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Situating Knowledge and Power in the Therapeutic Alliance

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The narrative process of re-authoring identities requires moving beyond simply telling and retelling stories to an active deconstruction of oppressive and unhelpful discourses. Unpacking unhelpful stories and creating alternative preferred stories involves recognizing the relationship between knowledge and power, as knowledge and power are joined through discourse (Foucault, 1980a). The postmodern sensibility of narrative therapy is contingent upon Foucault's insistence on the inseparability of power and knowledge and his efforts to study the way humans govern and regulate themselves and others through the production of truth. Narratives then, are "not only structures of meaning but structures of power as well" (Bruner, 1986, p. 144). Rethinking modernist approaches to knowledge and power challenges the ways in which both practitioners and clients may inadvertently keep oppressive stories alive.

Drawing upon Foucault's understanding of the inseparability of knowledge and power, I adopt the therapeutic stance that knowledge is never innocent and power is never just constraining. This therapeutic stance moves away from the binary idea that either one has knowledge or one does not and either one has power or one does not. Disrupting modernist binary constructions of knowledge and power recognizes both the therapist and client as active embodied subjects in the therapeutic process of coauthoring identities.

Rather than the traditional position of the expert, all-knowing therapist or its mirror twin, the "not-knowing therapist," I will argue that both the therapist and the client are "partial knowers." As such, both bring knowledge and agency to the conversation. While I agree with abandoning the idea of the "all-knowing" therapist and minimizing power differences in the therapeutic alliance, I argue that a "not-knowing" stance is not effective for challenging oppressive social discourses or, subsequently, for deconstructing negative identity conclusions or rewriting alternative identities.

I will argue for a conceptualization of power that moves away from the modernist formulation of power as simply negative, constraining, and repressive (Foucault, 1980a). From this position, I argue that narrative therapy acknowledges both the social constraints on subjective life and the individual agency and power within these constraints. In addition to illustrating the significance of Foucault's approach to knowledge and power for the process of unpacking the dominant social discourse evident in clients' stories and the creation of less oppressive, more helpful alternative stories, I will emphasize the importance of recognizing individuals' agency and power in the re-storying and living of their lives.

I begin by discussing the importance of narrative therapy in deconstructing dominant discourse and, in the process, challenge the normalizing truths of culture that often structure people's narratives. I then question the idea that either the therapist or client can be an expert knower and suggest that both are partial knowers. Next, I argue that therapists must be positioned, or take a stance in, their interpretation of clients' stories if they are to challenge internalized oppressive social discourses within clients' stories and be helpful in the creation of alternative stories. I explore limiting conceptualization of knowledge and power in the therapeutic alliance and argue for a collaborative therapeutic relationship, in which both the therapist and client are seen as active embodied subjects who offer (partial) knowledge and power to the therapeutic conversation, through a conceptualization of power as both constraining (negative) and constituting (positive). I conclude this chapter by arguing the importance of narrative therapy, emphasizing the ways in which people's narratives have been shaped socially and how they are also creations of their own agency. This view allows therapy to see humans not as simply social products, but as active subjects.

Deconstructing Dominant Discourse: Joining Knowledge and Power

In his work, Foucault (1980b) engages in the possibility of a new politics of truth and a new politics of power. Central to the practice of narrative

therapy and the deconstruction of stories is Foucault's (1980a) idea that "it is in discourse that power and knowledge are joined together" (p. 100). In *Power/Knowledge,* Foucault (1980b) argues,

> There can be no possible exercise of power without a certain economy of discourses of truth which operates through and on the basis of this association. We are subjected to the production of truth through power and we cannot exercise power except through the production of truth. (p. 93)

It is Foucault's (1995) view that "truth is no doubt a form of power" (p. 45); power is thus constituting of knowledge (Tanesini, 1999, p. 188). Influenced by Foucault, White and Epston (1990) similarly suggest that we are "always participating simultaneously in domains of power and knowledge" (p. 29) and thus therapy practices are never benign. White (1992) maintains that "A domain of knowledge is a domain of power, and that a domain of power is a domain of knowledge" (p. 122). At the same time that Foucault and White argue that knowledge and power are always "mutually implicated" (Tanesini, 1999, p. 195), they do not suggest that one is "reducible to the other" (p. 195) or that knowledge claims are at all moments a means for masking power.

However, as our lived experiences exist within a field or web of power and knowledge, no story is outside power (White & Epston, 1990). Therefore, no telling or hearing of a story is neutral (White, 1989). Yet according to Foucault (1980a), "Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power. . . . These points of resistance are everywhere in the power network" (p. 95). While this does not suggest that we are engaged in unconstrained choice, or "free play" (Butler, 1993; Foucault, 1991), it does leave space for agency, space for counterdiscourses. Foucault (1980a) suggests that "discourse can be both an instrument and an effect of power, but also a hindrance, a stumbling-block, a point of resistance and a starting point for opposing strategy" (p. 101). Discourses, then, like power, can be seen as both constituting and constraining.

Postmodernism has called into question how it is we know what we know; as such, objectivity has been exposed as a fiction (Flax, 1990). Through a postmodern lens, knowledge is multiple and only ever partial. Knowledge is understood to be socially and historically specific and inseparable from social relations of power. From a postmodern perspective, there are always competing stories of truth. For Bruner (1991), "Knowledge is never point-of-viewless" (p. 3).

A postmodern influence on narrative therapy is evident in its view that power and knowledge are inseparable and that humans govern and regulate

themselves and others through the production of truth. In contrast, the modernist quest for objective knowledge has separated knowledge and power. To move beyond bias, interest, and power, modernist therapy has often upheld the need to be neutral or objective. Against neutrality, I argue for the necessity of being positioned, or of taking a stance. Reflecting White (White, 1995, 2001; White & Epston, 1990), I argue that we need to unpack and reconstruct clients' stories, rather than leaving them intact, as frequently the stories brought to therapy reflect dominant social discourses and relations of power (Brown, 2003). Thus, while modernists argue that the way out of bias is to be more objective, I argue that we will always be biased and thus we need to acknowledge our own biases and be clear and up-front about the positions we adopt. Rather than cloaking interest and/or power under the veil of objectivity and science, we need to examine how clients' stories have been put together, what ideas predominate, and what alternatives are rendered invisible within these stories. Narrative externalizing practices will shift unhelpful discourses and enable the creation of alternative or preferred stories.

Above and beyond recognizing power differentials between therapists and clients in therapeutic conversations, it is critical that we not censor power from the stories told or our interpretations of them (Flaskas & Humphreys, 1993). If therapists wish to challenge oppression, they must challenge those stories that are grounded in dominant discourse. Power cannot be left out of an approach to narrative therapy if it is to be accountable. In politicized work, practitioners are positioned in making sense of clients' stories. Practitioners on the side of social justice cannot take a neutral stance with regard to power (Brown, 2003; White, 1994; White & Epston, 1990). Thus, practitioners must actively deconstruct and re-author oppressive stories and, in turn, the power and power relations embedded within them (Brown, 2003; Fook, 2002; White, 2001; White & Epston, 1990). This means that we cannot adopt a neutral stance to these stories, but must help unpack them in order to create less oppressive stories. We will then interpret clients' stories through our own positioned narratives. Narrative therapy in this sense involves the deliberate shifting of oppressive, and often dominant, discourses and the reconstruction of counterdiscourses that are themselves sites of social resistance. This does not, however, involve simply erasing clients' stories and replacing them with narrative therapists' reconstructed accounts.

White describes therapy as a political process that recognizes that stories are constructed socially and historically within culturally available discourses. Narrative therapy, then, is interested in the construction of stories, rather than inherent truths. Clients' stories are multiple, shifting, discontinuous—not inherently real, true, or immutable. Within social life, people tell stories about

themselves, which they tend to both experience as and treat as truths. Not only is the story experienced as truth, it is shaped by larger discourses also presumed to be truth. These stories are wrapped in layers of socially constructed truths, which are taken up as inherently real in and of themselves.

Clients often bring problem stories to therapy about themselves, their identities, and their lives. These stories often involve the internalization of dominant social stories, and, importantly, the stories themselves are often unhelpful. Thus, while we can study the real effects of stories, it is critical that we not treat the story itself as "real." Virtually every story told about oneself and one's experiences involves identity conclusions. Fixing stories as real and self-legitimizing forecloses the possibility of rupturing limiting identity conclusions. One must allow the story in all its layers, complexity, and contradiction to emerge. The story's fluidity, multiplicity, and changing shape are entry points to explore alternative understandings and to begin to develop stories that the storyteller prefers.

The narrative process of externalizing the story begins to unpack and socially locate the origins and history of the story being told. As such, stories cannot be separated from power and need to be situated as fully social. This process allows the client to see that the story itself is not fixed, or absolute, and that other possibilities exist. The problem story is deconstructed with an eye toward reconstructing more effective and less damaging, pathologizing, blaming, or oppressive accounts. Externalizing conversations will shift unhelpful discourses and enable the creation of alternative or preferred stories by examining how clients' stories have been put together, what ideas predominate, and what alternatives are rendered invisible within these stories. In White's (2001) language, re-authoring identities often involve " resurrecting" the disqualified or marginalized voice. The counterhegemonic and deconstructive process of externalizing internalized problem stories and the subsequent re-authoring of identity are political practices in therapy.

Knowing, Not Knowing, and Partial Knowing

Within collaborative-based therapies, therapists often adopt a "not-knowing" stance (Anderson 1997; Malinen & Anderson, 2004).[1] From this view, it is suggested that the client is the expert on content and the therapist is the expert on process (Anderson, 1997). Anderson (1997) argues as follows:

> A client brings expertise in the area of content: a client is the expert on his or her life experiences and what has brought that client into the therapy relationship. When clients are narrators of their stories, they are able to experience and

recognize their own voices, power, and authority. A therapist brings expertise in the area of process: a therapist is the expert in engaging and participating with a client in a dialogical process of first-person story-telling. It is as if the roles of therapist and client were reversed. *The client becomes the teacher.* (p. 95, emphasis in original)

This construction reveals an effort to grapple with the problem of therapists holding too much knowledge and authority in therapeutic conversations, while simultaneously recognizing the fiction of objectivity. The route out of this dilemma has been to adopt a not-knowing position, which seems to enable one to avoid problematic power imbalances between the therapist and client, as well as to avoid making false truth claims under the guise of objectivity. This strategy intends to decenter the therapist's knowledge and center the client's knowledge and experience. This "not-knowing" stance is described by Anderson (1992):

The therapist does not "know" a priori, the intent of any action, but rather must rely on the explanations made by the client. By learning, by curiosity, and by taking the client's story seriously, the therapist joins with the client in a mutual exploration of the client's understanding and experience. . . . To "not know" is *not* to have an unfounded or unexperienced judgement, but refers more widely to the set of assumptions, the meanings, that the therapist must bring to the clinical interview. The excitement for the therapist is in learning the uniqueness of each individual client's narrative truth, the coherent truths in their storied lives. This means that therapists are always prejudiced by their experience, but that they must listen in such a way that their pre-experience does not close them to the full meaning of the client's description of their experience. This can only happen if the therapist approaches each clinical experience from the position of not knowing. To do otherwise is to search for regularities and common meaning that may validate the therapist's theory, but invalidate the uniqueness of client's stories and thus their very identity. (p. 30, emphasis in original)

Well-known and influential among narrative practitioners, Anderson's work is located within a postmodern stance of "not knowing" and "multi-partiality." It advances a binary construction that accords expert status to clients over content and practitioners over process (Brown, 2003). While these binary constructions seek to maximize clients' power through positioning the client as "expert," they often implicitly require practitioners to abdicate their own knowledge and power. For example, Anderson (1997) admonishes that we must not involve ourselves in rewriting or editing clients' stories, as we are not "master storytellers."

The concept of clients as experts about their own lives leans heavily on the treatment of "experience" as uncontestable truth. Postmodern feminists have criticized this approach, as it separates experience from its social construction. When experience is separated from its social construction, it is not only decontextualized, but the focus of experience shifts to the individual. This subjectivist view often takes up experience as natural, individual, and apolitical (Alcoff, 1988; Fuss, 1989; Haug, 1992; Scott, 1992; Smith, 1990, 1999). Postmodern feminists argue, instead, that clients' stories about their experiences are always social, always political.

When stories are understood as social constructions embedded within social discourses and social relations, their self-legitimacy is more immediately questionable and dominant stories are more likely to be unpacked. In contrast, subjectivist approaches to clients' stories are likely to leave dominant and oppressive stories intact. This is at least in part because they have failed to acknowledge the relationship between knowledge and power in these stories. Through invoking a not-knowing position, many therapists today distance themselves from the strategies of power deployed by traditional hierarchical therapeutic practices. Oddly, clients' stories within this not-knowing stance appear to escape the social processes that make knowledge and power inseparable. Seen somehow to be outside of the influence of power, these stories can be taken up as is, as self-legitimizing. Yet clients' stories are no more inherently outside power than therapists' stories. The formulation of knowledge and power within this approach to therapy results in a focus on the individual, rather than social, context and an attempt to discover the real unencumbered self, rather than to pursue emancipatory social practices and epistemology that acknowledge and challenge social power.

Creating Alternative or Preferred Stories: The Limitations of Relativism

Invoking the idea of "not knowing" in therapy suggests a potentially dangerous relativism in which all stories are considered equal. Such relativism is evident if not knowing is a way to avoid taking a stance, forming an opinion, developing an analysis, or being responsible for one's knowledge and power. I suggest that to do good work, we need to take a position: Anything does not go. One can argue that a moral and political relativism may result when client-directed sessions designed to avoid a therapist-controlled agenda result in "wandering here and there" (Malinen & Anderson, 2004, p. 68). When power is left unexplored, left intact, and obscured within

the construction of clients' stories, therapy participates in its reification of dominant and often unhelpful stories.

The approach I adopt here draws upon the strengths of modernism and postmodernism, while abandoning their limitations. From modernism, I hold on to the possibility of an emancipatory social agenda or vision. From post-modernism, I take the idea that knowledge is always partial, located, and thus never neutral. Furthermore, the postmodern focus on deconstruction is useful to the adoption of a reflexive and ongoing critical analysis, especially in the process of unpacking clients' narratives. Taken together, this blend of modernism and postmodernism allows me to take a position without suggesting that it is objective. I can in this way be positioned and recognize my partiality.

I reject the modernist belief in objective, value-free knowledge and its subsequent totalizing, and often essentializing, truth claims. Instead, I adopt the view that all knowledge is socially constructed. I also abandon postmodernism's tendency toward relativism—the view from nowhere and everywhere—as this does not enable one to take a position and thus treats all positions or stories as if they were equal (Bordo, 1990). The relativist position "of being nowhere while claiming to be everywhere equally" (Haraway, 1988, p. 584) is evident in the "not-knowing" construction of therapists' knowledge in therapy. While this relativist stance is sometimes offered as an improvement over absolutism, which claims it can be "everywhere while pretending to be nowhere," Code (1996, p. 214) suggests neither will do. Bordo (1990) describes postmodern relativism:

> It may slip into its own fantasy of escape from human locatedness—by supposing the critic can become wholly protean by adopting endlessly shifting seemingly inexhaustible vantage points; none of which are "owned" by either the critic or the author of the text under examination. (p. 42)

> Deconstructionist readings that enact this protean fantasy are continually "slip-slidin' away" through paradox, inversion, self-subversion. . . . they often present themselves as having it any way they want. They refuse to assume a shape for which they must take responsibility. (p. 44)

Supporting Bordo, Haraway (1988) suggests that relativism, like objectivism, is a "god trick," promising a view from everywhere and nowhere simultaneously:

> Relativism is a way of being nowhere while claiming to be everywhere equally. The "equality" of positioning is a denial of responsibility and critical inquiry. Relativism is the perfect mirror twin or totalization of the ideologies of objectivity;

> both deny the stakes in location, embodiment and partial perspective; both make it impossible to see well. Relativism and totalization are both "god tricks" promising vision from everywhere and nowhere equally and fully. (p. 584)

Therapy approaches on the side of social justice that take a stance against oppression and social inequity cannot arguably be relativist, as they require a vision. Being positioned, then, means recognizing that all positions are not equal. By blending modernist and postmodernist approaches, one can adopt a position and have a vision for social change without claiming to hold on to an absolute truth (Stanley & Wise, 1990).[2] This "both/and" position allows one to make truth claims, while acknowledging they are always socially constructed, located, and incomplete. Therapy that wishes to disrupt the dominant discourses that uphold and reify relations of social power cannot be relativist.

While I concur with the desire to not be overly directive in therapeutic work, the writing out of power seems misguided. Determined not to guide or direct her clients, Anderson (1997) ultimately presents a relativist approach to knowledge in therapy, stating,

> In my view, such attempts at modifying a client's narrative take the form of narrative editing—revising, correcting, or polishing. A therapist's task is not to deconstruct, reproduce, or reconstruct a client's story but to facilitate and participate in its telling and retelling. (p. 96)

Narrative editing is a slippery slope. A narrative editor position requires the technical expertise to edit. This entails certain risks: It implies the assumption that a therapist has more credibility as a master of human stories than does a client. It assumes that a therapist can read a client like a text. It makes a therapist an archaeological narrativist who believes there is *a* story, with an imagined significance, that needs to be uncovered or retold (Anderson, 1997, p. 96).

Walter and Peller (1996) are also emphatic that therapists should neither adjudicate clients' stories nor privilege their own narratives. Similarly, Parry and Doan (1994) argue that "each person's stories become self-legitimizing" (p. 26) and that "attempts by others to question the validity of such a story are themselves illegitimate. They are coercive, and to the extent that such methods are used to silence or discredit a person's stories, they represent a form of terrorism" (p. 27).

From this view, narrative therapy involves the coauthoring of more helpful stories. These new stories are also seen to be socially situated, nonneutral constructions that will change over time. Those who adopt the not-knowing stance allow themselves to claim they are not positioned: Their biases,

underlying assumptions, and foundational concepts remain hidden. Just as there is no neutral telling or hearing of a story, there is arguably no neutral question. There are no neutral body languages, voice tones, facial expressions, head nods, styles of dress, or furnishings. We are present, situated, positioned, and embodied in our work. The question is not whether we are. The question is how we are, and our reflexivity about it.

Along with White (1994), I believe that we cannot waive responsibility and accountability for the influence of our own knowledge and power in the therapeutic work by claiming to "not know" or to be responsible only for "expert" knowledge about process. White (1997) advocates an egalitarian approach to therapy that is transparent and accountable—committed to deconstructing limiting descriptions of life, challenging abuses of power, and avoiding reproducing relations of power.

In contrast to Anderson's "not-knowing" position, White (1989) is emphatically positioned against moral relativism:

> The personal story or self-narrative is not radically invented inside our heads. Rather, it is something that is negotiated and disrupted within various communities of persons and in the institutions of our culture. . . . Our lives are multistoried. No single story of life can be free of ambiguity and contradiction. No sole personal story or narrative can handle all of the contingencies of life. . . . The personal story or self-narrative is not neutral in its effects. . . . Different personal stories or self-narratives are anything but equal in their real effects. . . . The narrative metaphor is associated with a tradition of thought that rules out the possibility of "anything goes" moral relativism. . . . This tradition of thought encourages therapists to assume responsibility for the real effects or consequences of his/her interaction with persons who seek help. (pp. 3–4)

Surely, we can negotiate the terrain of knowledge and power with clients in such a manner that both voices are present in the conversation, without fear that our own knowledge and power makes us guilty of attempting to be master storytellers. In my view, it is far more dangerous to deny the presence of our own knowledge and power through efforts at sidestepping it. Foote and Frank (1999) remind us that we should be especially wary of those claims of being outside power.

Positioning Knowledge and Power in the Therapeutic Alliance

Modernist conceptualizations of knowledge and power are inconsistent with a postmodern narrative therapy. Foucault's analysis of power and knowledge

suggests that the therapeutic task of unpacking socially constructed stories of self require both the therapist and client to be active embodied subjects, both holding knowledge, agency, and power. With a postmodern approach to the therapeutic alliance, knowledge is joined in the telling, hearing, and re-authoring of stories. From this view, there are multiple, coexisting positions of "knowing," positions that are always interpretive and partial.

It is commonly assumed that the therapist has more institutional power than the client within the therapy relationship and that the client is typically more vulnerable. Efforts to equalize the relationship by emphasizing clients' expert knowledge and maximizing their power has ironically imposed a kind of constraint upon therapists: the need to deny their own knowledge and power. The implicit assumption is that power in the hands of the therapist is oppressive. To construct power in the hands of therapists as inherently pernicious is problematically paradoxical within approaches that center on increasing clients' power and agency in the world. When power is "perceived as being contrary to the principles of equality and useful only for oppressing others" (Rondeau, 2000, p. 221), practitioners fear and conflate their own power with oppressing others. According to Rondeau, from this position, "All power is suspect" (p. 221).

Instead of acknowledging and skillfully deploying knowledge and power, therapists have sought to escape power through invoking the more comfort-able stance of "not knowing." Not only does this stance risk passivity, little active problem solving or analysis is required. In the first instance, expert knowledge and power, while practiced, are denied; and, in the second, the therapist is rendered virtually ineffective for fear of being too knowledgeable or too powerful. Both instances are responses to the therapist's fear that hav-ing "expert" knowledge or having power is inherently oppressive to the client. This is evident in Anderson's (1997) argument that editing, revising, or refram-ing clients' narratives is a "slippery slope." Conceptualized in this way, thera-pists' power, knowledge, and authority are either too present or too absent.

Yet according to Foucault (1980a), "There is no escaping power, that it is always-already present, constituting the very thing that one attempts to counter it with" (p. 82). Power is already present in a formulation of the therapeutic alliance predicated on a negative repressive notion of power, binary construc-tions of knowledge and power, separation of knowledge and power, and the authorizing of clients' stories as self-legitimizing and expert.[3] While power is present in the telling and hearing of therapeutic conversations, it is obscured in this not-knowing position. Not knowing is not a solution to power.

Flaskas and Humphreys (1993) observe that while some collaborative practitioners are concerned with the "toxicity of power" and the repressive effects of power in the therapeutic alliance, these therapists, ironically,

censor power from the stories of people's lives. Thus, while the effort to minimize power differences among therapists and clients is enacted through minimizing the role of the therapist as expert, it has been observed that "there is a lack of engagement with the full realities of power in clients' lives" (Flaskas & Humphreys, 1993, p. 38). This is further articulated through the example of working with people dealing with histories of childhood sexual abuse, when adopting a neutral or not-knowing stance may have some troublesome ramifications. Critics suggest that "not naming" power in such instances is much more harmful than naming power.

Moving Beyond Modernist Binary Constructions of Power

To practice effectively, a therapist needs to have knowledge and power; the issue is how they are deployed. To construct therapeutic power as inherently destructive reflects a misguided belief in the idea that all power is negative. The modernist dualistic assumption that one either has knowledge and power or one does not is revealed in the not-knowing position. Therefore, accordingly, if the client is the expert and the client's power must be maximized, the practitioner cannot have knowledge and must deny his or her own power.

The position of politics is a constant tension in therapy. From my view, whatever therapists' politics and goals are, we have an ethical responsibility to the well-being of the client. Politics are always evident in how we interpret stories, how we construct alternatives, and how we choose to work with our clients. While clients can be politicized through dialogue, ethically, our politics or worldviews should not be imposed. Thus, we must be positioned without forcing our clients into our positions. Accepting one's positionality means acknowledging, not denying, therapists' knowledge and power. In acknowledging their knowledge and power, therapists are more likely to be accountable for them. Furthermore, this stance suggests that it is possible to negotiate the terrain of power in relationships. The therapist is then not masking his or her own knowledge and power in an effort to advance the client's; instead, the knowledge and power of both can be actively present.

White and Epston (1990) suggest that Foucault offers a valuable alternative explanation to those views of power that argue that power exists only in language or that "power really exists and is wielded by some in order to oppress others" (p. 1). Modernist approaches to power often focus on who has power and who does not, rather than also examining how power operates or what the strategies or mechanisms of power are (Foucault, 1995). Foucault's (1980a) analysis challenges the seemingly unquestioned belief in the "binary and all-encompassing opposition between rulers and ruled at the

root of power relations" (p. 94) within modernist constructions of power. According to Foucault (1980b),

> In defining the effects of power as repression, one adopts a purely juridical conception of such power, one identifies power with a law which says no, power is taken above all as carrying the force of a prohibition. Now I believe that this is a wholly negative, narrow, skeletal conception of power, one which has been curiously widespread. If power were never anything but repressive, if it never did anything but to say no, do you really think one would be brought forward to obey it? What makes power hold good, what makes it accepted, is simply the fact that it doesn't only weigh on us as a force that sways not, but that it traverses and produces things, it induces pleasure, forms of knowledge, produces discourse. It needs to be considered as a productive network which runs through the whole social body, much more than as a negative instance whose function is repression. (p. 119)

Power as Negative and Positive

Adopting Foucault's approach to power in narrative therapy allows us to get beyond the idea that either one has power or one does not. As a result, it not only allows us to understand the stories people tell as a conflation of knowledge and power but also enables narrative practitioners to interpret stories as evidence of both social constraint and social agency.[4] Individuals are never totalized as the absolute products of their circumstances. There is, in this approach, room to maneuver. After all, the creation of alternative stories is possible only if alternatives are possible. Refusing to conceptualize power and identity as fixed or static produces new possibilities and thus the possibility of new stories. For Foucault, power is always relational or interactive, rather than monolithic, unilateral, or repressive (see Flaskas & Humphreys, 1993). According to Flaskas and Humphreys (1993), "Resistance, like power itself, has no life outside the network of relationships in which it is occurring" (p. 42). They suggest that power

> is an intrinsic part of every social relationship, and so it cannot be taken away. From Foucault's position, if the effects of power are to be challenged, they can only be challenged from within the power relationship itself, and it is the idea of the always-present potential for resistance that offers some optimism for change in oppressive power relationships (p. 44).

Furthermore, in a repressive approach to power, power is only ever toxic; there is no room for productive power. Foucault (1980a) and, subsequently, White (1997) view power as both constraining and constitutive or productive. Power has both negative and positive potential, which is evident in

everyday interactions, in the structuring of the relationships between people, in the physical use of space and architecture, in the actual disciplining of bodies, and in the creation of ways of thinking, forms of subjectivity, and forms of knowledge. Thus, power is always present, both in its restraining and in its productive effects. (Flaskas & Humphreys, 1993, p. 41)

Power, Agency, and Subjectivity

Foucault (1995) privileges questions about how power happens, how it operates, and what its strategies or techniques are, rather than who exercises power. His work explores how human beings are both made into and turn themselves into subjects within our cultures (Rabinow, 1984). Within narrative therapy, clients' identity stories are evidence of how human beings are both shaped socially and active participants in the creation of their own lives.

Fook (2002) undertakes a reformulation of modernist approaches to power, rejecting the idea that "power is invested in particular people, often by virtue of their position in the social structure. It is 'possessed' rather than 'exercised,' and thus is more fixed and less accessible to change" (p. 103). Fook fears that this modernist conceptualization of power may become "a tool to preserve existing power imbalances" (p. 103). According to Fook, we must consider how power is exercised, its real effects, as well as how people "exercise and create their own power" (p. 104). She suggests that "this includes an understanding of how they might participate in their own powerlessness as well as powerfulness" (p. 104).

A view of power that moves beyond the construction of power as subjective and intentional concedes to the more insidious ways power operates (Lukes, 1974; MacDonald & MacDonald, 1999). Recognizing that power relations are not driven by subjective intent allows us to uncover the subtleties of power evident when individuals "act against their own objective interests—they do what, without socialization and conditioning, they would not otherwise do" (MacDonald & MacDonald, 1999, p. 54). As such, individuals, albeit unwittingly, often participate in their own powerlessness (Fook, 2002; MacDonald & MacDonald, 1999). From a narrative perspective, we can see this clearly in the way people internalize dominant social discourses as their own, when these stories contribute not to greater power and agency, but less (Brown, 2003; Hare-Mustin, 1994; Sanders, 1998; White & Epston, 1990). People's stories often reveal both their lack of power and their capacity to exercise power. This "both/and" position is critical to the narrative re-authoring process, as it involves turning inside out the internalized problem conversations that are derived from dominant social discourses.

White (White, 1995, 1997, 2004; White & Epston, 1990) describes how people are involved in the subjugation of their own lives through processes of power. Narrative therapy is interested in helping people resist certain practices of power, including the internalized problem stories, which often become totalizing in their lives. According to White (1995), "Internalizing conversations obscure the politics of experience, externalizing conversations emphasize the politics of experience" (p. 24). White's emphasis on the politics of experience holds on to individual agency and power. From this perspective, the problem is deconstructed through the externalizing process, allowing for greater distance from the influence of the problem and more likelihood of being able to live according to one's preferences. In his moves away from a regressive model of power, White adopts a nonessentialized or nonnaturalized approach to externalizing experience through his emphasis on the politics of experience. While White (1997, 2001) is clear that he is positioned in his work against abuses of power, he is adamant that he is not advancing a form of personal or psychological emancipatory therapy that promises the discovery of one's true or real self through being liberated or freed from the constraints of social repression. This idea of psychological emancipation relies upon not only a problematic essentialism of the self but also a limited repressive model of power.

Foucault (1980a) refutes a negative representation of power, a model of power based on repression for it requires obedience. He suggests,

> It is a power that only has the force of the negative on its side, a power to say no; in no condition to produce, capable only of posing limits. . . . This is the paradox of its effectiveness: it is incapable of doing anything except to render what it dominates incapable of doing anything either, except for what this power allows it to do. (p. 85)

While he refutes this negative model, Foucault suggests it is the widely accepted view because it, in fact, masks, or hides, the complexity and insidiousness of how power operates. He argues, "Power is tolerable only on condition it masks a substantial part of itself. Its success is proportional to its ability to hide its own mechanisms" (p. 86). Viewed as repression, power is more tolerable: It is less tolerable when we are seen as active participants in our own subjugation.

Thus, Foucault's approach to power shifts our understanding from classical models, where power is conceived of only as repressive, negative, and constraining. His work is a significant departure from this understanding, as it focuses our attention on how people themselves are recruited as vehicles for

power, requiring their everyday active participation regardless of their social location. Normalizing truths specify forms of individuality that are vehicles of power (White & Epston, 1990). White (2004) describes this process:

> This is a power that recruits people's active participation in the fashioning of their own lives, their relationships, and their identities according to the constructed norms of culture—we are both a consequence of this power, and a vehicle for it. By this account, this is a system of power that is particularly insidious and pervasive. It is a power that is everywhere to be perceived in its local operations, in our intimate lives and relationships. (p. 154)

When we move beyond a negative approach to power, it becomes possible to recognize that people can both have power and be constrained by power. From this perspective, externalizing people's stories can allow for recognition of the subjugated and the dominant knowledge within the story. Acknowledging subjugated knowledge in tandem with individual agency is an essential element for reconstructing alternative stories and re-authoring identities. When individuals are constructed only as victims or products, other aspects of the story are obscured, and disqualified. Resistance and action outside of dominant discourse seem more possible when human agency is underscored. Conversely, when people's stories are decontextualized, their lack of social power and the social context of their oppression are obscured. We can achieve a thicker description through the view that power can be both constraining and productive, through noticing powerlessness and power in people's stories without totalizing them to either subject position. White (1997) emphasizes that even the production of alternative knowledge and subjectivities do not escape power,

> Although we do not have to be unwitting accomplices in the reproduction of the subjectivities that have been imposed on our lives . . . alternative modes of life and thought exist in discursive fields—they are constituted of knowledges, of techniques of the self, of practices of relationship, and of the power relations of culture. (p. 232)

Foucault's approach is important to narrative therapy, for not only does it reiterate that the creation of the self is social but also that the self as social is inseparable from processes of knowledge and power, from power as a both a negative and positive force. In the process of subjectification, what is apparent is that the social formation of the self or the subject requires that human beings be active, not simply constrained. Human beings create themselves as subjects in part through the stories they tell about themselves. These

stories arise from within culturally available social discourses and social relations of power through social interaction. White (1995) argues that our stories don't reflect or represent our lives; our lives are, rather, constituted through our stories, our narratives (p. 14). Furthermore, through stories, individuals put themselves and their lives into discourse. Not only do self-stories rely on social discourses of the self for their construction, the self is actually put into discourse through the stories one tells about oneself and one's life. Thus, the production of self is not separate from processes of discourse, knowledge, and power.

Conclusion

I have problematized modernist construction of knowledge and power in narrative conversations through drawing on Foucault's analysis of the nexus of knowledge and power. Foucault's insistence on the inseparability of knowledge and power and his study of the ways in which humans govern themselves and others through the production of truth are central ideas to narrative therapy. At the center of externalizing, deconstructing, and reconstructing dominant social discourses is an exploration of the relationship between knowledge and power. I have argued in this chapter that the "not-knowing" strategy for escaping power and position in therapy risks reifying dominant discourse. With Foucault, I have argued against a repressive model of power, for an approach that recognizes power as both constraining and productive. Taken together, I have argued for an approach that does not separate knowledge and power and that recognizes that the therapist and client contribute knowledge and are active constituting agents in the therapeutic conversation. It is my view that if we wish to avoid inadvertently reifying dominant social discourses and social relations, we need to be reflexive in our conceptual practices. Holding on to a politicized practice requires therapists to come to terms with their own knowledge and power.

Notes

1. Despite my critique of Harlene Anderson's "not-knowing position," I believe she provides an excellent discussion of self, experience, and the narrative metaphor (1997). While she doesn't call herself a "narrative therapist," she uses the narrative metaphor, adopts a postmodern perspective, and emphasizes a collaborative approach. The "not-knowing" approach she has made popular is taken up by narrative therapists in practice often in a manner that is relativist and essentializes experience.

2. While I draw on postmodernism in my analysis of knowledge and power in narrative practice, I also hold on to a modernist belief in the possibility of a social vision that supports social justice. This approach to power and knowledge is then grounded in a blended epistemology or fractured foundationalism.

3. Postmodern reformulations of power will challenge modernist constructions of power that authorize clients' stories as expert and self-legitimizing. Traditional conceptualizations of emotion and experience—pivotal elements of these stories, which are characteristically naturalized and undisputed—are contested. Emotion itself is rarely deconstructed or taken up as a social construction. An additional problem lies in reductionist approaches to diversity and difference. Some therapists seem to believe that if they acknowledge their social locations, they can overcome their biases and hence achieve a mythical neutrality. Just as the self, identity, and experience have to be denaturalized, so does the category of difference.

4. As the conceptualization of power is central to externalizing internalized negative identity conclusions and problem-saturated stories, it is important that a reflexive approach be taken toward power. Power is evident at these related levels, but not limited to them: (a) part of the way the problem is defined and internalized and in the social discourses that determine what constitutes a problem; (b) present in the social construction and context of people's experiences, including social location; (c) present in the interaction between the client and the practitioner despite efforts to equalize the relationship; and (d) part of achieving a sense of greater power and agency through a re-authored identity. Power can be seen as both constraining and constitutive in these instances. For example, social discourses are vehicles that reify power and constitute reality. Yet people are both constrained by and resist dominant discourses. In the creation of re-authored identity, power can be seen as constitutive and productive; however, this doesn't rule out that preferred identities may also be constrained by power.

References

Alcoff, L. (1988). Cultural feminism versus post-structuralism: The identity crisis in feminist theory. *Signs: Journal of Women in Culture and Society, 13*(3), 405–436.

Anderson, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K. Gergen (Eds.), *Therapy as social construction* (pp. 25–53). Newbury Park, CA: Sage.

Anderson, H. (1997). A philosophical stance: Therapists' position, expertise, and responsibility. In *Conversation, language, and possibilities: A postmodern approach to therapy sociology of knowledge* (pp. 93–107). New York: Basic Books.

Bordo, S. (1990). Feminism, postmodernism, and gender skepticism. In L. Nicholson (Ed.), *Feminism/postmodernism* (pp.133–156). New York: Routledge.

Brown, C. (2003). Narrative therapy: Reifying or challenging dominant discourse. In W. Shera (Ed.), *Emerging perspectives on anti-oppressive practice* (pp. 223–245). Toronto, Canada: Canadian Scholar's Press.

Bruner, E. (1986). Ethnography as narrative. In V. Turner & E. Bruner (Eds.), *The anthropology of experience* (pp. 139–155). Chicago: University of Illinois Press.

Bruner, J. (1991, Fall). The narrative construction of reality. *Critical Inquiry,* pp. 1–21.

Butler, J. (1993). *Bodies that matter: On the discursive limits of "sex."* New York: Routledge.

Code, L. (1996). Taking subjectivity into account. In A. Garry & M. Pearsall (Eds.), *Women, knowledge, and reality: Explorations in feminist philosophy* (pp. 191– 221). New York: Routledge.

Flaskas, C., & Humphreys, C. (1993). Theorizing about power: Intersecting the ideas of Foucault with the "problem" of power in family therapy. *Family Process, 32,* 35–47.

Flax, J. (1990). Postmodernism and gender relations in feminist theory. In L. Nicholson (Ed.), *Feminism/postmodernism* (pp. 39–62). New York: Routledge.

Fook, J. (2002). Empowerment. In *Social work: Critical theory and practice* (pp. 103–114). Thousand Oaks, CA: Sage.

Foote, C. E., & Frank, A. W. (1999). Foucault and therapy: The disciplining of grief. In A. Chambon, A. Irving, A., & L. Epstein (Eds.), *Reading Foucault for social work* (pp. 157–187). New York: Columbia University Press.

Foucault, M. (1980a). *The history of sexuality: Vol. 1. An introduction.* New York: Vintage.

Foucault, M. (1980b). *Power/knowledge: Selected interviews and other writings 1972–1977.* New York: Pantheon.

Foucault, M. (1991). Politics and the study of discourse. In G. Burchell, C. Gorden, & P. Miller (Eds.), *The Foucault effect, studies in governmentality* (pp. 53–72). London: Harverster.

Foucault, M. (1995). Strategies of power. In W. Anderson (Ed.), *The truth about the truth: De-confusing and re-constructing the postmodern world* (pp. 40–45). New York: Tarcher/Putnam.

Fuss, D. (1989). *Essentially speaking: Feminism, nature, and difference.* New York: Routledge.

Haraway, D. (1988). Situated knowledges: The science question in feminism and the privilege of partial perspective. *Feminist Studies, 14*(3), 575–599.

Hare-Mustin, R. (1994, March). Discourses in the mirrored room: A postmodern analysis of therapy. *Family Processes, 33,* 19–35.

Haug, F. (1992). *Learning from experience: A feminist epistemology.* Paper presented at the Ontario Institute for Studies in Education, Ontario, Canada.

Lukes, S. (1974). *Power: A radical view.* London: Macmillan Press.

MacDonald, K., & MacDonald, G. (1999). Empowerment: A critical view. In W. Shera (Ed.), *Empowerment practices in social work: Developing richer conceptual foundations* (pp. 50–78). Toronto, Canada: Canadian Scholars' Press.

Malinen, T., & Anderson, H. (2004). The wisdom of not knowing: A conversation with Harlene Anderson. *Journal of Systemic Therapies, 23*(2), 68–77.

Parry, A., & Doan, R. (1994). *Story re-visions.* New York: Guilford Press.

Rabinow, P. (1984). *The Foucault reader.* New York: Pantheon Books.

Rondeau, G. (2000, July). Empowerment and social practice, or the issue of power in social work. *Social Work,* pp. 216–222.

Sanders, C. (1998). Substance misuse dilemmas. A postmodern inquiry. In S. Madigan & I. Law (Eds.), *Praxis: Situating discourse, feminism, and politics in narrative therapies* (pp. 141–162). Vancouver, Canada: Cardigan Press.

Scott, J. (1992). Experience. In J. Butler & J. Scott (Eds.), *Feminists theorize the political* (pp. 22–40). New York: Routledge.

Smith, D. (1990). *The conceptual practices of power: A feminist sociology of knowledge.* Toronto, Canada: University of Toronto Press.

Smith, D. (1999). *Writing the social: Critique, theory, and investigations.* Toronto Canada: University of Toronto Press.

Stanley, L., & Wise, S. (1990). Method, methodology, and epistemology in feminist research processes. In *Feminist praxis* (pp. 20–60). New York: Routledge.

Tanesini, A. (1999). *An introduction to feminist epistemologies.* Malden, MA: Blackwell.

Walter, J., & Peller, J. (1996). Rethinking our assumptions: Assuming anew in a postmodern world. In S. Miller, M. Hubble, & B. Duncan (Eds.), *Handbook of solution-focused brief therapy* (pp. 9–26). San Francisco: Jossey-Bass.

White, M. (1989). Narrative therapy: What sort of internalizing conversations? *Dulwich Centre Newsletter,* 1–5.

White, M. (1992). Deconstruction and therapy. In D. Epston & M. White (Eds.), *Experience, contradiction, narrative, and imagination: Selected papers of David Epston and Michael White, 1989–1991* (pp. 109–151). Adelaide, Australia: Dulwich Centre Publications.

White, M. (1994). *The politics of therapy: Putting to rest the illusion of neutrality.* Adelaide, Australia: Dulwich Centre Publications.

White, M. (1995). *Re-authoring lives: Interviews & essays.* Adelaide, Australia: Dulwich Centre Publications.

White, M. (1997). *Narratives of therapists' lives.* Adelaide, Australia: Dulwich Centre Publications.

White, M. (2001). Narrative practice and the unpacking of identity conclusions. *Gecko: A Journal of Deconstruction and Narrative Ideas in Therapeutic Practice, 1,* 28–55.

White, M. (2004). *Narrative practice and exotic lives: Resurrecting diversity in everyday life.* Adelaide, Australia: Dulwich Centre Publications.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends.* New York: Norton.