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Deconstruction in Narrative Couple and Family Therapy

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Name of Concept

Deconstruction in Narrative Couple and Family Therapy.

Introduction

Narrative therapy draws upon the work of Jacques Derrida and Michel Foucault to question singular truth claims about human experience. While Derrida takes us beyond what is blatant to latent readings of an expressed word or phrase, Foucault destabilizes knowledge by situating taken-for-granted practices of the self in the historical contexts from which they sprang. Any truth claim about personhood has more to do with power than its inviolability. Once exposed as less than bedrock, it becomes possible to play with meaning rather than search for it, as if it were there all along, waiting in pristine form, unsullied by culture and untarnished by time. This does not make dominant truths wrong any more than they are

right. Rather, they are to be taken as subjectively useful or useless depending on the user's inclination. There is no shortage of truth claims for couples and families to live by. In narrative therapy a space is reserved for those seeking help to claim their own preferences, even in a field where voices tinged with a professional tenor aim to impress. It is through the critique of expert knowledge that agency and imagination can achieve momentum.

Theoretical Context for Concept

The term deconstruction was coined by the French philosopher Jacques Derrida to denote the inherent contradictions and endless trails of meaning that are detectable in any word or phrase. Striving to capture a static definition is an exercise in futility. For starters, the singularity of a concept is challenged by the unavoidable affiliation to its opposite through inexorable reference (e.g., the notion of "good" is made conceivable only by association to "bad"). Attempting to isolate a distinct and self-governing term is further hindered by the interminable "deferral" of meaning (Derrida 2016), since a given expression is made comprehensible, not only in relation to its opposite but by reference to a closely related idea, which in turn is linked to a subsequent neighboring concept and so on. In an ever-expanding web, we may pause for only so long before conceiving of a range of possible next moves. We set our

sights, less with a sense of certainty, as if working with compass and datum, and more with an appreciation for creativity. One advances through flights of imagination. The direction chosen in the search for meaning is made plausible, not through a process of reductive reasoning but by its moral and quixotic resonance for the seeker.

Michel Foucault, a contemporary of Derrida's, sported a similar predilection for contesting final readings, particularly with respect to human activity. He cautioned that what we come to accept as truth is anything but stable. He pointed to the indivisibility of power/knowledge in proposing how fashion becomes fact. Rather than possessing transcendent value, any evaluative concept of the self is made indisputable by its rise to prominence at a particular time and place in history. Once something assumes the form of accepted knowledge, it functions as a kind of "normalizing power," regulating our behavior and circumscribing our imaginations. Foucault describes "the point where power reaches into the very grain of individuals, touches their bodies and inserts itself into their actions and attitudes, their discourses, learning processes and everyday lives" (1980, p. 39). We risk passively receiving our "marching orders" if we fail to interrogate the ideas that masquerade as truth. Multiple strands of meaning are cropped, and one shining filament remains. Variety is rationalized away by the claim to verity.

Michael White and David Epston drew upon the work of Derrida and Foucault in developing their thinking and practice with an interest in deconstructing discourse – that is, destabilizing dominant cultural models that have achieved wide circulation as disembodied truth (White 1995). Take, for example, the modes of expression we depend on to convey suffering. We scan the cultural lexicon and landscape in its current configuration only to land upon concepts that are most conspicuous. As a result, we fret along prescribed lines about our addictive personalities, poor boundaries, and low self-esteem. We fault ourselves for our negative outlook and tendency to dwell on the past and for the way we compound our difficulties by unnecessarily drifting into imagined worrisome futures. We resolve to

approach life more positively and redouble our efforts to live in the present.

In a neoliberal Western culture that promotes individual advancement through competition, it is no surprise that we encounter ourselves as separable subjects stirred to undertake one self-improvement project after another. The corporatization of the state has produced inevitable reverberating effects upon its citizenry. With the privatization of public institutions (e.g., education, infrastructure, prisons, healthcare, etc.) and the unraveling of the social fabric, we have become entangled in the rhetoric of personal opportunity/blame. What we accomplish or fail to achieve is seen as the result of individual effort alone. Critics of neoliberalism point to how such an emphasis aims to optimize the efficiency of workers, ultimately serving corporate interests but doing little to advance civic welfare.

On the road to becoming the "sciences" they aspire to be, dominant strains of psychology and psychiatry appear to have fallen in step with privatizing projects as an outgrowth of the political climate of the past 40 years. Encouraged by the professional disciplines to better ourselves as *individuals*, we consider possible steps toward maximizing our potentials. As social theorist Nicholas Rose explains, "This citizenship is to be manifested not in the receipt of public largesse, but in the energetic pursuit of personal fulfillment and in the incessant calculations that are to enable this to be achieved" (Rose and Miller 2010, p. 298). We take the measure of ourselves and come up wanting. We give thought to starting therapy, trying antidepressant medication, taking a mindfulness class, keeping a journal, reading a self-help book, joining a gym, booking a massage, and – if all else fails – *mama needing a new pair of shoes*. Such initiatives are meant to help us function more productively as willing and (dis)contented members of society, while diverting our attention from what has gone missing in the way of structural support. And so, we file out of professional offices with 10 min to spare at the end of the 50-min hour, our heads swimming with information about the limitations of our "operating systems" as a result of arrested development, internal conflicts, chemical imbalances, and

newly minted diagnostic labels. Instead of perceiving our woes within broad fields of power, we are objectified and left to consider the consequences of our own faulty thinking, genetic predispositions, and flawed neural circuitry. And dare we think we have tamed our unruly impulses, there is always the pesky child within to reason with.

Application of Concept in Couple and Family Therapy

In psychotherapy, narrative practitioners have an eye out for “. . . those familiar practices of self and relationship that are subjugating of persons’ lives” (Epston and White 1992, p. 121). We have come to know, beyond question, that we are meant to forgive and to learn to trust, to let go and move on from grief, to get our anger out, and to assert ourselves and individuate. We are warned to heed such advice or risk our own peril. In questioning self-actualization practices, it was never White’s intention to disqualify a given idea but rather to bring it down to size so that it could be seen as culture bound – a “timely” rather than timeless value – as something to take or leave rather than covet as an emblem of normality or moral worth.

In the lives of couples, it is sometimes said “it takes two to tango.” Therapy can organize around the premise that each partner has contributed equally to the problem. Not only does this perpetuate blame, but it treats the problem as something that is wholly personal and overlooks the consequences of power/oppression. As one example, with heterosexually identifying couples, there is the tendency to give considerable focus to a woman’s part in her partner’s infidelity (e.g., *she is distant, frigid, castrating*, etc.) Additionally, women are held to account for the problems that enter their children’s lives. From the appearance of schizophrenia and migraines to stuttering and autism, mothers have taken the brunt of the blame, often by way of elaborate rationalizations, since psychology’s inception (Blum 2007). White and Epston remind us that rather than residing outside of culture, as if there is an “outside” from which to

postulate, psychology and psychiatry operate from within (1990). The impact of patriarchy, for example, can be found at the heart of direct practice, revealing more about culture than anything in the way of human nature or truth.

Clinical Example

Narrative therapy strives to maintain awareness of the cultural inclination to blame wives and mothers, in part or in whole, for problems. It resists patriarchal discourse as an a priori organizing force and instead holds problems at a distance where they might be best observed and critiqued. Viewing problems from a separate perspective affords those seeking help a vantage point from which to come to their own decisions whether pro-discourse, con, or otherwise.

Don and Louise, a white, middle-class couple in their early 30s, had been married for 5 years when they decided it was time to see a therapist. According to Louise, Don never found his way into the marriage wholeheartedly. Don admitted as much, explaining that the decision to marry was more the result of Louise’s unplanned pregnancy than a settled love. While he guessed he would have eventually ended up with Louise, the pregnancy obliged him to “do the right thing.” As a consequence, he felt “cheated” out of other possible experiences of life.

Don: The guys at work don’t make it any easier.

Therapist: What do they do?

Don: They tell me I turned in my player’s card. When they’re making plans to go out after work, they tell me, “*Time for you to head home to the Mrs.!*” They’re just doing what guys do, but I don’t appreciate it. It makes me feel like I don’t belong, or like I’m missing out.

Louise: He resents us.

Therapist: Is it true, Don? Does resentment weigh in?

Don: Yeah, I guess, in a way. I know it’s not her fault. She didn’t get pregnant by herself, but yeah, I kind of feel like if she hadn’t had the baby, things would be different.

Therapist: Different how?

Don: I would have had time to . . . to do more. I would have been freer.

Therapist: Is that what the guys at work are getting at. Is it the idea that men are meant to be

free (The question is posed in a way that allows for the possibility that the problem is not unique to Don.)

Don: I guess so. More or less, yeah.

Therapist: So what does that make you? Less of a man?

Don: I'm still a man. I'm just not one of the guys.

Therapist: Is there a difference, though? Are they real men and are you a "domesticated" man – like it's a real man's nature to desire freedom? (Wondering if Don is connected to a dominant story about manhood.)

Don: In a way, yeah.

Louise: I have to keep an eye on him. When he leaves the house I have to remind him what he has at home and what he'd lose if he makes the wrong decision. It's kind of a joke, but kind of not. (Don's fidelity may be more a reflection of Louise's resolve than his own, as if she is to be the moral compass that keeps him on the straight and narrow.)

Don: Yeah, she reminds me because she knows me.

Therapist: What does she know?

Don: That I'm a man. (They laugh.)

Therapist: Have you considered leaving your family and hitting the natural road with the other guys?

Don: I have but I wouldn't feel right about it.

Therapist: What wouldn't feel right?

Don: I guess I'd feel guilty if I left.

Therapist: Is it Guilt that's holding you back? (Externalizing guilt)

Don: Not just guilt. I want my family – my wife and my family.

Therapist: Why did you say it twice? Why did you include your wife the second time around? Was it Guilt reminding you to include her or was it something else?

Don: I love my wife. I may not always show it, but I love my wife (He turns to her.)

Therapist: (To Louise) What are you reacting to?

Louise: (Tearing up) It's nice to hear him say it. Half the time I feel like I'm keeping him here against his will. . .like he's just waiting for me to say, "Okay, you can go."

Therapist: Whether Don stays or leaves, it's on you?

Louise: Yes. (She exhales, seeming to feel the weight of it.)

Don: It's not on you. It's on me. (Stated earnestly)

Therapist: What are you getting at Don? Is there something you're wanting to take on? (Don may be finding his own interest in accountability.)

Don: I've got to sort it out. It isn't fair for her to have to deal with all this.

Therapist: When you say she shouldn't have to deal with "all this," what is the "this" you're referring to?

Don: I have to figure out if I can be happy with my choices – having a family and being married. . .this is the life I'm living and I have to decide if I can accept it.

Therapist: Louise, how does that sound to you? How would it be for this to come off your shoulders and for Don to carry it for a while?

Louise: Please, be my guest. (Said with considerable relief)

So began a dialogue with Don about the resentment and ambivalence that had shadowed him throughout his marriage. In an unfolding conversation, hegemonic masculinity's image of a foot-loose and natural man was exposed, along with its emasculation of the sort of man who would seek fulfillment at home. The therapist was careful not to guide him toward one preference over another. It was more a matter of exposing the discourse and leaving it to Don to reach his own conclusions. In the process, Louise was relieved of the responsibility she had previously felt for Don's behavior and, ultimately, the fate of their marriage.

Three years had passed by the time Louise called again. She explained that she and Don were still together and "doing better." Their current concern was with their 8-year-old daughter, Millie, who had become "highly anxious." Louise explained by phone that Millie had trouble falling asleep at night, repeatedly calling one of them or the other to her bedside. She also frequently phoned them at work, asking plaintively when they would be returning home. Louise was convinced that if only she had extended her maternity leave before resuming her career, her daughter would be in far better shape. In her search for answers, she had been reading about "separation anxiety" and was guilt ridden over all that she had "gotten wrong." Both parents were braced for what their research promised would be a long road ahead in trying to help Millie find the confidence she would need to lead an independent life.

In league with mother-blaming practices is the cultural propensity to portray children as helpless, prompting parents, under the guidance of professionals, to carry out any and all corrective measures. This starts with adult ways of

conceptualizing problems from the moment children enter therapy offices. Though space is made for their feelings, “[c]hildren perhaps more than any other group are prone to having their ‘saying’ capabilities overshadowed by what is ‘said’ by others about them. They are the most easily marginalized segment of society” (Wall 2006, p. 537). In contrast, narrative therapy aims to treat young people as lead agents, turning to them at critical moments and counting on them to act. In doing so, discourses of mother-blame and adult-centrism are implicitly defied.

In the following transcript, a space is created for Millie to occupy the role of protagonist rather than passenger through two practices, a wonderfulness interview (Marsten et al. 2016) and the externalization of the problem. With all three family members in attendance, the first meeting began as follows:

Therapist: Before getting to know Millie, according to any problem, I wonder if you would introduce her to me according to her wonderfulnesses – those talents and gifts that show Millie at her best. If you would tell me who she is according to what is wonderful about her, we can all know what she might have going for her to meet the problem with. (This question is meant to challenge the image of the precious but useless child. It also relieves the parents of the unpleasant task of having to introduce their daughter at her worst – according to the problem.)

Louise: Oh, that’s easy. (Looking relieved) Well, this is Millie. She is a very special girl. Millie is very loving. She gives the best hugs. She’s sensitive. She an amazing artist for her age. She’s very creative. She’s really smart. . .

Don: She also has a mind of her own. She can be very determined. If she is interested in something she can stick with it for hours.

Louise and Don carried on listing Millie’s virtues and, upon request, easily produced stories about her to substantiate their claims. Recognizing Millie for particular talents rather than treating her as a generalizable child was bound to pay off when it came time for problem redress. At the halfway point in the meeting, they turned their attention to the problem.

Therapist: Okay, now that we know what Millie might have in hand to meet it with, should we meet the problem?

Louise: (Taking a deep breath) Yes. Alright, let’s see. Millie has always been a little anxious. But over the past 6 months or so it’s gotten worse and we’re not sure why. There have been a few changes. We moved to a new house, so that could have something to do with it, but she says she loves it, and she definitely loves her new bedroom. Right honey?

Millie: Uh huh.

Don: And my commute is longer now so I get home later, but we still manage to have dinner together most nights. Right?

Millie: Yeah.

Therapist: Millie, I want to get to know if something like Worry is causing problems for you (a first attempt to externalize a problem), but before I ask you about that, would you mind telling me what you love about your new bedroom?

Millie: I have a tent in my room with all of my animals and books and other stuff inside, and there are stars on the ceiling.

Therapist: Stars on the ceiling?

Don: It’s a sound machine that also projects lights that show the constellations.

Therapist: Oh yeah. I’ve seen those. Those are really neat.

Millie: And my bed is a. . . (looking to her mother)

Louise: A trundle.

Millie: Yeah, so I can have a friend sleep over.

Therapist: Do you have a friend who’s come for a sleepover?

Millie: My best friend April.

Therapist: And have you gone for a sleepover at April’s house, or has something like Worry tried to get in the way?

Millie: (She looks down.)

Louise: I think she’d like to, but Worry’s gotten in the way.

Therapist: Isn’t that just like Worry to play a trick like that on a kid who’s minding her own business. (Hoping this sort of lively depiction will bring the problem within a young girl’s range.)

Therapist: Millie, would it be okay if I asked you a few more questions about some of the ways Worry has been messing around in your life?

Millie: Okay.

Therapist: Thanks. Okay, question number 1. Is your mom right? Did you want to go to April’s for a sleepover, and did Worry try to take over before you could imagine how much fun you’d have?

Millie: Yeah.

Therapist: How did it do it, Millie? How did Worry take a fun idea like a sleepover at your best friend’s house and turn it into a bad idea or a scary one?

Millie: (She shrugs.) (The question may need reshaping to bring it within reach.)

Therapist: Does Worry try to take your fun imagination and turn it into scary imagination?

Millie: It makes me think something bad will happen.

Therapist: And when you had your imagination all to yourself before Worry came along, can you think of what you liked to use it for? (Freeman et al. 1997.

Millie: For Minecraft.

Don: Not just Minecraft. She used her imagination for all sorts of things. She's always been very creative. Remember the story you made up on our road trip? (Don describes how Millie sat in the backseat and created a story that "went on for days" about a whole world with characters and plotlines.)

Therapist: I'm just thinking, Millie. . . If you had a small imagination do you think Worry might have left you alone?

Millie: (Thinking)

Therapist: Is it because your imagination is so good that Worry thought you'd be the perfect kid to pick on?

Millie: Yeah, because my imagination is pretty big. (She seems to be getting in the spirit.)

Therapist: What do you think of a problem like Worry trying to use a young girl's talent for imagination against her?

Millie: I won't let it!

Therapist: But what if Worry decides it wants to use your imagination as its playground a while longer?

Millie: It belongs to me! (Said with conviction)

Therapist: (To the parents) Is this the girl you introduced me to with a mind of her own?

Louise and Don: Yes! Yeah! (Overlapping)

Therapist: I'm just curious, has Worry tried to sneak into your imaginations too?

Don: It definitely has.

Therapist: What's it like to be reminded just what kind of girl Millie is?

Louise: It's wonderful.

Despite every loving attempt on Louise's and Don's part to mitigate Worry and revive Millie's spirits, it was only when Millie herself took a decisive position that events began to turn in her favor. Young people have the capacity to effect dramatic change. It is a matter of freeing ourselves from common conceptions of childhood so that our imaginations, alongside those of children, can take flight.

As people attempt to orient to the problems that enter their lives and those of loved ones, ready-made cultural narratives can get out in front and shape what is possible to perceive. Narrative practitioners remain on the lookout for dominant discourses (e.g., patriarchal, mother-blaming, diagnostic, etc.) that can capture our attention and block out other possible images of life. The aim is, if not to flatten power, to at least account for it. In this way people can see it in its operations and find opportunities to strike out in preferred directions.

Cross-References

- ▶ [Deconstructive Listening in Couple and Family Therapy](#)
- ▶ [Micro-politics and Poetics in Couple and Family](#)
- ▶ [Narrative Couple Therapy](#)
- ▶ [Narrative Family Therapy](#)
- ▶ [Poststructuralism in Couple and Family Therapy](#)
- ▶ [White, Michael](#)

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