

# Counselling and Storytelling

## How Did We Get Here?

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**ABSTRACT** *We are a species of story-makers and storytellers. Stories are central to our development of self concept and identity and how we distinguish ourselves from others – a process central to our wellbeing. Counselling through storytelling is both an ancient activity and an emerging conceptual model. As an ancient activity it finds its origins in some very old cultural traditions. Australian Aboriginal people have long been telling stories in which they have created a sense of landscape, community and place. These stories hold a significance that stretches from the dawn of time, from the stories of the Dreamtime. The invitation to the 6th World Congress for Psychotherapy (WCP) on the theme of World Dreaming stated: “The intention of psychotherapy has always been to find forms of communication, expression and understanding that allow non-violent resolution of conflicts and the emergence of the individual human spirit.” Not so! As central as stories may be to the human condition and despite their early acceptance, psychological theory and practice have historically focussed on promoting and maintaining Western privilege through Western knowledge and Western ways of knowing which have denied the validity of Indigenous knowledge and culture. Psychotherapeutic research adopted the methodology of natural science: accurate measurement; statistical analysis; experimentation; the quest for predictive power; and the role of the detached, objective researcher. The growth of science and technology correlated directly with the loss in legitimacy of stories as a means of communicating truths about the world. This process had particularly severe repercussions for traditional peoples and their way of life, so rooted in literal story. In an Australian context, psychology has been complicit in the colonising process. It has acted as an agent for assimilation and oppression. This paper traces some of the effects of the “fall and rise” of narrative methods for understanding and enhancing human behaviour. Copyright © 2013 John Wiley & Sons, Ltd.*

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### INTRODUCTION

We live in a storied world. We live our lives through the creation and exchange of narratives. We live through the stories told by others and by ourselves. Such stories have ontological

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status. The story is the means by which we organise and communicate the meaning of events and experiences; it provides the bridge between culture and self (Attwood & Magowan, 2001; Bell, 2009; Bruner, 1990; McLeod, 1997; Murray, 2003; Rose, 2001). Strong stories have the power to change the way people think (Riessman, 2008; Rose, 2001).

Storytelling is the oldest form of human communication. Humans are a species of story makers and storytellers. The capacity to narrate is present as soon as a child learns to use language. Storytelling comes to us as easily and unconsciously as breathing. In all its manifestations, story is the most enduring expression of human culture. Regardless of our culture or its age and origins, human beings share storytelling abilities. This gift may be the result of a “predisposition” or “readiness” to organize experience into a narrative form. Modern science informs us where such function is located in the brain, and how it is hardwired into the human genetic code, and although the exact nature of these sensory image-making abilities remain a mystery, it is clear narratives are created to bring order and meaning to our lives. Stories are central to the development of self-concept and identity and how we distinguish ourselves from others – a process central to our wellbeing (Bell, 2009; Murray, 2003; Oxenham et al., 1999; Riessman, 2008).

Barthes highlighted the universality of narrative when he stated:

Narrative is present in myth, legend, fable, tale, novella, epic, history, tragedy, drama, comedy, mime, painting ... stained glass windows, cinema, comics, news item, conversation. Moreover, under this almost infinite diversity of forms, narrative is present in every age, in every place, in every society; it begins with the very history of mankind [sic] and there nowhere is nor has been a people without narrative ... it is simply there, like life itself. (quoted in Riessman, 2008, p. 4)

## STORYTELLING FROM A COUNSELLING PERSPECTIVE

Counselling, through storytelling, has been described as both an ancient activity and an emerging or, maybe, more correctly, a re-emerging conceptual model (Glossoff, 2009; Nystul, 2011). (Although this article draws more on literature from counselling, its argument equally concerns psychotherapy.) As an ancient activity, counselling – and psychotherapy or “soul-healing” – through storytelling finds its origins in some very old cultural traditions which ritualised ways of enabling individuals and groups to manage interpersonal tensions and questions regarding purpose and meaning (McLeod, 1997). As an emerging conceptual model, narrative methods for understanding human behaviour have become increasingly popular in psychology and are regarded as an attempt to simplify and demystify counselling by focusing more flexibly on the client’s own perspective and language. Narrative approaches draw on theories associated with “post-modernism” (Nystul, 2011; Sharf, 2008).

Central as stories may be to the human condition, and despite their early acceptance, stories were not valued in modern psychological theory or practice. Scientific knowledge was prized over narrative knowing, which resulted in the tendency to diminish the significance of stories. The growth of science and technology correlated directly with this loss in legitimacy of stories as a means of communicating truths about the world (McLeod, 1997). Knowledge gained from storytelling is very different from knowledge gained through science. All truths

about human functioning are relative to the kind of lens through which those truths are examined. The unique richness of storytelling as a subjective way of knowing, grounded in oral culture and value laden, was abandoned in favour of paradigmatic knowing representing scientific modes of thought known as “modernism” (Bruner, 1990; Glossoff, 2009; McLeod, 1997; Nystul, 2011). This process was to have particularly severe repercussions for Aboriginal peoples and their way of life, so rooted in literal story (Rickwood, Dudgeon, & Gridley, 2010).

## MODERNISM

Sullivan (2008) offered a concise definition of modernism when he stated:

This is the world of diagnosis and the Diagnostic and Statistical Manual-IV, psychopharmacology, treatment manuals and random controlled trials. In this philosophy, counselling theories are considered to be accurate accounts of what they are describing. The first therapies of psychotherapy and counselling (psychoanalytic, humanistic, behavioural and cognitive) were considered to be accurate portrayals of human psychological functioning (Hansen, 2006). As opposed to the postmodernist, modernist assumptions are based on the dominant natural sciences paradigm. Reality is not contingent upon human experience or knowing but independent and separate from it. Through objective and empirical observation, hypotheses can be formed and variables manipulated, and through experimentation (of the random controlled trial kind) that reality can be directly contacted and verified. The truth *is* out there! It is empirically observable. Anything that is not empirically observable is not real. (p. 23)

Psychology was born in positivism. The emergence of psychological theories took place around the late 19th and early 20th centuries. Early theorists regarded human nature as being biologically determined (Bruner, 1990; McLeod, 1997; Rickwood et al., 2010). This development reflected advances in psychiatric and psychological knowledge leading to new forms of treatment. Scientifically validated theories and procedures were applied increasingly to problems of emotional life and behaviour even though such knowledge relied on assumptions and procedures which were, according to McLeod (1997), “abstract, impersonal, free of social context, logical and predictive” (p. 30).

According to Glossoff (2009), the concept of counselling emerged not out of any perceived need within human development but, rather, in response to the demands made by the industrialisation and urbanisation of the United States of America. She advised that, at the turn of the 20th century, the USA faced escalating social and economic problems relating to the distribution of a growing workforce, an increasingly educated population, the needs of immigrants, and the preservation of social values and cohesion as family connections were weakened. The Industrial Revolution had led to job specialization, and many technological advances required the development of new skills and an increased ability to adapt. Following the need for workers to live near their workplaces, large cities became overcrowded, and assistance was required to enable this new society to develop and maintain their recently constructed and socially accepted mores.

New specialised industries needed school leavers suitably prepared to realise their full work potential. The response to this particular societal pressure took the form of the vocational guidance movement led by Frank Parsons, regarded by some as the originator of (career)

counselling as a profession (Glosoff, 2009; Nystul, 2011; Welfel & Patterson, 2005). Parsons regarded career decision-making as a rational process of guided self-appraisal, an awareness of work opportunities and a capacity to match abilities with demand. From the publication of Parson's book in 1909 until the 1940s, the newly fledged profession of counselling became more "rational" and "scientific" as a result of its enhanced ability to assess individual aptitude through standardised testing. The vocational or "trait-factor" counsellor became "the expert" in measuring skills and abilities, and matching personal traits to the factors needed for success in varying occupations.

Standardised testing, however, was not limited to vocational counselling. During the late 1800s and early 1900s, the testing movement was establishing itself in a variety of fields. Francis Galton, an English biologist, developed tests to differentiate characteristics of genetically related and unrelated people while James Cattell focused on ways to measure intelligence, introducing the first mental abilities test, and Alfred Binet developed the first intelligence scale in 1905. World Wars I and II played a vital role in the proliferation of psychological testing. The army's need to classify new recruits for training programmes resulted in the development of mass intelligence and ability testing. Although counsellors were not, in the main, the creators of the tests, they became the administrators. Knowledge of and skill in administering and interpreting the tests became part of the formal education of counsellors. As counselling as a profession developed, new aspects of scientific technology were introduced such as psychometric assessment, projective techniques and behavioural inventories. Large-scale commercial production of psychometric tests followed and they were utilised in industry, health, education, government and the armed forces as well as in private practice (Nystul, 2011). The use of psychological tests offered a systematic approach to diagnosis and treatment that allowed counsellors to formulate an objective dimension to the counselling process, thus allowing counselling to be regarded as scientific in nature. The practice of such "scientific" methods, however, eventually created controversy amid an increased sensitivity to multicultural issues. The testing movement declined to some extent when it became apparent that many standardised tests reflected a cultural bias (Glosoff, 2009; Nystul, 2011; Rickwood et al., 2010; Welfel & Patterson, 2005).

Psychology experienced a paradigm shift when it moved from a strong biological base to position itself within the neurosciences with a firm focus on perception, memory and thinking. In turn, this shift became regarded as varieties of information processing, and a new positivist, "laboratory" style emerged with ideals of reductionism, causal explanation and prediction (Bruner, 1990). Emphasis shifted from "meaning" to "information", from the construction of meaning to the processing of information. In this new reductionist era computing became the model of the mind, replacing the concept of meaning. Although very popular at the time, this move came to be regarded by some as highly constricting as the profession moved away from a historical, interpretive approach to understanding the nature of humanity, to questions about the nature of the mind and its processes (Bruner, 1990).

Psychotherapeutic research at this time also adopted the methodology of natural science – accurate measurement, statistical analysis, experimentation, the quest for predictive power and the role of the detached, objective researcher. This research was occurring throughout the post-industrial world (Glosoff, 2009; McLeod, 1997; Nystul, 2011; Welfel & Patterson, 2005). The modern world, characterised as it is by urbanised, industrial societies, invested heavily in scientific knowledge. Scientific knowledge became an integral and valid part of

modern society, yet such knowledge relied on assumptions and procedures which did not require social context.

Bruner (1990) has argued that psychology and the social sciences generally have always been sensitive, if not oversensitive, to the needs, economic and political, of the society in which they develop. This, he stated, resulted in counsellors and psychotherapists defining and redefining people in the light of new social requirements, and, as a result, psychotherapy has remained largely a white, class-based activity, which gives itself the authority to pathologise other images of self, ways of knowing and ways of life. McLeod (1997) took the view that underpinning the growth and expansion of therapy was the emerging theme of colonisation. He described this form of psychotherapy as “a culturally sanctioned form of healing that reflects the values and needs of the modern industrial world” (p. 2).

McNamee and Gergen (1992) suggested it is the image of “the expert”, adopted in the 20th century, which allowed strong ideological biases (political, moral and cultural) to be located within modernist theories and therapeutic practices. They described the practice of such “experts” as seeking to “sustain certain values, political arrangements and realities and hierarchies of privilege” (p. 2).

Klein (2007) reviewed the work of one such “expert” prominent in the mid 1990s: Ewen Cameron, a Scottish-born American citizen, had, at the pinnacle of his career, been President of the American Psychiatric Association, President of the Canadian Psychiatric Association and President of the World Psychiatric Association. From Cameron’s published papers Klein recorded that:

he [Cameron] believed that the only way to teach his patients healthy new behaviours was to get inside their minds and “break up old pathological patterns.” The first step was “depatterning”, which had a stunning goal: to return the mind to a state when it was, as Aristotle claimed, “a writing tablet on which as yet nothing actually stands written”, a *tabula rasa*. Cameron believed he could reach that state by attacking the brain with everything known to interfere with its normal functioning – all at once. It was “shock and awe” warfare on the mind. (p. 31)

Cameron called his new method for returning the mind to a blank state and then re-programming it “Psychic Driving”. This method involved deploying all known means (electroshock therapy, drugs, isolation and sensory deprivation) to interfere with the two major factors that enable us to maintain a time and space image:

1. our continued sensory input; and
2. our memory.

A Page–Russell device was used to administer up to six consecutive jolts instead of a single electric shock. Cameron used this machine on patients twice a day for 30 days: a total of 360 individual shocks per patient. A mixture of drugs was used, including “uppers”, “downers” and “hallucinogenics”, as well as drugs to induce sleep for up to 65 hours. Isolation rooms were soundproofed and kept in darkness. White noise was piped in and cardboard tubing was applied to arms and hands to impede the patient’s ability to touch. Once “depatterning” was thought to be complete, taped messages would be played to Cameron’s patients containing the messages he wanted them to absorb. These tapes could be played for 16–20 hours a day for weeks on end.

Cameron's methods proved highly successful in deconstructing the human psyche but rather less successful in reconstructing it. Following Freedom of Information requests in the late 1970s it was revealed Cameron's research and clinical practice had been generously funded by the United States' Central Intelligence Agency (Klein, 2007).

Although "therapists" such as Cameron may represent the more extreme version of "Big Brother" attempts to erase ideas, beliefs and behaviours that challenge those in powerful and dominant positions, McNamee and Gergen (1992) believed most traditional positivist approaches to knowledge were overly rigid, and the way they produced knowledge was fixed and, therefore, not universally valid.

The role of "expert" in the implementation of government policy in Australia is clearly identifiable in the work of de Lemos (1969), a psychologist working with Aboriginal children in the Northern Territory. In 1937 the Commonwealth Government openly talked, for the first time, about the need for attempts at assimilation to be preceded by a system of education for Aboriginal people. The implementation of the government's policy was delayed by the outbreak of war in 1939 but when it returned to the national agenda the policy of assimilation was clearly overt and clearly articulated (Austin, 1998; Harris, 1991; Mounsey, 1979). It was decided that educational policies supporting assimilation would be rolled out, in the first instance, in the Northern Territory.

de Lemos, described as a pioneer in her work (McConnochie, 1982), reported on a study she undertook looking at concept development and the implications of this on Aboriginal education. de Lemos applied Piaget's tests of conservation of quantity, weight, volume, length, area and number to Aboriginal children, aged from 8 to 15 years, who were attending two mission schools. The children were questioned in English. de Lemos commented that if the children were unable to communicate their meaning clearly in words, they used gestures. She neglected to explain how she deciphered these gestures and categorised them in Piaget's terms. de Lemos (1969) concluded that her findings:

clearly indicate that the concept of conservation develops much later in Aboriginal children than in European, and in some cases appears not to develop at all ... The strong evidence that environment factors can have very marked effects on intellectual development ... suggest that this retardation would be mainly a result of environment factors. (p. 255)

It remained unclear whether de Lemos used the word "retardation" clinically, literally or conceptually; she did, however, express the view that:

Ideally, the answer to the problem would be to provide pre-schooling facilities that would remedy the deficiencies of the Aboriginal home environment, and provide the children with opportunities for perceptual and motor learning and language development. (p. 259)

Blaming the failure of what she regarded as the ultimate development of cognition in Aboriginal children on the parents and home environment, de Lemos offered a blatantly Westernised sense of culture and learning.

As an alternative to modernism, McNamee and Gergen (1992) advocated the adoption of a postmodern, constructionist approach to therapy which, they argued, would invite the kind of critical self-reflection necessary to open the future to alternative forms of understanding.

## POSTMODERNISM

The theories and practices of postmodernism offer a direct challenge to the theories and practices of modernism. In contrast to McLeod's (1997) view of modernism as "abstract, impersonal, free of social context, logical and predictive" (p. 30), postmodernism "recognises that truth, knowledge, and reality are reflected contextually in terms of social, political, cultural, and other forces that can have an impact on personal experience" (Nystul, 2011, p. 18). As such, postmodernism appeared to offer opportunities for integrating diversity issues such as the role of culture and economic forces. It suggested a movement away from an autonomous, integral self to a social community self that extended beyond the individual to all aspects of society.

Postmodern trends are associated with two psychological theories: constructivism (Kelly, 1955; Mahoney, 1988), which emphasised the role of cognition in interpreting external events; and social constructionism (Anderson & Goolishian, 1992; Bruner, 1990; Gergen, 1985; McLeod, 1997; McNamee & Gergen, 1992), which stressed the importance of social forces in constructing reality. Both theories recognise the role played by narrative in creating stories used by people to define personal meaning in life, and solution-focused therapy which focuses on finding solutions to problems by looking at what has worked in the past, what currently is working, and what could be utilised to improve future outcomes (McLeod, 1997).

## CONSTRUCTIVISM

Constructivist theory is based on the study of cognition. Therapists working from a constructivist perspective attempt to understand the constructs used by clients to understand their problems. They are interested in how human beings interpret their worlds, and how counsellors interpret their acts of interpretation. Plausible interpretation, the sense we make of our world, our fellow humans and ourselves, is regarded as preferable to causal explanations.

Critics of constructivism, however, believe that psychology needs to return to more human concerns such as the role culture plays in shaping our thoughts and how culture provides the language we use to express them. It is argued that the cognitive revolution, with its focus on the mind as an information processor, has led psychology away from understanding the mind as a creator of meanings (Bruner, 1990). Although constructivist psychologists and therapists find value in the concept of narrative, they are criticised for failing to acknowledge fully the significance of storytelling in addressing the social and cultural dimensions of narrative (McLeod, 1997).

## SOCIAL CONSTRUCTIONISM

According to Gergen (1985) and McLeod (1997), social constructionism represents a broad movement within psychology and the social sciences which believes understanding can only be achieved as a result of careful analysis of the cultural and historical contexts of social life. They argued that any coherent model of therapy must base itself in an understanding of the causes of people's problems and difficulties (socially constructed and defined) which is matched by the nature and form of intervention offered. Social constructionism, as a philosophical approach, offers a way of understanding the world which acknowledges the

historical process of interaction and negotiation between groups of people, and which defines or redefines psychological constructs such as “mind”, “self” and “emotion” as socially constructed processes within the realm of social discourse. In doing so it offers a critical approach to assumptions about the nature of the social world which reinforces the interests of dominant social groups (Anderson & Goolishian, 1992; Bruner, 1990; Gergen, 1985; McLeod, 1997; McNamee & Gergen, 1992), and challenges what Hoffman (1992) called “a kind of colonial mentality in the minds of academics and practitioners” (p. 13).

Bruner (1990) regarded culture and the quest for meaning as the causal factors of human action. He emphasised the nature and cultural shaping of meaning-making, and the central place it played in human action. Bruner argued that human nature cannot be independent of culture but, rather, that psychology is immersed in culture around those meaning-making and meaning-using processes that connect people to culture. Through participation in culture, meaning is made public and shared. A culturally adapted way of life is dependent upon shared meanings and shared concepts and a shared model of discourse for negotiating differences in meaning and interpretation. According to Bruner (1990) “It is man’s participation *in* culture and the realisation of his mental powers *through* culture that make it impossible to construct a human psychology on the basis of the individual alone” (p. 12).

Bruner (1990) believed the central concept of a human psychology should be “meaning” and the processes involved in the construction of meaning: how experiences and acts are shaped by intentional states which are realised through participation in the symbolic systems created through culture. Bruner argued that: “it is culture, not biology, that shapes human life and the human mind, that gives meaning to action by situating its underlying intentional states in an interpretive system” (p. 34). He referred to this as “cultural psychology” and coined the term “folk psychology” to name the system “by which people organize their experience in, knowledge about, and transactions with the social world” (p. 34). The organising principle here he defined as narrative, rather than conceptual: it is narrative that organises experience. This relatively recent revelation in psychology resonates deeply with ancient Indigenous wisdom.

## STORYTELLING FROM AN INDIGENOUS PERSPECTIVE

Australian Aboriginal culture is the longest recorded, continuous culture in the world. Remaining connected to, and having knowledge of, the natural world is a cultural imperative for Aboriginal people. Literal story continues to be expressed through painting, dancing, singing and speaking (Bell, 2009). Aboriginal people have long been telling stories in which they have created a sense of landscape, community and place, and this has taken the form of community oral history and life stories. The significance of life stories and storytelling is well documented in Aboriginal literature, where they hold a significance that stretches from the dawn of time, from the stories of the Dreamtime (Attwood & Magowan, 2001; Bibby, 1997; Bird, 1998; Morgan, Mia, & Kwaymullina, 2007; Oxenham et al., 1999).

Personal histories are related as ancestral stories and ancestral songs, creating a series of life events that are intimately related to others, both local and further afield. Stories are told about the practical difficulties of journeys between places, about the ancestral journeying of megafauna creatures of ancient times, and their trials and tribulations along the way. The landscape acquires significance through the cartographic marking and mapping of experience



and events. Places are spoken or “sung” into being. The cartography of the country also becomes a cartography of the mind (Magowan, 2001).

In their life stories, Aboriginal narratives seldom represent their lives in terms of “I” but rather of “we”. Relationships with family, kin and others are emphasised. Through story, Aboriginal people know who they are, where they belong and what this knowledge means in terms of responsibilities, relationships and connections with others. Values, and the sense of identity of their social groups, are transmitted from generation to generation through myths and legend. The presence of Aboriginal people in Australia has been significant and long standing. To survive in such a diverse location, subject as it is to a range of climates and environments, speaks of great resilience and the ability to adapt both individually and collectively. As Garvey (2007) noted: “It is doubtful whether a single ‘culture’ could have endured or ensured survival ... thus many ways of living were enacted, respected and transmitted to succeeding generations” (p. 32). The consequences of any disconnection or loss of an Aboriginal cultural heritage are, therefore, far-reaching.

Aboriginal stories also tell of experiences of colonialism. Such narratives relate not only to a series of events but, more importantly, to the sense that has and can be made of these events. Narrative is a cognitive instrument, a primary means of making sense and understanding. Through meaning-making, tragedy, trauma and loss may become more bearable (Riessman, 2008). Stories become not only vehicles for learning and understanding; they also become a means of remembrance. The past is remembered through telling stories. Through this process, narrative becomes a fundamental mnemonic act. The story becomes much more than a series of events. Story becomes an expressive embodiment of all that has taken place. By understanding the past, Aboriginal people are more able to critique the present and actively shape the future. By recounting histories of colonialism, Aboriginal people have created both an understanding and a critique of it, paving the way for the construction of stories of freedom to challenge their oppression and offer a valuable and viable future.

The importance of Aboriginal stories to Aboriginal people is captured well by Kwaymullina when he stated:

Our culture is shaped around stories, our history transmitted through them. Stories spoken from the heart hold a transformational power, they are a way for one heart to speak to another. They are a means of sharing knowledge, experience and emotion. A story spoken from the heart can pierce you, become a part of you and change the way you see yourself and the world. Listening to a heart story is a way of showing respect, a silent acknowledgement of what the speaker has lived through and where they have come from. Stories can also transform the speaker. Sharing the past can ease old pains, soothe deep hurts and remind you of old joys, hopes and dreams. (Quoted in Morgan et al., 2007, p. 6)

## **BACK TO THE FUTURE**

When compared to other existing mainstream therapeutic approaches, social constructionist theory offers a much greater culturally sensitive explanation of why people experience difficulties in the first place (McLeod, 1997). The cause or aetiology of the experienced difficulty or difficulties may be rooted in cultural, interpersonal or individual conditions, or any combination of all three. Factors determining whether clients experience healing in a

therapeutic setting may include their capacity to tell their story, the opportunity given to do so, and the invitation to make narrative of central aspects of their experience which will be heard.

As a form of sense-making or thinking, a story also serves several functions: it brings order, sequence and a sense of completion to any given experience. By providing a causal explanation for an experience, it becomes a method of problem-solving and, by enabling a sense of perspective, it allows singular events to be brought into a broader context (McLeod, 1997).

McLeod (1997) highlighted how two key figures in the development of narrative theory – White and Epston – turned to the French social philosopher Michel Foucault to account for the cultural origins of narrative difficulties. Foucault believed the knowledge people have regarding their lives reflects the apparatus through which power and control are exerted in society: “The ‘knowledges’ that people possess reflect dominant ideologies” (p. 99). He continued:

Oppressive cultural labelling can result in minority populations having their stories written and interpreted for them in a way that contains a narrative of pathology and deficit. A clash of culture may supply stories that do not fit experience and/or experience that does not live up to the story. It may also fail to offer the means by which the story can be told at all, leaving only the experience of silence, of living with a story that cannot be told or heard. Such enforced silence is amplified by a cultural silencing arising from an unwillingness to acknowledge a situation that challenges, frightens or threatens what is valued. As such silencing can be understood as a pervasive cultural phenomenon. (McLeod, 1997, p. 101)

Social constructionist thinking recognises each client’s story to be an individual account of a broader cultural narrative. As McLeod (1997) noted, when clients in therapy recount their stories, they are choosing from many story forms available to them from within their cultural tradition. If we acknowledge that an experience can be shared in many different forms, then the factors that influence how the story is told, and in what circumstances, become key issues for counselling. However, if the cultural setting for counselling holds a position of default, deficit or pathology, then this setting will result in a disempowering encounter, which further emphasises “the therapeutic encounter as a meeting of unequals grounded in the inadequacy of the client” (p. 102). It is, therefore, essential that any potential for a hierarchical relationship in which the counsellor’s view of the world is regarded as being inherently superior to that of the client is removed and replaced by an equality of authority through which counsellor and client can relate collaboratively as co-constructors of meaning (Rickwood, Dudgeon, & Gridley, 2010).

Achieving such equality of authority can be attained through the counsellor adopting what Anderson and Goolishian (1992) termed a “not-knowing” approach to their client. The therapist relinquishes any thought of having access to a definitive view of the world and accepts that their view is but one voice in a conversation. This idea of “not knowing” stems directly from hermeneutic and postmodern modes of understanding which challenge the notion of “privileged discourse”. The principle of “not knowing” is implicit in hermeneutic, interpretive approaches to knowing, so “not knowing” can be regarded as applying hermeneutic principles to therapy (Anderson & Goolishian, 1992).

Anderson and Goolishian (1992) invited counsellors to be curious about the uniqueness of individual narrative truth and to avoid a search for patterns in their client’s narrative which may support the counsellor’s view but which “invalidate the uniqueness of the clients’ stories and thus their very identity” (p. 30). The goal of social constructionist narrative therapy is not

to replace one story with another but to empower clients to participate in a continuous process of creating and transforming meaning (McLeod, 1997).

To be an effective practitioner requires counsellors to develop reflective competency in, and respect for, the distinct and diverse nature of cultural identity and experience. Applying hermeneutic and postmodern modes of understanding will help to challenge any notion of “privileged discourse” (Jenkins, 2013) and, hopefully, fulfil the ideal intention of psychotherapy, as noted by the World Congress for Psychotherapy (2011) that it helps clients utilise “forms of communication, expression and understanding that allow non-violent resolution of conflicts and the emergence of the individual human spirit”.

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