

Narrative Practice/Therapy as an alternative career path: An experiential account

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Arpita is a Practicing Narrative Therapist, Consultant Psychologist and a Researcher working in the field of mental health. She completed her MSc in Economics from the University of Calcutta in the year 1988. As a professional, Arpita has a varied experience which includes teaching Economics in a college, imparting IT education and developing software, building maps, charts & teaching aids for schools, and running GIS institute & making GIS maps etc. The variety of jobs gave Arpita a fascinating opportunity to meet different people. In her lived experience she was facing too many questions which demanded further search. Perhaps all these drew her towards psychology, social psychology and close to the world of mental health. Currently she is doing her Ph D on Stigma and marginalization associated with mental illness, from Psychology Department of Calcutta University. Arpita has a special interest in feminism and related issues. Learning Narrative Practices from UMMED was a magical moment for her to get a direction for her work. The idea of Narrative Practices has brought new hopes in her life.

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What is Narrative Practice

Narrative Practice is an approach towards life which can be applied to different domains for making this world a better place. This is gaining its popularity both in counselling and community work. This approach was developed during the 1970s and 1980s, largely by Australian social worker Michael White (29 December 1948 – 4 April 2008) and New Zealander therapist David Epston (born 30 August 1944). The 1980s was a time of profound feminist challenge in the work environment. Cheryl White in an article pointed out about the broader challenges of that time like gender roles in families, male-centered language, the practice of mother-blaming, gender inequalities in the field of family therapy, heterosexual dominance, issues of race, culture and the effect of colonization. It is a collaborative and non-pathologizing practice which can be translated in any culture.

The key ideas on which narrative practices are based are to be understood experientially from the lived experience. One of the most important key ideas is ‘the person is not the problem; the problem is the problem’. When a person comes to a therapist’s chamber, they are burdened with their problem in such a way they start thinking that ‘I am the problem’. In narrative practice, the practitioner and the consultee get involved in a collaborative journey to explore the consultee’s lived experience; situations; external circumstance which have subtle or overt effect on the person’s life; shiny moments of their lives otherwise veiled by time; hidden knowledge residing in their lived experience of their skills and abilities. Stories play the most essential part to shape a person’s life. By exploring

numerous stories from past, near past and present unfolding goes on and these conversations connect the person with their dreams, hopes, values and commitment and help them to figure out their preferred pathway of life.

My experiential account of narrative practices as a therapist

I have been working as a mental health professional since 2013. I had a constant feeling that we generally do not pay that much heed to the systemic impediments which shape a person to be marginalized and discriminated in a particular context. Mothers often visit a mental health worker saying ‘he is lagging in performance!’; ‘he is not good in numbers’; ‘he won’t be able to continue studies in science stream’! the society judges a person on the basis of what they cannot do; not on the basis of what they love, like and good at. The society continues to judge a person on the basis of dominant societal norms.

‘I can’t do anything’; ‘I feel so scared, always’; ‘it’s a fear of losing the game’; ‘I feel suffocated; am I a prisoner?’ ableism is a type of discrimination where one’s body and mind is judged on the basis of some social construct of ‘normalcy’! This term emerged in the mid-17th century in the context of Racism, Capitalism, Colonialism, Sexism etc. Facing of ‘ableism’ is common, we all face it in our lives too. This systemic discrimination is often present in people’s life in a such a way that the person feels ‘s/he is the problem’. Narrative practices explore and unfold the contextual nuances of power present in person’s life which has a detrimental effect.

People are meaning makers; they are interpretative beings. The exploration goes on keeping the person in the center. Here the therapist does not start from pre-defined labels or expertise from technical knowledge but starts exploring how the problem looks like in the person’s life. Suppose someone is saying that she has ‘OCD’. What does ‘OCD’ mean to her? Collaborative exploration goes on and people sometimes finds OCD in their strict discipline and rules in childhood experience of schooling; sometimes in an intense fear of authority to write complaints in the school-diary; sometimes people draw picture of OCD - a beautiful lady with high nose and broad eyes but with a ruthless & cruelty in them. Narrative metaphor plays an important role in the work.

The person tries to figure out their relationship with the problem in the broader context of life. Michael White has provided some maps which can be used in a therapy session. Maps like externalizing conversation helps the person to create a distance from their problems. The person feels that they are not the problem; the broader context has a role to play. The exploration goes on. There are multiple stories often present in a crisscross zig-zag way. The problem story also changes. Suppose, a person is taking about her problem as ‘red phobia’ which threatens her; it brings a fear of suicidal thought; a fear of being unsuccessful. In course of conversation the ‘red phobia’ can become ‘fog’ where a part is only visible! The name of the problem changes, she can say that ‘the problem looks like ‘gyre’ where two points can be found where one can stand properly without the fear of falling. The role of the narrative therapist is decentered but

influential; the person and their agency reside in the center. The person is the expert of their lives; decision maker of their lives.

Other maps like reauthorizing conversation, remembering, absent but implicit, scaffolding is novel in ideas, open and flexible for people to work.

Some of the influential thinkers whose ideas have contributed to narrative practices are Lev Vygotsky (1896 – 1934), Michel Foucault (15 Oct 1926 – 25 June 1984), Barbara Meyerhoff (1935 – 1985), Jerome Bruner (1 Oct. 1915) and Jacques Derrida (1930-2004).

Another significant application of Narrative Practices works through definitional ceremony and creative & collective documentation. These connect people with solidarity and hope.

Who can join

People from vivid disciplines can join a course on narrative practices/therapy. After graduation and post-graduation youngsters who have an intention to work in the field of counselling and community work can explore allied courses in the following organizations.

<https://ummeed.org/>

<https://www.narrativepracticesindia.com/>

there are numerous short-term courses available in the above mentioned two organizations on line.

I quote ‘who can join’ from both the organizations.

<https://ummeed.org/>

Who can apply: Teachers, special educators, therapists, psychiatrists, pediatricians, counsellors, psychologists. Professionals working with children, families, individuals and communities

<https://www.narrativepracticesindia.com/>

“People who are curious about stories and want to explore more. It could be community health workers, activists, teachers, mental health workers, writers, social workers, poets, special educators, artists, photographers, counsellors, historians, psychologists, policy makers, occupational therapists, physiotherapists, speech therapists, doctors, etc.”

Persons from developmental science can explore for options in this field.
