosis</p>	<ul style="list-style-type: none"> • Deficiency, disorder, syndrome, dysfunction, lack
<ul style="list-style-type: none"> • Placing children in residential schools, internment, reserves, recruitment of native missionaries 	<p>Prescription and Imposition of Corrective Measures</p>	<ul style="list-style-type: none"> • Adaptation to norm signifies proper adjustment, "be more assertive", have more self-esteem, learn to communicate better, correct chemical imbalance
<ul style="list-style-type: none"> • Criticism of own culture equals intelligence 	<p>Pathologizing of Alternative Viewpoints</p>	<ul style="list-style-type: none"> • Transformation of insurgency into disorder, use of psychiatry to manage resistance
<ul style="list-style-type: none"> • European ways are the most progressive and sophisticated 	<p>Isolation of Target Populations</p>	<ul style="list-style-type: none"> • Marginalization, exclusion from "normal range", implantation of pathology, nosological placement
<ul style="list-style-type: none"> • Progress is a result of the presence of the colonialist 	<p>Incitement of Self-Inspection</p>	<ul style="list-style-type: none"> • Self-policing and criticism is the hallmark of insight
	<p>Deploying Discourses of Progress and Development</p>	<ul style="list-style-type: none"> • Normative model provides the template for optimum development
	<p>Attribution of Credit to the Therapist/Missionary</p>	<ul style="list-style-type: none"> • The client improves because of "professional treatment"

supposed universals of "human nature."

The exploration of self was often conducted and described through metaphors of penetration. The colonizing practices of exploration and laying claim were used to generate psycho-economic space. The field of the psyche was divided into continents and sub-continents, plots and sub-plots. Disputations over territory and jurisdiction arose over who would establish the right to inscribe the inner atlas. As in colonization, resistance to being named and contained had to be confronted by the explorer; crushed, broken down, or "worked through". Under the right conditions, it was presumed, the hidden interior would project itself upon the world; forces from the depths would surface, where they could be rendered transparent through acts of interpretation and assimilated into the normative models of the psycholonizer. Figure 2 summarizes some of the parallel objectifying practices in colonization and psycholonization.

The elaborate discursive machinery deployed in the production of exploitable subjectivities reflected a new and modern form of power. Foucault (1979) has shown how social power in post-industrial society, "bio-power," differs from the dominant form of social power in pre-industrial society, sovereign power. The great innovation of bio-power was the development of an incorporeal mode of power. This was done by utilizing techniques of documentation, segregation, and surveillance to establish a continuous subjective feeling of being "under the gaze" for the subjects of that power. By incorporating a subjective feeling of the presence of power within the subjects of that very power, bio-power eliminated the need for an actual person who embodied The Gaze. This established a continuous and invisible mode of power which far exceeded in efficiency the intermittent and visible power of the sovereign. Power no longer emanated from a king or queen who would administer punishment if his/her rule was challenged, but became a disembodied gaze of normalizing and totalizing judgment which recruits persons into their own subjection and incites them to establish their own

disciplines of the self.

Building on Foucault's work, White (1991) has outlined how bio-power, which originated as a means of holding workers to desired norms of production, now operates autonomously to constrain individuals within normalized specifications of personhood. Over time, the norms of production, originally imposed from without, become internalized and the worker becomes more and more self-governing. Eventually, the norms of productivity invest the life of the worker like a parasite; one becomes a coal miner like one's father and grandfather, and declares personal pride in this fact: "That's what I am." What was originally a functional requirement of the Industrial/Scientific Juggernaut becomes constitutive of the individual worker's personal identity. This is the constitutive aspect of bio-power; rather than restraining and punishing, it invests and recruits. Persons in such a normalizing society are governed

The exploration of self was often conducted through metaphors of penetration.

from the inside out; the specifications of the disembodied One, the Industrial/Scientific Juggernaut with its associated bureaucracies and institutions, its autonomous mechanical functioning, and its insatiable demands for productivity, are dispersed and implanted continuously and invisibly, recruiting persons into a rigid dressage of personhood. Ten thousand years after the Agricultural Revolution, humankind is being cultivated by its own cultivating practices, mastered by its own expectation of mastery.

The Production and Positioning of the Deficient Other

Establishing dominion over human beings required a greater warrant than was necessary in the case of plants and animals. Initially this was accomplished through war-engendering discourses

which rendered the other barbarous and thereby justified acts of conquest, annihilation and subjection (Said, 1993). As colonizing practices proliferated, so did the discourses deployed to render the Other as deficient, ignorant and uncivilized while constituting the One as beneficent, proficient and progressive. The North American aboriginal, for example, was constructed in 17th century French writings as

'a statue of flesh and blood, an artificial man who could only be moved by the use of force.' He was without heart for his natural responsibilities, had no eye for the beauties of nature, did not even have names for painting and sculpture. (Quoted in Dickason, 1984, p. 65)

Much later, at the end of the 19th century, the Reverend William Duncan, whose "success" as a missionary in B.C. is publicized in the Royal British Columbia Museum (and on the forward walkway, promenade deck of the B.C. ferry, Queen of the North), described aboriginal communities as "dens of darkness and iniquity", full of "atrocities" and "heathenism":

The dark mantle of degrading superstition enveloped them all, and their savage spirits, swayed by pride, jealousy and revenge, were ever hurrying them to deeds of blood. Thus their history was little else than a chapter of crime and misery. (Quoted in York, 1989, p.30)

At the peak of the missionary effort, individuals in the mainstream of European and North American society experienced a series of sweeping social changes; "the emergence of large factories and corporations, the appearances of activist governments, an increase in physical and social mobility, the rise of cities, the immigration of a new underclass" (Abbot, 1988, p.282), not to mention increased literacy and pressure for participation in public education. Traditional work habits had little place in the new

economy, and the weakening of the usual sources of support, such as family and local charities, made people more dependent on the emerging organizations. According to Abbot these social changes were experienced in a new way, "as personal problems in particular individual's biographies" (ibid). Nevertheless, employers wanted a stable and productive work force, and legal and medical practices were developed which would assist in the identification and amelioration of aberrant behaviour. It was at this time that public drunkenness and other minor misbehaviours were defined as crimes and the concept of addiction gained prominence. There was an increased interest in social order and, interestingly, "a mass of 'positive thinking' movements and psychic cults arose" (ibid, p.284). And, in response to a dramatic rise in "nerve ailments", Americans radically increased their intake of hypnotic medications:

Even sickness was regulated. On the one hand, invalidism lost its legitimacy and sickness was allowed only in hospitals. On the other, the regularization of economic life assigned illness a clear economic importance, and for the first time, employers studied work time lost to minor illness.

There resulted an extensive social and individual interest in the adjustment of individuals to the new working conditions. Since there was little likelihood that conditions would change, the men must be changed to fit them (ibid., pp.283-84)

A number of factors combined to make it possible at this time for psychiatry to establish virtually total dominion over problems of personal adjustment; its transformation of lunatic asylums into mental hospitals, its association with universities, its appropriation of scientific discourse, its association with neurology, its prominence in the First World War (in treating shell shock, dealing with desert-

ers, etc.), and last but not least, its association with Freud and the brilliant new method of psychoanalysis. Freud, it should be noted, remained anchored in colonialist notions of primitivism and deficiency (for a discussion of these same notions in the work of Marx and Hegel, as well as Freud, see Manganyi (1985). Here, for example, Freud builds on the solid foundation already constructed by his colonialist forebears in establishing

By the end of the 19th century, psychology was developing means of apprehending individuals as aggregates of traits and factors that could be named...

the continuity of the "neurotic" with the "primitive":

In our children, in adults who are neurotic, as well as primitive peoples, we meet with the mental phenomenon which we describe as a belief in the 'omnipotence of thought.' In our judgment this lies in an overestimation of the influence which our mental (in this case intellectual) acts can exercise in altering the external world. All the magic of words, too, has its place here, and the conviction of the power which is found up with the knowledge and pronouncing a name. (Quoted in Manganyi, 1984, p.153)

Despite (or perhaps because of) their colonialist heritage, Freud's ideas attained remarkable prominence. The elite training institutions became dominated by Freudian ideas, and it was determined that all analysts must undergo their own analysis, a requirement that effectively excluded many potentially critical voices from the club. In addition, American psychiatry had developed its own comprehensive theory of adjustment. According to Abbot:

The implicit assumptions of

this theory were (1) that all social factors in nervous and mental disease were important only through their effect on the individual, (2) that any violation of social rules ("the mildest psychopathies, the faintest eccentricities") signified mental problems, and (3) that the proper approach to such problems was individual, not social. These

assumptions made psychiatry's general theory of adjustment an enormous popular success. They accepted the new order of society ... and thereby anchored the borders of the new world. (ibid., p.298)

Psychology also made important contributions to the objectification of the subject. As Kurt Danziger (1990) outlines in the following passages, by the end of the nineteenth century psychology was developing means of apprehending individuals as aggregates of traits and factors that could be named and fixed according to normalized statistical distributions:

Although personality ratings and inventories were essentially an exercise in the application of certain verbal categories, they were presented as somehow analogous to natural scientific measurement. A particular set of natural language terms could therefore be made to take on the guise of categories of nature. The question of how terms like "ascendance" or "dependence" functioned in the language games characterizing certain social relationships was not the kind of question that motivated these investigative practices. Instead, "ascen-

denance”, “dependence”, and the rest, were treated as unambiguous properties of the natural world that were to be investigated much as a 19th century physicist might have investigated electrical resistance.... What this amounted to was a masquerade in which categories generated by a very specific social order were held to represent an a-historical natural order.

By the closing years of the nineteenth century, it was common, especially in the United States, to formulate the human problems of urbanization, industrial concentration and immigration in terms of the problems of individuals conceived as members of statistical aggregates. Crime, delinquency, feeble-mindedness and so on were easily attributed to these statistical distributions of certain individual characteristics. That meant the transformation of structural social problems into the problems of individuals, which were to be dealt with not by social change but by administrative means.

If all social problems were nothing more than the aggregate of individual problems, they could be handled by appropriate treatment of individuals and required no questioning of the social order. (pp.162, 80, 110)

The implantation of disembodied abstract essences such as “ascendance” or “dependence” allowed for the production of exploitable subjectivities, as the implanted essence could be diagnosed as deficient and corrective procedures, be they chemical, emotional, or educational, could be prescribed. Persons were apprehended, and learned to apprehend themselves, against normalized distributions of various putative internalized essences: “assertiveness”, “autonomy”, “initiative”, “motivation”, “self-esteem”, “ego-strength”, etc. The continuous manufacture and dissemination of new categories of “traits”, “needs”, “personality factors”, etc., ensured a vast corpus of malleable subjectivities infinitely responsive to the shifting norms of the dominant culture.

Rhetorical devices such as Maslow’s “hierarchy of needs” ensured that even so-called “normals”, mercifully left largely alone hitherto, could now be rendered deficient, and be incited to render themselves deficient, through evaluation against abstract essences drawn from Maslow’s select sample of “self-actualisers.” A relative lack of “B-values”, for example, could once again indicate a continuity with the dreaded neurotic:

[B-values] are not separate or distinct. Ultimately they are all facets of Being rather than parts of it. Various of these aspects will come to the foreground of cognition depending on the operation which

The net result ... was the establishment of a comprehensive rhetorical machinery capable of objectifying any aspect of the subjectivity encountered ...

has revealed it, e.g., perceiving the beautiful person or the beautiful painting, experiencing perfect sex and/or perfect love, insight, creativeness, parturition, etc.

Not only, then, is this a demonstration of fusion and unity in the old trinity of the true, the good, and the beautiful ... but it is also much more than that. I have elsewhere reported my finding that truth, goodness and beauty are in the average person in our culture only fairly well correlated with each other, and in the neurotic person even less so. It is only in the evolved and mature human being, in the self-actualizing, fully functioning person that they are so highly correlated that for all practical purposes they may be said to fuse into a unity. (Maslow, 1968, p.84)

The net result of all these developments was the establishment of a compre-

hensive rhetorical machinery capable of objectifying any aspect of the subjectivity it encountered and fixing its place within the ideological and conceptual idiom of the dominant scientific/industrial culture. Colonialist discourse construed the “savage” as deficient-irresponsible, uncivilized, pagan, cruel and thereby established a jurisdiction for the application of various “civilizing” practices. Based on this construction, the North American Indian was confined to reservations and “educated” in missionary schools, all “for their own good.” In the same way, psycholonizing discourse rendered the “neurotic” as a primitive other bound by magical thinking, thereby establishing the jurisdiction for further objectifying prac-

tices. The doctor was now justified, even obligated, to Adopt the Position of Benign Expert, to engage in practices of Diagnosis with accompanying Displays of Certainty, before Penetrating the defences of the patient and imposing the Corrective Measure of European rationality on the wayward magical thinking.

Such productions of the deficient Other provide the warrant for the psycholonizer to take charge; to put the subjectivity of the Other under the gaze of normalizing and totalizing judgment, to name and fix its deficiencies, and to enter into the psychological space of the Other in order to establish the authority of the One. This is explicitly mandated in the interviewing guide for the DSM-IV

Assess Insight – Become an Ally

There are three levels of insight: full, partial, and no insight. a patient who describes his psychiatric symptoms as a result of his disorder [sic] demonstrates full insight. For instance, a patient with panic attacks who recognizes them as “ill” [sic] has full insight.

Show Expertise

Empathy goes a long way, but empathy is not enough ... Convince him you are an expert. Use three techniques to convince him that you understand his disorder: a. make him understand that he is not alone, put his illness into perspective; b. communicate to him that you are familiar with his illness — show knowledge; c. deal with his mistrust.

This expertise sets you above well-meaning family members or friends. It distinguishes you as a professional.

Establish Authority

While empathy roots in your compassion with the patient's suffering, and expertise in your knowledge of his problem, authority originates from your ability to handle him. Establish authority at the moment you meet your patient by taking control of the situation. Take responsibility for his welfare.

The acid test for your authority is his acceptance of your explanations and his willingness to comply with your treatment plan. (Othmer & Othmer, 1989, 36-37).

3) These operations are undertaken for your own good.

From these premises derive a five-part ritual of objectifying the Other:

- 1) Naming
- 2) Fixing
- 3) Implantation
- 4) Diagnosis
- 5) Prescription

Thus a person seeking consultation with regards to a troubling pattern of being overlooked, taken for granted and badly treated might be recast as a person lacking assertiveness or self-esteem. This naming of the problem apprehends the person and fixes his/her place within a totalizing ideology which maintains that persons are made up of enduring and manageable "traits" or "characteristics" which can be individually factored out and objectively measured. This "rhetoric of autonomous and enduring disposition" (Gergen, 1990) decontextualizes the diffi-

culties being experienced by the person and implants them as characterological defects which can then be diagnosed according to various dogmas of deficiency such as the DSM-IV. This in turn justifies the prescription of corrective measures - anti-depressants, cognitive therapy, assertiveness training - which will bring about a better "adjustment" to the norm.

mately to liberate the client from his/her difficulties, including the effects of traumatic experience. At the level of discursive practice, however, apparent differences between colonialist and psychotherapist disappear. In psycholonization as in colonization, the other is named and fixed as a knowable object. Persons presenting for therapy are apprehended within clinical nosologies which name and fix them as deficient, damaged, dysfunctional. Under the knowing gaze of the therapist/expert, the lived experience of the "patient" is recast in the privileged idiom of the psycholonizer. Dividing and segregating practices are employed which marginalize as trivial some aspects of the patient's narrative while marking others as signs of a putative pathology held to have causative influence over the "surface" problems the person is experiencing. In this way, the person experiencing trouble with some aspect of his or her fit with their social milieu is produced as a deficient Other and corrective measures can be applied which will bring about a better assimilation into the dominant culture. It is precisely by participating in the production of these deficiencies that colonialist and psychotherapist reproduce themselves as authorities invested with the right and the responsibility to perform objectifying operations upon the other.

When the person seeking therapy is confronted with discursive practices which seek to locate the source of their difficulties in some putative personal deficiency, they face the same choice as the indigenous person confronted by the colonizer: compliance or resistance. Generally, because of the overwhelming technical superiority of the colonizer and his/her presentation as beneficent master, the indigent will first attempt compliance. Only after the veil of benevolence is rent and the face of oppression revealed will the option of resistance become compelling. Since the practices of the colonizer contain many provisions for cloaking their violence, it may be decades before the oppression can be detected and articulated by the oppressed, as has been the case for North American natives interned in residential schools. The psycholonizer has an additional advantage over the colonizer in that his ideological repertoire includes an allowance for "resistance" which sees it as part of the problem and so allows him to maintain

The relationship of colonizer to native is recapitulated ... in the relationship between psychotherapist and client/patient.

Conclusion

The relationship of colonizer to native is recapitulated in many respects in the relationship between psychotherapist and client/patient. In both cases, the dominant One — the bearer of imperial wisdom and culture on the one hand, the bearer of expert clinical insight on the other — participates in producing the Other as deficient through the implantation of attributes and abstract essences. This code of relationship is based on the following premises:

- 1) You are deficient/ I am proficient
- 2) Therefore, I have the right (duty, privilege, responsibility) to perform prescribed operations upon you, with or without your consent.

One important difference between colonization and psycholonization still exists. While it is now generally agreed that colonization involved the annihilation, subjection and forced "assimilation" of millions of persons worldwide, psychotherapy is still perceived as an inherently beneficent process intended ulti-

This "rhetoric of autonomous and enduring disposition" (Gergen, 1990) decontextualizes the difficulties being experienced by the person and implants them as characterological defects which can then be diagnosed according to various dogmas of deficiency such as DSM-IV.

his benevolence in the face of increasing resistance. This ideology holds that if the psycholonizer is able to maintain a position of benevolent "neutrality", the resistance may eventually be "worked through" and become part of the solution instead of part of the problem. This homogenization of resistance is a hallmark of any therapy of assimilation. Part Two of this paper (to come in the 1995 Spring issue of *The Participator*) will outline an alternative therapeutic approach which uses the indigenous resistance knowledge of the person seeking therapy as a point of entry into therapeutic conversations which celebrate resistance to objectification, oppression and bad treatment.

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Duality: Salient Issue or Red Herring?

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Abstract/Introduction

There has been heated and lively discussion in the marriage and family therapy field in recent times regarding both the AAMFT and the CAMFT ethical positions of strongly discouraging dual relationships between therapists and clients, supervisees and research subjects. This issue reached sufficient prominence to be included as a special luncheon session at the 1993 AAMFT Conference with speakers including Ingeborg Haug, Karl Tomm, Linda Terry and Kathy Wexler. The lack of a definitive statement on the ethicality of dual relationships and what constitutes duality has led some to consider any duality within a relationship banned and others to criticize the inclusion of the term. This paper will address whether using the concept of "duality" is helpful, or whether it tends to lead us astray from the primary concern of protecting the rights of clients, trainees and research subjects.

Duality According to the CAMFT & AAMFT Codes

The current version of the CAMFT Code (1992), which closely resembles the AAMFT Code (1991), states under Standard 1.2 that:

"Marriage and family therapists are aware of their influential position with respect to patients and they avoid exploiting the trust and dependency of such persons. Marriage and family therapists, therefore, avoid dual relationships with patients that are reasonably likely to impair profession-

al judgment or lead to exploitation. A dual relationship occurs when a therapist and his/her patient engage in a separate and distinct relationship either simultaneously with the therapeutic relationship, or during a reasonable period of time following the termination of the therapeutic relationship. Not all dual relationships are unethical and some dual relationships cannot be avoided. When a dual relationship cannot be avoided, the therapists take appropriate professional precau-

sent to the non-professional connection. Even an ethical practitioner may unconsciously exploit or damage clients or students, who are inherently vulnerable in the relationship. Once the clarity of the professional boundaries has been muddied, there is a good chance for confusion, disappointment and disillusionment on both sides" (p.7). Although a percentage of those cases dealt with by the CAMFT and AAMFT ethics committees involve dual relationships as described by the codes (Peterson, 1993), it does not follow that there is a linear causal relationship in this correlation. Any student

of statistics is aware of this and any good family therapist who understands circular causality would seriously question such an assertion. As Peterson (1993) suggests, the response by AAMFT, and CAMFT, has been reactionary, limited, simplistic and driven by societal pressure to appear to be taking strong, responsible and accountable action. Such practices are questioned in the wider world of politics, why not within the community of family therapy? She goes on to state

that *"the 'suggestion' that dual relationships be avoided is heard today as a mandate to cease and desist. The inference is made, therefore, that anyone involved in a dual relationship is suspected of unethical behavior. Clinicians, as a result, are left with a low level of fear and guilt and perhaps shame about what they may have done in the past or are doing in the present" (p.2).*

Increasingly, duality seems to be more of a red herring than the salient issue in this ongoing conversation. As Tomm (1993) suggests in referring to the AAMFT Code, *"has the Ethics Committee 'thrown out the duality baby*

Is the concept of duality helpful or does it lead us astray from the primary concern of protecting the rights of clients, trainees and research subjects:

tions to insure that judgment is not impaired and that no exploitation occurs." (p.2)

Although dual relationships are not strictly banned by the codes, they are frequently interpreted by members of the field within California, the United States and Canada as such.¹

Bograde (1993), defines the basic argument against one's participation in dual relationships: *"the hierarchical nature of the therapist-client or student-teacher relationship, which seems a necessary aspect of the professional encounter, undermines truly equal con-*

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along with the exploitation bath water?' I think so. Given the current codes, the positive aspects of dual relationships cannot even be explored without the risk of ethical censure" (p.15). There needs to be more thought about whether the use of the term duality is even useful and what better defines the primary issue.

From Duality to Multiplicity

Until very recently, duality of relationships has been the primary focus. Within that framework, however, there are many arguments against the inherently exploitative aspects of such relationships or their inevitable "slippery slope" nature. Despite the discomfort with duality which emanated from the belief in maintaining personal and therapist distance common in psychoanalytic thought, Hedges (1993), who takes a more psychoanalytic and psychodynamic view, finds merit in dual relationships. He provides a comprehensive list of 21 points in the case for acceptance of dual relationships which will not be reproduced here. However, he states "*psychotherapy and counseling, as distinguished from classical psychoanalysis, definitely and inevitably include the duality which characterizes the more active psychoanalytic techniques. It took Bollas (1979) to point out that even classical technique implicitly includes a setting in which transformative experiences from early childhood are 'acted out' in a supportive way by the analyst. Dual relationships thus form the backbone of all dynamically oriented psychotherapies*" (p. 49). This is an unexpected, but refreshing view from the oldest therapeutic tradition within the modern psychology movement.

But others go further when they discuss the interplay of power. Adherents of the "no dual relationships" camp state that such relationships ignore the permanent hierarchy that exists between powerful therapist and vulnerable client which is often based on the recapitulation of the "parent-child" relationship. Adherents of the "accept dual relationships" camp question the appropriateness of always viewing clients as if they were children: "*just as the connection between parents and children in healthy families does not*

remain rigidly and stay hierarchical forever ... neither should it in therapy or supervision; children do grow up, in families, in schools and even in therapy" (Bograd, 1993, p.12). It is seen as important to humanize the therapist as another ordinary being, rather than elevate them as gurus or priests, and thus normalize the experience of personal, relationship and systemic/social problems in life. In this way, effort is exerted to reduce the power inequality that has been socially prescribed between therapist and client, rather than force the power differential to widen as encouraged by the codes (Tomm, et al., 1993). The power differen-

Thus, the creation of a singular relationship is artificial and unusual.

tial exists because we have created it and promoted the fanciful idea of therapists as exemplary, infallible and invulnerable human beings. The perpetuation of such an idea is not only harmful to clients, but also to therapists who attempt to aspire to it and, to their great disappointment, find themselves failing, when failing is the most likely and possibly the preferable outcome.

A little-cited example of dual relationships which occur on a common basis for members of the profession is the receipt of court-ordered referrals. Such referrals immediately entail at least a dual relationship and one that has the potential to be fraught with some tension. Not only must the professional establish a therapeutic relationship with clients, but also, they must be accountable to the court and/or probation officer to report on the progress of these clients and their engagement in the therapy process—almost like receiving a school report card. Any time a professional is required to appear in court in reference to a client, again another relationship ensues as they are not only the

person's therapist, but now a witness for either the defense, or possibly the prosecution. Yet, there has been no discussion in the field of court-ordered therapy from this perspective of which I am aware. Considering that there is a significant percentage of work that emanates from court-ordered therapy, it may have been economically strategic to omit these situations from the discussion.

But why is the word "dual" used when there is a possibility for more than two relationships between therapists and clients? Does this merely reflect the dualistic and essentially modernist frame of reference through which many in the profession view the world? Social constructionist or postmodern thinkers in family therapy have taken a position that there is a multiverse of possible "truths" and "realities," rather than there being a universal and singular "truth" or "reality", or dualities of things and their opposites. What then does this perspective imply regarding the salience of 'dual relationships'?

There is little clarity around at what point one has entered into a dual relationship when viewed from a multiplicity frame of reference. The nature of a relationship from this frame is defined by the conversation and language people construct between each other. In thinking about conversations held with clients, one can begin to question whether entering into a different conversation entails entering into a different relationship? It is quite easy to have a social conversation with a client, a therapeutic conversation with a client and a business conversation with a client in the space of an hour. For example, the session commences, and a conversation about how the Dodgers did in their last game ensues. This leads into the body of the session in which a therapeutic conversation is held regarding what has been happening with the issue(s) which brought the client to therapy. At the end of the session, a conversation is initiated by the client about payment of her bill which could be considered a business conversation. Or alternatively, the client might ask whether you would give a talk to the parents of the pre-school attended by her child on ways of supporting children's self-esteem and sense of competence—logistics such as dates, time and

payment are discussed.

If each of these three conversations are perceived as a different way to be in relationship, then are we not in multiple relationships with our clients on an ongoing basis? Or at least, do we have the potential to be? The point is the nature of the conversation—is it and its associated behaviour and actions exploitative? Does it in any way detract from, negate, demphasize or threaten progress of the therapeutic work?

The idea of multiplicity is gaining greater currency and entered the conversation at the special luncheon on dual relationships at the 1993 AAMFT Conference (Smith, 1993). It was suggested that multiple connections and relationships are the way in which we all live our lives. They are, in fact, the norm. Thus, the creation of a singular relationship is artificial and unusual. Further, it was suggested by Linda Terry that the stereotypical distancing within a therapeutic relationship was associated with traditional, but socially constructed, male values and reflected the patriarchal influences in the field. Issues such as basing one's research on one's interactions with clients, such as case studies which have been the backbone of much psychological and psychotherapeutic research, could be in violation of the codes. Distinguished members of the field, such as Karl Tomm, publicly acknowledged that it was possible that he had violated every dual relationship in the codes, i.e., client, supervisee and research subject. Such discussion gives one serious pause in considering the appropriateness of the duality distinction.

Exploitation as a Primary Focus

If we are in multiple relationships with our clients, based upon the nature of the conversations into which we enter with them, then the idea of duality loses its meaning. It would then follow that "dual" be dropped as a descriptor in favour of "exploitative" and that the nature of what constitutes an exploitative relationship be more clearly delineated. Both Bograd (1993) and Tomm (1993)

appear to be moving toward that position and Peterson (1993) also puts her weight behind this as the primary issue.

It was mutually put forward at the "1993 Narrative Ideas and Therapeutic Practice International Conference" in Vancouver, that exploitation occurs whenever therapist's needs take priority over client's needs (Tomm, et al., 1993). This is consistent with Peterson's (1993) position that "client injuries are not the result of dual relationships, but rather are caused by a dual agenda created when the therapist places his or her needs first. ... Dual agendas can occur in

It would then follow that "dual" be dropped as a description [of relationship] in favour of "exploitative" and that the nature of what constitutes an exploitative relationship be more clearly delineated.

dual relationships as well as in therapeutic relationships that appear to have a singular focus" (p.2). Sykes Wylie (1989) cited a case of a singular relationship where the therapist's rigid adherence to, or "overinvestment" in one theoretical approach, in which the system took precedence over the individuals who constituted that system, resulted in exploitative and unethical practice. The therapist's preoccupation with his creative and masterful therapeutic moves in restructuring a family system overlooked the individual needs of the woman who still suffered with bulimia at the end of the treatment period and was the person who sought help in the first instance! Not being able to see where individual needs or experiences fit into the big picture, not seeing "the trees for the forest," can result in exploitative and oppressive practice. Situations in which one counsels clients who do not share one's culture are prime ground for oppressive and exploitative practice. Such situations

occur in singular or multiple relationships.

Tomm (1993) believes that "it is not duality that constitutes the ethical problem; it is a therapist's personal propensity and readiness to exploit clients that is central. Having a second relationship with the client only provides another avenue for exploitation to take place, if a therapist already happens to be so inclined" (p.9). Then later, in referring to a therapist's appreciation of how power enters the equation "the core ethical concern should be whether the power differential is used to empower the personal and professional development of the other, or is used to exploit him or her. Obviously, the more power one holds, the more devastating the possibilities for destructiveness. However, the converse is also true. The more power one holds, the greater the possibilities for constructive initiatives as well. It is not the power itself that corrupts, it is the disposition to corruption (or lack of personal responsibility) that is amplified by the power" (p.11). Thus, rather than use the ethics of dual relationships as a scapegoat for the con-

cerns that clients, supervisees and research subjects bring forth, we need to consider the ethics of the therapist as a person.

Peterson (1993) who has some objections to what she suggests is Tomm's idealization of dual relationships, also picks up strongly on the idea of responsibility, however. She suggests that any policy adopted by AAMFT, and thus also CAMFT, in relation to dual relationships amplify the therapist's responsibility "for managing the relationship and protecting the client's safety" (p.2), whether one or more than one relationship exists. However, I would suggest that the concept of duality be dropped in favour of acknowledging that we are in multiple relationships with those who people our lives and that responsibility for preventing exploitation of the client, supervisee or research subject by the therapist, in any of these interactions, lies with the therapist. The charge for Ethics Committees, then, is to better delineate

what constitutes exploitative practice. It would be highly worthwhile to consider drawing upon the wisdom of our clients in this endeavour by including several of them who are willing to participate in a taskforce which addresses this issue.² I

By including clients as authors and editors in the writing of professional papers, I am giving strength to the idea of them as authors over their own lives.

am unsure whether a precedent has been set for such an arrangement within AAMFT or CAMFT. If not, it is time to set one.

Concluding Comments from a Personal Perspective

Reflecting on my past work in Australia, under the current North American understanding of dual relationships, I am certainly in dual, if not multiple, relationships with many of my past clients. If only from the point of view of having been both speech-language pathologist and family therapist for some of them which provided a dual understanding. Some of my past clients have permitted me to write about our joint work together, and have edited or co-written parts of these papers that have subsequently been, and hopefully will be, published (Stacey, 1992; 1994; in press). Several of these relationships continue by letter form, at present. Knowing the differences in the Australian and North American discourses regarding this issue, I have no difficulty in continuing these relationships with clients as a registered MFCC trainee with the Californian Board of Behavioral Science Examiners.

My interest in documenting my work with clients and sharing it with the wider profession has at least two motivations. By including clients as authors and editors in the writing of professional papers I am giving strength to the idea of them as authors over their own lives. I am increasing the transparency rather than the mythology of therapeutic practice.³ However, such a practice requires more

than one relationship which should be entered into with a clear explanation of the process and explicit and documented informed consent. The second main motivation relates to interests. Although the publication or presentation of such papers

could be viewed as furthering the interests of the therapist, it occurs within a spirit of furthering the understandings of the whole field. In addition, it acknowledges that our clients may, in many instances, be our best consultants in finding ways that move people forward by moving away from problem-saturated lives and towards preferred ways of being.

I have found that issues of exploitation, therapist responsibility, client respect, demystification of the therapeutic process, egalitarian practice and empowerment to have been highlighted through my involvement in the social-constructionist family therapy community more than any other training or therapy community with which I have had contact. It is little surprise that they are involved in identifying the "duality as inherently exploitative" concept as one with which the wider profession has fallen in love, but unfortunately, one that has led us away from the primary concern of preventing the exploitation of client's rights.

Notes

1. It is very curious to me that, as a member of the Australian family therapy community since 1991, I have never heard this topic come up for discussion, and certainly not with the controversy associated with the North American conversations. There is no licensing body or code of ethics specifically for family therapists. This is covered under people's individual affiliations (psychology, social work, medicine, nursing, speech-language pathology), and acceptance of a person as a family therapist is based on an indigenous concept of mutual self and community definition. If one has participated in

training in family therapy, practices from such a theoretical framework and regards oneself as a family therapist, while simultaneously is mutually recognized by members of the established family therapy community as a bona fide family therapist, then one can legitimately define oneself as such.

2. I highlight several to ensure that a balance between clients and AAMFT members exist, otherwise it could become an exploitative situation in itself. Too often, our inclusion of representatives falls in the "token category," rather than inviting the diversity of voices that exist within any defined population, such as clients of psychotherapy.
3. I am not alone, nor the first in these endeavours, but full discussion of these practices is another paper which would draw on narrative and social constructionist therapeutic practices as championed by people such as Michael White in Australia, David Epston in New Zealand, and Karl Tomm in Canada.

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Commentary on "Duality: Salient Issue or Red Herring?"

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I strongly support Kathleen Stacey in proposing that we shift our conversations about complex relationships from duality to multiplicity. First of all, it

I would say ... that all of our relationships with one another are multiple.

is quite arbitrary to speak of dual relationships. It would be more coherent for us to acknowledge that all of our relationships with one another are multiple, rather than singular or dual. For instance, our observable similarities and differences as human beings imply certain relationships at the outset of our interaction. Without necessarily being aware of it, we continuously interact with each other on the basis of gender relationship, racial relationship, age-determined relationship, and social-status relationship. In other words, in any face-to-face meeting with someone, we have multiple relationships even before we speak! As we get to know one another (personally or through third parties) we begin to relate on the basis of less overt similarities or differences as well, such as spousal status, fertility, ethnicity, political values, religion, class, wealth, health, and sexual orientation. The complexity of our relationships grows as informal agreements evolve between us to allow for patterns of

acquaintanceship, casual friendship, ordinary friendship, or intimate friendship; and formal agreements usher us into marital, collegial, business, research, teaching, supervision, and/or therapy relationships. Thus, to distinguish a dual relationship between two persons is to make a very arbitrary distinction. Recognizing the relative arbitrariness of this distinction enables us to take greater responsibility for it and opens space for us to become more mindful of the consequences of the distinction we have selected. It invites us to focus on only two major facets of a relationship, and tends to blind us to the additional complexities that also exist.

plicity, is that the notion of a dual relationship has come to carry with it a strong negative value that is highly moralistic. The negative value associated with the distinction of a dual relationship appears to have developed from its early use to describe an exploitative sexual relationship occurring along with a therapy relationship. Sexual exploitation in the context of therapy certainly does constitute a major deception of the implicit covenant to give priority to the future welfare of the other and a profound betrayal of client dependency and trust, and as such, is immoral and repugnant. However, when the notion of dual relationships subsequently was applied to other situations, such as friend or business relationships combined with therapy relationships, the strong moralistic con-



Five "generations" of teachers, students, colleagues, and friends.

Photo courtesy of Myrna Fraser

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Acknowledging multiplicity encourages us to be more coherent, authentic, and comprehensive in our reflections about any human relationship.

A second reason for supporting a shift in our discussions from duality to multi-

notation tagged along. This is not to say that other forms of exploitation do not occur on occasion in these relationships and contribute their own negativity. They do. For instance, by virtue of privileged knowledge and emotional dependency, a

therapist could extract extraordinary favours in a friendship, or unfair financial advantage in a business relationship. But it seems to me that the intensely negative feelings associated with sexual exploitation are what makes it so difficult to look for and see any of the positive consequences of nonsexual dual relationships. Ironically, describing the nature of these other forms of dual relationship as "non-sexual" actually contributes to a maintenance of the moralistic link simply by reintroducing the word "sex" in the description and triggering a nonconscious association with sexual exploitation.

The spread of implied negativity of dual relationships has at times gone to an extreme. Indeed, I have heard of an instance where the negative associations of duality had been used in a legal attempt to avoid payment for supervision on the basis of a charge of unethical conduct by virtue of taking money for the supervision! Taking payment was construed to mean there was a business relationship, which in conjunction with the supervisory relationship implied a dual relationship, which in turn was cited as unethical. This is a blatant example of the exploitation of a concept that was originally designed to try to diminish exploitation! To shift our language in this professional debate from the notion of duality that has been tainted with so much negativity to a more generic and neutral term like multiplicity may make it easier for us to focus more clearly on the real ethical issue, namely exploitation. Interestingly, the most recent code of

ethics of the American Psychological Association has already begun this shift in terminology. It refers primarily to multiple relationships rather than dual relationships.

I also appreciate Kathleen Stacey's suggestion that we attend to the type of conversation that is taking place to determine what kind of relationship prevails at any particular moment. This is a very heuristic proposal. It could be used to help clear up a great deal of confusion. For instance, this approach was employed by the Milan team to distinguish when they were engaged in social control, as opposed to therapy, which proved to be extremely useful in clarifying many clinical situations. We could use not only the content of the conversation (such as the Dodgers playing record, personal pain and suffering, payment of fees, etc.) to determine what kind of conversation is taking place, but also use the process of interaction taking place during the conversation to provide a basis for consensuality in the distinctions we make about different kinds of relationships. The process distinctions would orient us to look at underlying intentionality and might help us return more quickly to the core issue of ethics. For instance, patterns of interaction in a conversation that were highly coercive, impositional, misleading and/or deceptive could be readily distinguished as unethical. This orientation could mobilize the effects of association in a more constructive manner. It could have the desirable effect of increasing the awareness of unethical practices in non-

therapy relationships where the description of "nontherapy could imply some possible unintended therapeutic effects. Attention to our methodology in making distinctions about the relationships we and others are engaged in could help us move forward in our professional dialogue about what is to be construed as ethical or unethical in the field.

Ethical issues become more complex and intriguing when we examine the question of who else outside the conversation could be influenced or impacted by a particular conversation. It is here that our ethical concerns need to extend beyond the individuals with whom we are relating directly and attend to the potential welfare of other persons in their families, social networks, professional networks and communities. For instance, as we engage in this written conversation about the relationships and conversations we as professionals have with clients, whatever influence we do have on one another with respect to clinical decision-making may have a much greater impact on the lives of our clients than on ourselves. It is for this reason that I would also like to lend my support to Kathleen Stacey's call for greater inclusion of clients in professional conversations about the ethics of complexity and multiplicity in relationships related to professional practice. Clients could help us a great deal in determining what aspects of complex relationships are constructive or destructive, and what constitutes a genuinely caring and non-exploitative therapeutic relationship. 🍏

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