Narrative Therapy and Women with Same-Sex Attraction (SSA): Claiming Lost Stories

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Abstract

A metaphor of the construction of a Roman arch has been used to describe the process of narrative therapy. This metaphor is applied to the process of conducting narrative therapy with women presenting with same-sex attraction (SSA). The dominant cultural narrative about SSA is that it is part of the client's identity and is intransient. The foundational philosophy of narrative therapy is suspicious of any claim of permanence. Narrative therapy for SSA helps individuals deconstruct stories that have limited options about sexuality and then facilitates construction of stories that support self-determination. This report offers an alternative to the purely biological, developmental, and psychodynamic approaches to interacting with same-sex attraction.

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Marriage and family therapist Bill O'Hanlon (1994) has used the metaphor of the careful construction of a Roman arch to explain the process of narrative therapy. The classical Roman arch is built with wedge-shaped stones that are held together with the pressure of gravity (Lusted, 2009). The builders carefully and patiently shape each stone to fit with the adjoining stones. When the final stone, the keystone, is put in place, the arch becomes a solid structure—but until the keystone is positioned, the arch needs external support (Lusted, 2009). It may be helpful to imagine the builders laying the stones one at a time, first on the right, then on the left, continuing to alternate sides. Finally, the builders solidify the new construction with the keystone at the center top of the arch. While the stones of the arch are representative of the steps of narrative therapy, the supporting structure is the metaphor for the therapist and other collaborators who are involved in the reconstruction of the client's narrative.

Laying the Foundation

A solid arch needs a solid foundation; in this case, a solid foundation is built with a clear understanding of the philosophy of narrative therapy. The founders of narrative therapy, Michael White and David Epston (Nichols, 2010; O'Hanlon, 1994), approached their work with individuals and families influenced by Bateson's communications theory and Michel Foucault's views on the power of words (White & Epston, 1990). In brief, narrative therapy is concerned with identifying troublesome stories, deconstructing these stories, and constructing (or reclaiming lost) helpful stories. Yarhouse (2008) has written a comprehensive yet accessible review of Foucault's influence on the development of narrative therapy. In summary, Foucault, White, and Epston claim that individuals' realities are constructed within society and through the use of language (White & Epston, 1990). This cocreation of reality is synergistic as we rehearse, elaborate, and together create the discourse.

"Life is about telling and retelling" (M. White, personal communication, October 11, 1996), and because of our tendency to rehearse these stories and to see only what we already believe to be reality, our personal discourses become fixed, shaping our identity. An example is the current Western cultural story about homosexuality as a fixed component of an individual's identity. The dominant narrative continues with the supposition that dissatisfaction with the influence of homosexuality on oneself is actually internalized homophobia. When these dominant discourses are clearly troubling to the individual, the narrative therapist's task is to collaboratively deconstruct the story and build (or discover, reclaim, etc.) a more helpful story.

Underlying this task is the narrative supposition that the problem—not the client—is the problem. This view necessarily impacts the language used in the deconstruction of the old story and ultimately creates freedom from the dominant discourse that the problem is within the individual. This brings into play the core technique of externalization of the problem. Externalizing language begins with the first interview as the therapist asks the client about the problem using language that places the problem outside of the client. Typically, the story that the client brings to therapy is the dominant cultural story that contends that the problem is who she is—whereas the narrative therapist insists, through the consistent use of externalizing language, that the identity of the client is separate from the problem.

Narrative theory is philosophically opposed to practicing psychotherapy from the dominant tradition, which privileges the therapist with knowledge about the client that the client herself is not privy to (White & Epston, 1990). A power differential between the counselor and therapist was troubling to Michael White (M. White, personal communication, October 11, 1996), and the limitations that come with these fixed narratives are problematic in the quest to discover a more helpful story. For example, the dominant paradigm concerning women with same-sex attraction (SSA) may be that they tend to *be* "borderline" or *have* "poor ego functioning." Since therapy is a collaborative

process between the client and the therapist in which stories are cocreated, the concern of the narrative philosophy is that these stories about the woman, owned by the therapist, will permeate the conversation and quite possibly lead to the continued power of SSA over the woman. Challenging the dominant psychotherapeutic approaches, narrative therapy seeks to privilege the client's understanding of the development and meaning of the problem in order to locate the stories that have been lost under the dominant cultural narratives (including the stories from the mainstream mental health culture) and the client's unhelpful, personal narratives.

With this foundational understanding of reality, the narrative approach to SSA will inherently question the current cultural discourse about same-sex attraction (along with related stories about homosexuality, sexual orientation, and gender identity), and will defer to the meaning the client has developed. Toward that end, the therapist will want to ask questions that reveal the client's perceptions. For example, is she bothered, distressed, limited, coerced, or oppressed by the SSA discourse? What is her understanding of the discourse? What does SSA say that she can and cannot do or be? Is she satisfied with these limits or are they distressing? As discussed earlier, one does not need to look far to find the dominant cultural discourse of SSA; this narrative views SSA as permanent and intransient. Conversely, the viewing of problems from a narrative perspective automatically brings those problems claiming intransience under suspicion ("stability is an illusion"—M. White, personal communication, October 11, 1996). A natural response to SSA from a narrative perspective is to doubt the claim that women should accept and embrace unwanted SSA as an identity.

Alice Morgan (2006) has published a comprehensive, user-friendly review of narrative therapy. For those interested in pursuing a clearer understanding and possibly desiring to incorporate narrative theory into their work, Morgan's *What Is Narrative Therapy?* is highly recommended.

Building the Arch

Stone #1: Identifying the Problem

Beginning with laying this first stone—identification of the problem—it is important to start privileging the client's account of her relationship to the problem and her agenda for therapy. This therapeutic predisposition will influence the language the therapist chooses and will set the stage for laying the subsequent stones.

The process of problem-labeling often results in the emergence of subtexts that become the agreed-upon label for the problem. For a woman initially presenting with a global problem of SSA, these subtexts may involve the impact of sexual abuse, the emptiness that she may feel, or a troubling relationship with her father. She may have concluded that men are unsafe or that she cannot have "normal" relationships with them. She may believe that she cannot have nonsexual relationships with women. Through the conversation around the presenting problem of SSA, the collaborators (therapist and client) may finally label the initial problem as one or more of these subtexts.

Whether the collaboration results in the global problem-label of SSA or a subtext of the SSA narrative (mother-hunger, fear of femininity, wounds from father, etc.), it is important to make this label clear before moving on. If the label does not resonate with the client or if she is using a label that the therapist does not yet understand, the therapist and client cannot set an agenda. A mutual understanding of the label is also a confirmation of the therapist's awareness of the client's perspective. Further, a clear and salient label is essential for continuing the use of externalizing language and for successfully personifying the problem. .

When working with a woman experiencing SSA, another task in laying this first stone is discovering if the client has adopted cultural stories around SSA. For example, she may have adopted the "born that way" paradigm. She may also see SSA as an integral piece of her identity, with the internalized conclusion, "I am a lesbian." According

to narrative philosophy, we are prone to rewrite our own history so that it becomes congruent with our current reality. She may have done this, and the resulting theme of her story may read, "I have always been sexually attracted to women." Additionally, she may have created an identity deeply informed by her relationship with the gay community. A narrative therapist will keep in mind that the deconstruction of the problematic personal narrative may involve the deconstruction of the dominant cultural narrative.

Stone #2: Discovering the Client's Agenda

Discovering the agenda of the client should naturally progress from laying the first stone. The agenda often begins to take shape during the first step, but it needs further honing and should be firmly set in place during this phase. When laying this second stone, it is important to continue to use externalizing language, insisting that the problem is the problem. During this phase, the therapist discovers more about the client's relationship with the problem.

White (1991) provided a categorization of two types of questions that may be used for the process of clarifying the client's agenda: landscape-of-action questions and landscape-of-consciousness questions. Landscape-of-action questions direct the individual toward revealing preferred events in her life. They ask, "What does she want to be doing differently?" Landscape-of-consciousness questions focus on preferred beliefs and values that are lived out through the woman's actions. They may ask, "What does she want to be feeling or believing?" Examination of the relationship between preferred actions and preferred beliefs may further reveal the source of distress that the client is experiencing. Establishing congruence between actions and values may be the sole agenda of a woman experiencing SSA.

Some examples of the final agendas for women that I have worked with are diminishing SSA, resolving the incongruence between her values and her actions or desires (often resulting in a heterosexual orientation and identity), a wish to pursue

celibacy, or even acceptance of SSA. It is possible that a more nuanced agenda will emerge from the conversation with the client. Perhaps the agenda is specifically about dealing with sexual abuse or a problematic relationship. The client may have complex goals, but the goals need to be simplified into a workable agenda.

Laying stone #2 may be an iterative process with establishing stone #1. As the agenda becomes clear, the problem definition may shift. During the construction of the agenda, the problem may be further deconstructed, revealing a different view of the problem. In this process it is important to keep the problem label externalized, and the agenda feasible. The collaborators are only ready for the next stone when the client's agenda is clear and necessary adjustments have been made to the first stone.

Stone #3: Personification

Personification is a hallmark of narrative therapy (Durrant & Kowalski, 1990; O'Hanlon, 1994; White & Epston, 1990). The process of personification of the problem began earlier in the arch construction with the use of externalizing language, and it continues in this stage with the primary focus on extricating the client from a shallow, limiting, or unhelpful story. The label of the problem established in the laying of the first stone will often be the metaphor used in personification. For example, if the complaint is SSA, the discussion will involve talking about SSA as if it holds a personality and a mind of its own. Personification of the problem reinforces the perception of the problem—not the client—as the problem.

A key to using metaphors in the process of personification is to avoid language that implies causation. The problem does not cause clients to think, feel, or behave—it only influences, coerces, convinces, tricks, and so on. Personal agency in relationship to SSA, gender identity, and sexual orientation is further enforced through the avoidance of deterministic language and a preference for language that allows hope and autonomy. Personification is a transitional step between stone #2, determining the agenda, and stone

#4, discovering the influence of the problem. Clear personification and externalization of the problem reduces the risk that the client will fear that she is losing a piece of herself rather than an unwanted visitor.

Stone #4: Discovering the Impact of the Problem

In the discovery of the impact of the problem, the therapist uses the label identified in the first step to ask questions about how the problem has influenced, coerced, haunted, tricked, or otherwise impacted the client. Landscape-of-action and landscape-of-consciousness questions (White, 1991) should be used in this phase as in the earlier process of discovering the agenda. For the same-sex-attracted woman, perhaps the problem has been labeled as ambivalence in regard to SSA. In that case, the therapist will want to ask questions like, "How long has Ambivalence been in your life?" "How has Ambivalence kept you from living fully, isolated you from others, maybe even isolated you from God?" "What are the lies that Ambivalence tells you?" "What does Ambivalence tell you about your relationship with God?" "How has Ambivalence wedged its way between you and your family?" "How has Ambivalence limited your choices?" The goal is for the client to continue to externalize the problem, recognize the *problem* as the problem, and further deconstruct the limiting narrative.

Laying stone #4 fosters a view of the problem as external to the client, sees the problem as having ill intent, and should ultimately incite a renewed desire to battle the problem. This desire to battle against the personified problem will allow the conversation to move to laying the next stone. Without the motivation that comes out of seeing the oppressive intentions of the problem—the limitations on the choices and identity of the client—the next stone will not fit with the previous ones. Waiting for evidence that the client sees the problem as separate from her identity and an indication that she is ready to do battle with the problem will facilitate a smooth fit with the next stone.

Stone #5: Exception-Seeking: Discovering Unique Outcomes

Laying stone #5 is the pivotal point in the therapeutic process as it moves from deconstructing the old story to constructing a new story (Durrant & Kowalski, 1994). Prior to laying this stone, the problem has been identified, externalized, and personified. The negative influences of the problem have been documented, and now the therapist and client are ready to find exceptions to the problem. Reclaiming the lost story—wherein the preferred identity lives—is the goal of exception-seeking.

It may be important to pause here to clarify different ways of conceptualizing the "new" story. Since exception-seeking is about finding a history of exceptions to the problem, it presupposes that the new story isn't really new at all, just lost. The alternative, parallel story has been hidden, and "events in the shadows should be reverenced" (White, personal communication, October 11, 1996). The very idea that there are exceptions to the dominant story reveals a core supposition of the narrative theory, that "stability is an illusion" (M. White, personal communication, October 11, 1996). The only thing that we can count on is change (S. de Shazer, personal communication, October 11, 1996).

This process of exception-seeking can be challenging. It is natural for individuals to notice the tyranny of the presenting problem. It gets their attention as it blocks them from experiencing a life of freedom and from experiencing themselves and others deeply. On the other hand, it is very difficult to pay attention to the exceptions to the problem. The insistence of a collaborator becomes crucial during this process. Questions should be crafted to point the client toward times when the problem was not a problem. For example, the therapist might ask, "Tell me about a time when you expected _____ to get in your way, but it didn't." "Tell me about a time when things were going a little better. What was different then?" "Has_____ever taken a vacation? When have you felt free from its tyranny for even a brief period of time?" "What's the longest time that you've stood up to_____?" In his discussion about narrative therapy (specifically applied to problems of sexual identity), Yarhouse (2008) offers this question:

"In what ways are you understanding your sexual identity differently than when you first thought of yourself?" (p. 206) The process of discovery of unique outcomes allows the reclaimed parallel story to emerge.

Since stories are created in community, it may be helpful to ask the client what others may have observed as she seemed to stand up to the problem. The client may choose to ask this question of significant others in her life in order to invite them as co-authors of this reclaimed story. During this time, the collaborators want to underscore, in particular, the times that the client's agenda is supported. Yarhouse (2008) identifies these moments as "identity-congruent actions and attributions" (p. 207). The next stone, stone #6, can be fitted recursively with stone #5 as the exceptions are identified. Highlighting personal agency in the reclaimed story reinforces the reclaimed identity.

Stone #6: Finding Personal Agency in the Exceptions

Since the client has now identified the exceptions, it is critical in this next phase to seek evidence of her personal agency in producing these exceptions (Durrant & Kowalski, 1990). This process will function to further diminish the influence of the old, dominant story in which the client is powerless. The therapist might ask, "How did you manage to maintain this part of your identity in spite of the Ambivalence?" "What made you decide to pursue your interests in spite of Fear?" "How did you stand up to Lesbianism's stereotypes about you?" The therapist wants to know how the client did it and what this tells her about herself (Durrant & Kowalski, 1990). Questions are constructed to take the experiences out of the category of random events so the client can see them as choices she has made from the position of this recovered identity.

Epston's therapeutic letters (White & Epston, 1990) may be introduced here, although they could be used throughout the therapeutic process to document the new story. In short, therapeutic letters are the therapist's reflections and observations of the conversations with the client, written in a letter form, to the client. These letters serve to

punctuate this important part of the client's story now that she has identified a series of exceptions to the problem. These letters seek to highlight the personal agency of the client and capitalize on the personification of the problem. The use of direct quotes or summaries of what the client has communicated is often part of the letter. Inclusion of client-constructed metaphors is especially powerful. My experience has been that the client's own words serve as particularly effective agents of healing as they are reflected in the letters.

The therapeutic letter will often set the agenda for the next session, and it may be sent to the client with that in mind. Letters may also be read at the beginning of the next session as a way of connecting the conversation from one session to the next. On a practical note, the letter may also serve as a progress note for the client file. A rich resource of examples of therapeutic letters can be found in White and Epston's *Narrative Means to Therapeutic Ends* (1990), and a quickly accessible source of examples is found on Epston's website: *http://www.narrativeapproaches.com/antianorexia%20folder/anti_anorexia_index.htm* (n.d.).

Stone #7 The Keystone: Celebrating a New Story/Identity

The seventh stone in the arch is the keystone, which is the apex of the arch. The keystone of an arch is often embellished—and it is fitting for the final metaphorical stone of this process to look special, because it *is* special. Stone #7 functions as the support for the six stones that were previously laid. Once the keystone is set in place, the supporting structure can be removed, and the arch becomes self-supporting (Lusted, 2009). During this phase the therapist asks questions that solidify the identity that has been pulled out of the clutches of the problem. These questions move the client into recovering a complex, rich history of her identity. The therapist encourages the client to reach back and find historical evidence of this new view of herself and to invite others to testify to her recovered story. It is important to be aware that the witnesses to the client's life have often been just as duped as the client in believing the limiting story. The selection of friends and family who will support the reclaimed story is essential.

Another task of this phase is looking to the future and considering how it may be different in light of the recovered story. A question might be, "In light of your ability to stand up to Fear of Femininity, what might be different about your future?" A question for her family might be, "What do you think your daughter's life will be like now that Fear of Femininity is not pushing her around?" Just as the cocreation of the old problematic narrative influenced her story, the cocreation of the reconstructed narrative gives it power. It is not enough for the client and the therapist to have knowledge of this new story; the client must also have an audience. My typical experience has been that this audience has emerged over the course of the therapy and has been celebrating and enjoying the emerging story of the client all along. Nevertheless, this is an important element of keeping the arch together for the long haul. The client's audience may be invited to a session for a celebration, or the client may want to plan a party at home to celebrate with her family and friends.

This is a good place to include another of Epston's contributions to the narrative approach. Near the end of therapy, the client may be invited to co-construct a certificate that celebrates and acknowledges her accomplishments. In addition to serving as a celebratory tool, this process further emphasizes the personal agency in claiming the recovered story. These certificates will typically use the metaphor that was established during the laying of the first stone, emphasizing the client's victory. As an example, the certificate might read, "This is to certify that Jasmine has been victorious over Fear of Femininity (FOF) and all the lies and shame that FOF contains. This will serve as a reminder to Jasmine, and all those who love her, that her identity is no longer controlled by FOF." One of the best resources for this tool can be found in *Narrative Means to Therapeutic Ends* (White & Epston, 1990).

As in the previous arch construction, the keystone is dropped in place only after evidence of the new or recovered story has clearly emerged. An earlier attempt to obtain historical evidence of the reclaimed story might at worst threaten the client's identity, and at best it might frustrate her as she is unable to see the evidence. It is at this point that

the "history of the alternative present has become more deeply rooted than the problem story" (M. White, personal communication, October 11, 1996).

The Therapist's Narrative

My work using narrative therapy has involved collaborating with clients to claim lost stories of power and hope in the midst of their dominant stories of defeat and hopelessness. From the foundation to the final keystone, the construction of the arch requires patient, insistent deconstruction of taken-for-granted discourses and the reclamation of forgotten stories hidden in the shadows. The arch is finally held together with this recovered story that reaches back to the past and extends forward into the future with a discourse that is identity-congruent. While we have taken the arch supports off with the laying of the keystone, the arch will need community to maintain the story, to tell the story, and to retell the story.

The tradition of narrative therapy requires rethinking standards of practice, terms, and worldviews, including psychological paradigms. This work has been for me as much about liberating myself from limiting practice narratives as it has been about collaborating with clients as they free themselves from the dominant discourses about SSA. This challenge is ongoing as I continue to be pressured by dominant understandings that the therapist owns the privileged discourse.

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