



**EXPLORING HOMOPHOBIA AND HETEROSEXUAL DOMINANCE  
IN NARRATIVE THERAPY**

**by**

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***Of course, silence on these issues performs the enforcing work of the status quo more predictably and inexorably than any attempt at analysis. (Eve Kosofsky Sedgwick 1990: 21)***

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## SUMMARY

By adopting a postmodern feminist research methodology this thesis explores homophobia and heterosexual dominance in Narrative therapy.

An extensive review of the Narrative therapy literature found that gay, lesbian and other non-heterosexual subjects are largely invisible within the Narrative therapy literature. It also found that there is a clear discourse on anti-heterosexism developing in the margins of Narrative therapy.

Interviews were conducted with seven practitioners who draw upon Narrative ideas in the work that they do. In analysing the interview texts it was found that experiences of homophobia and heterosexual dominance, a hierarchising of oppressions, and performative contradiction were prevalent within the Narrative therapy community.

The findings of this research suggest that there is still a lot to be done in addressing issues of sexuality based oppression within Narrative therapy.

## **CERTIFICATION**

This work contains no material which has been accepted for the award of any other degree or diploma at any other university or tertiary institution and, to the best of my knowledge and belief contains no material previously published or written by another person except where due reference is made in the text.

Tracey Sloan

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# 1. INTRODUCTION

## 1.1 Orientating Thoughts

Narrative therapy is an *approach* to counselling, group work and community development. Some people also talk and write of it as a way of seeing and being in the world (White 1995, Freedman & Combs 1996). A Narrative approach is based on the idea that people's lives and relationships are shaped by the stories that individuals, communities and societies develop in order to give meaning to experiences (White & Epston 1990). Chapter 2 describes in more detail what Narrative therapy is.

This thesis is a feminist exploration of the construction of sexuality in Narrative therapy discourse. By discourse, in this sense, I mean particular ways of thinking, speaking and acting, with their subjugated practices and procedures (Lowe 1990) that are the effects of particular nexus of power-knowledge.

I wish to conduct this exploration by thinking with the terms homophobia and heterosexual dominance. Broadly and generally the term homophobia "refers to negative attitudes towards homosexual persons and homosexuality" (Dynes 1990: 552). Although its precise definition varies, it has been used for approximately the last 30 years to cover all manner of fear, hatred, discrimination and prejudice directed towards gay men and lesbians (Stiles 1995 :8), and throughout more recent years bisexual, queer and other non-heterosexual people. Of the two terms homophobia and heterosexual dominance, homophobia enjoys the greater currency in the English language (Dynes 1990: 552), the media (Carter 1994: 22)



and popular conversation (Carter 1994, Stiles 1995). In contrast, heterosexual dominance is a term that is peculiar to Narrative therapy discourse. It refers to the social and cultural processes “whereby heterosexuality is not only assigned a superior value, but dominates and is actively asserted over all” other sexualities (Stiles 1995: 9). That is, it draws attention to the system of power underpinned by the ideology of *heterosexuality* that produces and maintains sexuality based oppression and injustice(s) in white western culture.

Evidence of heterosexual dominance confronts us everyday. For example, in the media which is populated with images of heterosexual couples and families, in the law where same-sex couples do not enjoy the equivalent rights and privileges as heterosexual couples, and in the counselling room when heterosexuality is assumed until proven otherwise. Prescriptions for hetero-sexuality surround us from birth and work in collaboration with homophobia to obscure or actively undermine other possible expressions of sexuality.

Homophobia functions as a support mechanism for heterosexual dominance, helping the system to maintain its hegemony. Both are central features in the social construction of gender, sexuality and relationships. They profoundly shape our experiences of our bodies and our lives. Throughout this thesis the terms homophobia and heterosexual dominance will be further defined and explored.

Broadly and generally within society heterosexuality is taken for granted as the normal, natural way to be. Clearly the therapeutic context - including those informed by Narrative ideas - do not stand outside of socio-culture at large. The historical presence of homophobia in the delivery of therapeutic services (Brown [in

press]) and the mechanisms by which heterosexism has kept it in place (Kitzinger & Perkins 1993, Kitzinger & Wilkinson 1993) has begun to be addressed within the field of mainstream therapy by authors drawing upon feminist, lesbian-feminist anti-homophobic/heterosexist perspectives, and more specifically within the Narrative therapy field by Hewson (1993), Callie (1994) and Stiles (1995).

As will be elucidated in chapter 2 of this thesis, Narrative therapy effects something of a radical contrast with the more traditional, homophobic, therapeutic discourses of psychiatry, psychology and family therapy in its insistence on and attention to the political nature of therapy and its politico-ethical commitment to social justice. The potential promise of this is I think what initially (at least) attracts a lot of lesbian feminists and feminists to it.

The discourses that people drawing upon Narrative therapy ideas bring to their work, and their personal and professional interactions are clearly in part constitutive of the nature of any change that takes place. The transformative potential of an interaction informed by Narrative ideas to disrupt the hold of dominant and oppressive discourses is only as rich as the discursive repertoire drawn upon by the participants. With this in mind, although sexuality is obviously only one element in the discursive repertoire brought by participants to Narrative interactions, I have become interested in the discursive repertoire of Narrative therapy as it relates to issues of sexuality, and concomitant implications with respect to the oppression of women and non-heterosexuals.

## **1.2 A Note On Terminology**

Throughout this thesis I distinguish between “Narrative” and “narrative”. “Narrative” (big N) is used in relation to the particular intersection of discourses that I have defined as Narrative therapy in chapter 2 of this thesis, and which are the focus of investigation. Whereas “narrative” (small n) refers more broadly and generally to discourses that draw upon a narrative framework.

“Non-heterosexual” is a term that I have used regularly throughout this thesis when referring to lesbian, gay, bisexual, queer and other homosexual or non-heterosexual people. Though it is problematic in an anti-heterosexist inquiry as it relies heavily on the term heterosexual, I have preferred it because it is inclusive of those people who don’t identify as heterosexual but for whom the explicit designation of lesbian, bisexual, gay, homosexual or queer doesn’t fit either.

In this thesis I distinguish between and use the terms “anti-homophobic” and “anti-heterosexist” when I am wanting to emphasis a counter-discourse that stands specifically in relation to the particular discursive terrain of homophobia or heterosexism respectively. When I use the term “gay-affirmative” I mean something assertively and celebratory centred on the gay subject. Use of the term is problematic from a feminist perspective to the extent that “gay” often “makes a claim to refer to both genders” (Sedgwick 1994: 17) but in effect, as with the term “homosexual”, seems to have something of a male bias. In reflecting on the use of terms within and in relation to “gay/lesbian politics”, Sedgwick notes how terminological struggles and complications are often “closely responsive to real ambiguities and struggles” (1994: 17).

## **2. NARRATIVE THERAPY**

### ***2.1 Introduction***

In this section I outline some of the central concepts and issues in Narrative therapy that are relevant to this thesis. This is necessarily a reduction of the richness of a Narrative perspective and all that can be said about it. I have done this in order to locate Narrative therapy in relation to the field of therapy generally, and family therapy in particular. An appreciation of this context is important because I feel that it is in its apparent differences to the broad field of therapy that Narrative therapy gains most of its appeal to practitioners informed by feminist, anti-heterosexist and other politico-social justice perspectives. In defining Narrative therapy for the purposes of this thesis I do not think that it is yet superfluous to state that this chapter is one account rather than the truth of Narrative therapy.

### ***2.2 An Adelaide Story***

Narrative therapy is clearly an Adelaide story. I was recently reminded of this at a family therapy conference held in Adelaide where an interstate delegate remarked on the prevalence of the Narrative ways of speaking that many of the Adelaidians used.<sup>1</sup>

In my experience many Adelaidians in the therapy and social work fields also remark on what is colloquially known as “Narrative Speak”, that is, ways of speaking that draw heavily upon Narrative therapy ideas and language use. Usually these remarks are made in the context of a criticism. “Narrative Speak” is

often criticised for being exclusionary. It is sometimes suggested that only those with highly developed articulation skills are able to participate in conversations drawing upon Narrative informed language use, and that this sets those people up in positions of privilege. Ironically Narrative therapy discourse rhetorically seeks to work against positions of privilege. "Narrative Speak" is also criticised for being pretentious, and its often suggested that the same things could be said more simply. I am not wanting to comment on the truth value of these claims. They are obviously some people's experience. What I am wanting to note is the struggle that they mask with ways of thinking and speaking that are unfamiliar outside of academic circles. This is also part of the Narrative therapy story.

The influence of Narrative therapy discourse among practitioners in government and non-government human service organisations, and private clinical practices in Adelaide has been developing and evolving since the 1980's. Its prevalence and popularity is due in part to the original contribution of Narrative ideas to family therapy made by Michael White who lives and works in Adelaide. It is also due to the presence of the Dulwich Centre.

The Dulwich Centre is the main institutional base of Narrative therapy in Adelaide.

Aspects of this institutional structure include the following:

- The building, which is a distinctive two-storey character house.
- Michael White, Cheryl White (who are married) and other co-directors and practitioners.

- **Dulwich Centre Publications:** Dulwich Centre Publications is a small Publishing House that produces the Dulwich Centre Journal, Gecko, Comment and numerous Narrative based texts. These will be described in detail in the Literature Review, chapter 4, of this thesis. A resident writer and editor are attached to the publications.
- **Narrative Therapy Training Programs:** The *Narrative Therapy Graduate Certificate* and *Narrative Therapy Graduate Diploma* are practice-based training courses offered through the Dulwich Centre. The training is based on a two year program. The first year constitutes the Graduate Certificate. Completion of two years of the program culminates in the Graduate Diploma. Entrance to the course is by way of interview. The teaching program attracts practitioners from a variety of professions. For example social work, medicine, counselling, naturopathy.<sup>2</sup>
- **Intensive Training Workshops:** A number of training workshops on various therapeutic and social justice issues are run through the Dulwich Centre by private practitioners.
- **Friday Afternoons at Dulwich:** Friday Afternoons at Dulwich began in the summer of 1983 and continued for over a decade. They recommenced in October 1998 after a break which lasted for a period of years. Emphasis in the meetings is on professional stimulation and the exchange of ideas. There are guest presenters at every session, which is followed by drinks and clever discussion. The recent reinstatement of the Friday afternoons is both in response to requests from over the years, and to build a sense of connection and momentum towards the inaugural Narrative therapy conference in 1999. Friday Afternoons at Dulwich are regularly attended by a mixture of practicing professionals and students from the health fields.
- ***Narrative Therapy and Community Development Conference:*** This is an inaugural conference by Dulwich Centre Publications which is being held in Adelaide. The public aim of the conference is to gather together practitioners from a wide range of backgrounds and experiences who are

involved in work that is informed by narrative ideas and practices. Numerous workshops are being held by high profile practitioners from around the world prior to the conference.

The influence of Narrative therapy ideas extend beyond the Dulwich Centre to other institutional bases throughout the world. These include:

- The Family Centre in New Zealand
- Yaletown Family Therapy in Vancouver
- Institute for Therapeutic Development in South Africa

Instances of the influence of Narrative therapy discourse beyond its institutional parameters in Adelaide include the Adelaide Central Mission, NADA, various private practices, and pockets within the community health sector.<sup>3</sup>

### ***2.3 An Emerging and Evolving Therapeutic Discourse***

Narrative therapy is an expanding and evolving discourse within family therapy. Family therapy sits on the outer of the traditional mainstream therapies of psychoanalysis, psychology and other helping fields such as social work and community development. And Narrative therapy sits on the edge of family therapy. Narrative therapy is a marginalised discourse within the broader field of therapies.

There are conflicting accounts of the origins of family therapy. One account describes family therapy as a product of the late 1950's. Pioneered by psychiatrists and other psychoanalytically trained therapists who began incorporating the context of the family and relationship into their work (Lowe 1990, Chapman 1998).

Another account emphasises instead the (systemic) family work undertaken by social workers and/or community activists since the last century. This account often constitutes part of a an attempt to debunk what Luepnitz, a leading feminist therapist, has described as the “current creation myth, according to which the field was conceived by brave white male psychiatrists in the 1950’s” (1992: 283).

From a social justice perspective therapeutic interactions based on conceptions of problems in relationship or interaction were a useful counter-discourse in both stories of origin to traditional psychology’s humanist conception of the rational individual in isolation who is the author of their own experiences and meaning. In such explanations behaviour and problems are completely stripped of the influence of the context in which they occur.

Psycho-dynamic theories underpinning traditional psychological models are still in strong circulation today. They have a major focus on the intra-psychic systems of the individual. From within this therapeutic discourse *symptoms* and problems are located within, unique to, and the primary responsibility of the individual. That is, they are essentialised. A particular personality structure that resides in the genes or biology is seen as the driving and determining force of problems. For example, from within this framework if someone were to commit suicide it would be understood as a weakness in the genes or as some sort of mental sickness. The point that the person was young, gay and living in a homophobic culture would not form any of the meaning-making around the suicide event.<sup>4</sup>



Under the discursive regime of psychiatry and psychology, therapists (psychologists, psychiatrists), through their acquired expert knowledge and authority “became particularly prominent cultural exemplars of the (modernist) tendency to pronounce on the underlying meaning of people’s experiences” (Parry 1991: 38). Armed with one of their most powerful texts, The Diagnostic and Statistical Manual of Mental Disorders (III), meaning around same-sex attraction has historically been labelled as homosexual, and concomitantly pathologised and individualised by many therapists drawing upon these ideas. Elaborate and destructive protocols for cure have at times followed (Hartman 1992: 483), and continue in some institutional settings today.

Traditional psychology and psychiatry are characterised by the discursive strategies of labelling and totalising, individualising and pathologising. They tend to be racist, homophobic, sexist and classist in their content Hartman (1992: 484). Their ongoing power is evidenced in popular culture everyday where people struggling with the effects of homophobic or racist violence and abuse in their lives are labelled as having depression or alcoholism and prescribed drugs to fix *their* problem. The “homosexual panic” defence in American and Australian criminal law is a clear example of homophobia and heterosexism operating within and through the popularity of psychological and psychiatric discourses (see Sedgwick 1994: 18-22 for a discussion of this).

Family therapy in its description of human dilemmas as interactional in nature provided an alternative discourse to the language and theory of individual psychology and pathology. It is credited with markedly changing mental health

practices in those welfare and human service institutional settings that drew upon it (see Anderson & Goolishian 1988: 374, Freedman & Combs 1996).

Currently within the field of family therapy the hegemonic influence of the Interactional model has been almost completely displaced by metaphors of systems as in Systems Theory. The metaphor of systems, which has been at the heart of family therapy theory for a number of decades now (Freedman & Combs 1996: 2), clearly reflects the social work theory emphasis on *person and situation*, *person and environment*, and a commitment to a holistic perspective on human problems:

*The general system's view of society is an analogy ... which draws a parallel between the way society operates and the way biological systems operate ... inter-dependence or inter-action between the parts ... is the basic insight ... people are not thought of as isolated individuals but as clients in a social system which includes but also transcends them. (Barber 1991: 5)*

However, for myself and perhaps other practitioners drawing upon Narrative ideas metaphors of systems do not go far enough towards an understanding of the way in which society is actually constitutive of the self and of the inherent socially created and sustained power relationships that exist between different politico-socially situated selves. From a systems perspective change becomes a matter of “discovering and altering the underlying structures” of a problem-situation “through the application of grand theory or meta-narrative” (Burr 1997: 14). As feminist critics of general Systems Theory have noted, the theory tends to perpetuate a “conservative” and “consensual orientated” bias toward problems, seeking solutions within dominant ideology and structures (Beecher 1988, Marchant 1988,

Wearing 1988). For example, if a married woman was experiencing feelings of sexual attraction towards another woman she and her husband would be supported by a systems orientated therapist to work on their individual and relationship issues. These issues would be seen as significantly influencing of the *problem* of the married woman's attraction to the other woman. The system-institution of heterosexuality itself and the married woman's place within it would never be questioned.

Within the field of family therapy, Narrative therapy constitutes something of a shift:

*[F]rom thinking of human systems as social systems defined by social organisation (role and structure) to thinking of them as distinguished on the basis of linguistic and communicative markers. (Anderson and Goolishian 1988: 371)*

The Narrative perspective on problems locates problems in the operations of power and meaning through statements, practices, and institutional structures that share and perpetuate a common world view and exclude other knowledges. That is, in the discursive practices that play a significant role in the production of dominant culture. From within this framework the traditional psychologies and psychiatries, and logically to an extent Narrative therapy itself, are example of such discursive practices.

## **2.4 A (Postmodern) Critical Discourse**

A postmodern critique of modernist thought and its socio-political effects is central in Narrative therapy discourse. Under a postmodern influence practitioners drawing upon Narrative therapy ideas are questioning the appropriateness of the biology and gene based metaphors of traditional psychology and psychiatry, and the cybernetic metaphors of Systems Theory for understanding personhood and the person-society, environment relationship.

Particular critique is directed towards the essentialism which inheres in the humanism of some traditional psychology, and the legitimating strategies of objectivity and absolute-truth that supports the discovery of a pre-given 'content' to a person. Particular critique along the lines of that previously mentioned as coming from within feminism by Beecher (1988), Marchant (1988) and Wearing (1988) is also directed from within Narrative therapy towards the inherent structuralism and functionalism of Systems Theory.

Under a postmodern influence myself and other practitioners have developed a preference for aesthetic metaphors such as narrative (Anderson and Goolishian 1988, Hoffman 1990, White and Epston 1990, Lowe 1991, Sluzki 1992, Law and Madigan 1992, Hare-Mustin 1994, Zimmerman and Dickerson 1994, Monk et al 1995, Freedman and Combs 1996). Aesthetic metaphors being semantic rather than objectivist-based seem more appropriate for the study of people and human processes where the exploration and interchange of meaning is central. Moreover, as many practitioner-authors have noted, therapeutic and helping scenarios

developed from aesthetic metaphors are likely to be more sensitive than their still widely influential objectivist predecessors (Lowe 1991, White 1991, 1995).

## ***2.5 The Narrative Metaphor***

Helping interventions don't simply happen. They are underpinned by guiding metaphors. Narrative therapy's guiding metaphor is a text analogy that draws heavily on the work of Edward Bruner (1986). The text analogy proposes that the 'story' or the 'narrative' provides the dominant frame for understanding people, society and lived experience (Bruner 1986, White 1986).

Within a narrative metaphor people are proposed as meaning-seeking, meaning-generating, interpretive beings. Narrative therapy is interested in how meaning is made and changes across time and other dimensions such as culture, gender and ethnicity. Utilising the changeable nature of meanings and their relation to the complex web of power in social interactions is fundamental to Narrative therapy (Sluzki 1992).

Within a narrative metaphor a 'story' is seen as a unit of meaning. A story constructs and imposes beginnings and endings on the flow of experience. It enables people to link aspects of their experience(s) through the dimension of time. This structuring of experience in the form of story(ies) allows for a sense of the unfolding of events, and a past, present and future.

Problems, for example, are conceived as embedded in stories. These problem-stories may take the form of self-narratives and/or cultural-narratives or other social discourses.

Self-narratives or stories are proposed as the organising frames of intelligibility which provide people with a context in which to interpret experience(s) and go about their lives. Simultaneously, they are constitutive of people's lives. This is because self-narratives provide possibilities for action and work to construct people's sense of agency and their own causality (White & Epston 1990). Importantly, self-narratives have real, material effects (White 1991: 280).

Cultural-narratives are those stories that societies tell about themselves through their texts, media, law, kinship structures and other institutions. They are stories about life, personhood, the world, ethics, truth that are available through the interaction and intersection of discourses which create what we know and experience as culture. Cultural-narratives provide a backdrop against which individual experiences or self-narratives are interpreted.

Cultural-narratives are often canonical. This leads to the construction of normative views against which people compare and come to know themselves. These normative views are of course simultaneously power relationships that reflect the dominant interests and privileges in a society.

Interactions informed by a narrative metaphor draw attention to the constructed nature of self and society, as well as the duality of structuring that takes place between the two. Narrative therapists work with people to bring forth the effects of these constructions in and on their lives.

So, Narrative therapy is about the telling and retelling and reliving of stories. An interplay between the deconstruction of the dominant story(ies) constitutive of the problem and the (re)construction of an alternative story that renders the problem less fixed is the locus of change.

An alternative story is a dynamic concept. An alternative story evolves and is (re) constructed across time and through ongoing experience(s). It stands in a relationship both of difference and preference to the dominant story(ies) through which problems are constituted. An alternative story includes new experiences, (inter)actions and meanings that work to effect a weakening in the thematic hold of the dominant story(ies) on the problem(s) and its effects (Sluzki 1992: 219).

Alternative stories are co-generated by the participants involved in narrative interactions. For example, in the instance of a counselling session a collaborative context is established where the client contributes their knowledge about their life and themselves, and the therapist contributes their knowledge about the change process and the problem in general.

Theoretically the generation of alternative stories is underpinned by the concept of a multi-storied life and self. The multi-storied concept is deployed in various ways within a narrative metaphor. Firstly, it is present in the idea that stories people have

about themselves and others cannot encapsulate lived experience (Anderson & Goolishian 1988, White 1995, Freedman & Combs 1996). Even the longest and most complex stories leave out more than they include. White explains further:

*[A] single story cannot live us in any complete sense because there isn't a story of life that is free of ambiguity and contradiction, that can handle the contingencies in life. These ambiguities, contradictions and contingencies stretch our meaning-making resources. We really work hard to resolve or make sense out of these contradictions and ambiguities, and our experiences of these contingencies - to make sense out of significant experiences that cannot be so readily interpreted through the dominant stories that we have about our lives, to make meaning out of experiences that threaten to leave us flummoxed or confused or puzzled. In this process we often elevate or invoke some of the sub-stories of our lives. (1995: 15)*

Because stories that people have about themselves don't tell "the whole story" and cannot possibly encapsulate lived experience, many experiences people have go un-storied, unnoticed (Anderson & Goolishian 1988, Zimmerman & Dickerson 1994, White 1995, Freedman & Combs 1996). This is because people only notice and attend to experiences that fall within the repertoire of the interpretive grid of the dominant story(ies) they have at the time. When working with clients to construct an alternative story therapists utilising a Narrative metaphor actively listen for experiences that aren't currently being storied by the client which do not fit the dominant-problem narrative (Zimmerman & Dickerson 1994: 235). These experiences become potential candidates for what are called *unique outcomes* (White & Epston 1990). Unique outcomes are the points of entry into the re-authoring work of alternative discursive landscapes.



For an experience to count as a unique outcome it must be meaningful as such to the person whose life it relates. When experiences are identified by the therapist or the client as candidates for a unique outcome status, it is important that persons are invited to evaluate these experiences through a process of questioning: is the experience significant or irrelevant, preferred or not, and so on? (White 1995: 127). It is not the specific experience itself that is important but rather its potential meaningfulness to the/a alternative story.

Another way in which the concept of multi-storied life and self are deployed in a narrative metaphor relates to the following: Different stories are possible about the same events; that is, either between people or within a person. There may be divergent descriptions issuing from a single person because an individual's world view is never completely consistent (White 1991, 1995).

A Narrative way of working encourages bringing forth multiple points of view in an attempt to destabilise dominant, normative and expert views. People are invited to evaluate these multiple points of view or stories through a process of deconstructive questioning. That is, a process of questioning which explores what the stories make possible as well as the things they repress. In contrast to the more traditional therapies of psychology and family therapy, people who consult therapists, rather than the therapist, are encouraged to decide on how and where to situate their lives based on the preferred values and intentions they have explored (Zimmerman and Dickerson 1994: 235).

The narrative metaphor is concerned with the discursive elements of action, as well as those of thought, speech, feeling. Bruner suggests that "we are not dealing

with [self and] culture as text but rather with [self and] culture as the [re]performance of text” (1986: 22). In order for alternative stories to make a difference they must be experienced and lived outside the four walls of a therapist’s office (Freedman & Combs 1996: 33). In this way stories become transformative only in their performance (Bruner 1986).

Clearly the narrative metaphor is underpinned by postmodern assumptions of multiple subjectivities that are contradictory and changing and created through competing, available narratives. As such the classic criticism directed at postmodern epistemologies of being relativistic is similarly directed at Narrative therapy from within the field of family therapy (see Doherty 1991, Minuchin 1991). The worry is that the postmodern and social constructionist viewpoints that underpin the narrative metaphor imply that one story is as good as another (Freedman and Combs: 265), or that its just a matter of semantics (Hare-Mustin 1994: 31). This however is not the case. The postmodern view that values infuse all knowing permeates the Narrative therapy. The issue of deciding, of choosing, and of examining the effects of the particular choice are central to this way of working. The ethical focus is however on particular people in particular situations, rather than on monolithic, universal truth claims about what is right and proper; although the two are not always or necessarily inconsistent. Clearly Narrative therapy promotes the view that the construction of meaning generated through use of the narrative metaphor makes it more rather than less important to examine our (re)constructions and to decide carefully how to act.

## **2.6 A Social Justice Discourse**

As will be further explored in the Literature Review - chapter 4 of this thesis, the notion of therapy as a political process is widely enunciated in Narrative therapy discourse. An appreciation of the therapeutic context as not having a privileged location outside of culture and society at large is acknowledged. The Narrative therapy texts privilege and promote an uncommon understanding in therapy which asserts that as practitioners:

*... we cannot be neutral in our interactions with persons who seek our help - to understand, to grasp the political nature of local interactions [such as that between the therapist and the client or between therapists] is of paramount importance. (White 1995: 45)*

As Narrative therapy concepts evolve across time and in dialogue and intersection with other discourses, issues of politics, power, knowledge and their real effects are becoming more and more imbricated (with)in the Narrative metaphor. Many institutions and agencies such as those outlined in 2.2 of this thesis are “bringing together the exploration of the narrative metaphor with social justice issues” and concerns (White 1995: 38).

Freedman and Combs (1996) identify what they describe as the “margins-in” politico-ethical focus encouraged within Narrative therapy discourse:

*[The margins-in approach is] one which values the experience of people at the margins of any dominant culture or at the bottom of any of culture's heirarchies and takes a strong ethical stance in favour of making space for such people's voices to be heard, understood and responded to. (Freedman and Combs 1996: 266)*

The making of a conceptual space for the voice of marginalised people within a society is one (very important) thing. However, it is an assumption that marginalised persons will experience the hearing, understanding and responding to their voices as being satisfactory. This point is addressed further in chapter 4 - Literature Review, and chapter 5 - Analysis of Interview Texts, in relation to the issue and experiences of homophobia and heterosexual dominance within Narrative therapy discourse.

The social justice orientation in Narrative therapy has produced significant focus on sexism, (hetero)sexual violence, and culture, and in more recent years on racism, adult-power, heterosexual dominance and mental health issues.

## **2.7 A Community of Shared Ideas**

*Stories need communities to be heard, but communities themselves are also built through story tellings. Stories gather people around them; they have to attract audiences, and these audiences may then start to build a common perception, a common language, a commonality. Typically, stories that are not involved in community-building do not become strong stories.(Plummer: 174)*

Throughout this chapter I have tried to describe the Narrative therapy story, some of its central concepts, its discursive and institutional parameters, and its identity -

which it is actively involved in constructing - in relation to the broad field of therapy. How these things are implicated in constructions of sexuality and experiences of homophobia and heterosexual dominance within Narrative therapy discourse will be explored in subsequent chapters.

Freedman and Combs warn that “because we are part of a community of people using [N]arrative ideas” there are “invitations to take up these new ideas as monolithic truths” (1996: 12). In chapters 4-Literature Review, and 5-Analysis of Interview Texts, I will be exploring if the lack of critical self-reflection that this statement implies is generally present in Narrative therapy discourse. That is, does Narrative therapy reflect critically on its own on practice(s) or is its critical thrust mostly and ironically directed outwards?

## ***2.8 Concluding Remarks***

The critical imperative in this thesis is to work within and against Narrative therapy discourse from feminist and anti-heterosexist perspectives. This is in order to stretch the meaning making available to the Narrative therapy community in the direction of these feminist and anti-heterosexist discursive fields. Chapter 3 details the methodology underpinning this endeavour.

### **3. ABOUT THE RESEARCH: AIMS AND METHODOLOGY**

#### ***3.1 Introduction***

This chapter sets out the aims of this thesis and the methodology used to explore the construction of sexuality in Narrative therapy discourse by thinking with the terms homophobia and heterosexual dominance.

#### ***3.2 Methodology***

This thesis utilises a postmodern feminist research methodology. By postmodern feminist I mean an approach to knowledge production that draws on:

- an inquiry into some of the discursive processes through which Narrative therapy constructs meaning around sexuality;
- a social and historical contextualising of the discursive process(es) known as Narrative therapy (as previously set out in chapter 2);
- a focus upon producing a multi-voiced, multi-centred analysis that works against and moves away from a uniform textual surface (Opie 1992) and the construction of textual mono-authority;
- an identification with anti-heterosexist and feminist critical theory through choosing to read and speak as a non-heterosexual and a feminist, and using these positions to look at existing power relations within Narrative discourse in order to identify areas of and strategies for change in relation to discourses of sexuality in Narrative therapy.

Through the use of this methodology I have sought to effect my preference for research processes that foreground a sense of the tentative and partial as well as the transitory nature of the knowledge they produce. Emphasis is on the “constructed”, rather than “found”, nature of the analysis and findings (Lather 1991) and the inevitable selectivity and incompleteness (Said 1978:273) of this account of the construction of sexuality in terms of homophobia and heterosexual dominance in Narrative therapy discourse.

This thesis seeks to disperse or work against the construction of the apparent researcher as (mono)authority. The deconstructive endeavours throughout seek to move against a thesis-story that may otherwise appear to unproblematically tell itself (Lather 1991).

Clearly the purpose of this research, in keeping with postmodern feminist methodology, is related to politico-ethical implications and practices rather than absolute truth-value. Findings work towards being open and generative rather than prescriptive and closed. Through the deployment of a postmodern approach my intention is to encourage the sense of an ongoing conversation within Narrative therapy discourse where concepts and practices will be continually (re)constructed across time and in dialogue with others.

Additionally, by foregrounding the postmodern in the research methodology I am not wanting to deny or invisibilize its empirical and structural aspects. By *postmodern* I do not mean *not in any way modern*, but rather a methodology that moves within, against and alongside of its inevitable reliance on modern(ist) epistemological premises and tenants.

### **3.3 Research Aims And Interests**

A broad and general aim of this thesis is to contribute to an ongoing conversation about the construction of sexuality in Narrative therapy by thinking with the terms homophobia and heterosexual dominance. In undertaking a *feminist* exploration I hope to stretch the meaning making within Narrative discourse in the direction of feminist discourse(s); that is, through and in the ambiguities, tensions and contradictions.

For gay-affirmative, anti-heterosexist work, feminism(s) can only ever be a partial home. This is because historically much feminist discourse has depended upon a rigid binary gender construct for its subject and its politics. This has worked in different ways to reinstate heterosexism.<sup>5</sup> Hence a further aim of this research is to contribute towards a decentering of the heterosexual as subject and a destabilising of the ideology of heterosexuality within Narrative therapy discourse. That is, it seeks to push the boundaries of feminism and go beyond it in some way.

The convergence of a transparent anti-heterosexist, feminist, research-based text differentiates my thesis from previous research on sexuality based oppression within the therapy field generally. (See section 4.3 of this thesis, Research In The Area.)<sup>6</sup>

### **3.4 Method**

This thesis draws upon two research methods - a critical review of the Narrative therapy literature, and a qualitative in-depth interview with seven women who draw



upon Narrative ideas in the work that they do. The Narrative therapy literature, the interview transcripts and a researchers journal are the data of this thesis.

In keeping with the “margins-in” approach of Freedman and Combs (1996) mentioned in chapter 2 I have chosen to use interviews as part of the knowledge generation process of this thesis. I have done this in order to draw upon the experiences and perspectives of lesbians, as well as other non-heterosexual and heterosexual women. Simultaneously this increases the visibility of sexuality based issues within Narrative therapy discourse.

### **3.5 Literature**

Chapter 4 details the results of a comprehensive review of the Narrative therapy literature. It analyses and explores the dominant ideas on sexuality that have been produced and are available in the literature.

Table 1 in Appendix 2 details the results of a basic quantitative content analysis conducted on the Narrative therapy texts that was utilised in this review. This analysis was concerned with counting the number of Narrative texts/pieces that focus upon sexuality, gender, race and culture issues.

Table 1 Appendix 2 additionally provides a chronological overview of the Narrative therapy literature. This was undertaken to established a broad and general sense of where and how texts focusing upon sexuality issues were placed in relation to the rest of the Narrative therapy literature.

The purpose of the literature review is both descriptive and deconstructive. The texts have been explored for what they do say and for the repressions that make what is said possible.<sup>7</sup> In this way chapter 4 is intended not just as a description of what Narrative therapy has to say about sexuality, homophobia and heterosexual dominance in Narrative therapy, but also as an intervention into Narrative discourse, especially and particularly as it relates to issues of sexuality.

The literature review is concerned with the language, constructs and assumptions about gender, sexuality and power that have been incorporated and are evident in Narrative discourse that work to produce and maintain ideas about (hetero-homo) sexuality. It is an assumption of this thesis that these ideas actively produce social and psychological realities for people.

### **3.6 *The Interviews***

Chapter 5 details the results of an analysis of the interviews undertaken for this thesis. For the purposes of this research I interviewed seven women who draw upon Narrative ideas in the work that they do.<sup>8</sup>

Participants were contacted using a *word of mouth* approach. This method was thought to be most appropriate due to the small nature of the Narrative therapy community. This thesis makes no claims of representativeness or to have discovered the truth in relation to this community.

A letter of introduction was given to people (known to the researcher) within human service organisations and private practices where it was known that practitioners drew upon Narrative ideas. These people were given instructions that the letter could be photocopied and given to women who may fit the research criteria, which was simply and basically being familiar with Narrative ideas. Women fitting the research criteria could then contact me to express their interest in taking part. See Appendix 1 for a copy of the *Participant Information Sheet* used in this research.

As with all research, this process did not take place in some sort of ontological vacuum, it was limited by the material constraints of time, energy, resources. I had the time, energy and resources to conduct eight interviews. I wanted to make sure women of various sexualities were included in the interviews.<sup>9</sup> This was based on the assumption that issues of sexuality are of relevance to all women (and indeed all men). I was concerned that excluding women from participating on the basis of their or my categorising of their sexual identity may work against some of the anti-heterosexist endeavours of this research. That is, it may invisibilise the common anti-heterosexist ground that women of various sexualities can and do share. I believe it is an important politico-pragmatic strategy to at times establish and engage with the possibilities and limits of this ground in seeking to dismantle oppression on the basis of sexuality. Additionally, it provided a potential space for women who do not categorise their identity on the basis of sexuality to speak.

Seventeen participants were identified using the structured *word of mouth* approach. The seventeen notices of interest were reduced to eight participants using the following two criteria:

- **Convenience:** This refers to the ease with which the interviewee and myself were able to get together.
- **Inclusivity:** This refers to making sure that women of various sexualities were included in the eight interview positions.

As it turned out, one of the eight participants had to withdraw. Hence I ended up with seven participant-interviewees. As part of the pre-interview spiel it was explained to potential participants that the methodological emphasis was on producing a multi-voiced, multi-centred thesis-text where some of the voices were in fact (constructed as) a mutual, dialogic production. In keeping with this, participants were offered individual interviews or interviews with (an)other person(s) participant(s). Of the seven participants five chose to be interviewed individually and two chose to be interviewed together. <sup>10</sup>

A pre-research interview discussion took place with each respondent; six of these were face-to-face and one was by telephone. This discussion was short in length (varying from approximately 10 to 20 minutes). This time was used to explain the interview process, my aims and interests, and what would happen with the thesis when and if it were finished. The discussion was also an opportunity for potential participants to ask questions of the researcher about the research and its process. See Appendix 1 - *Pre-Interview Discussion Points* - for an outline of the points that were emphasised by myself during the pre-interview discussion with participants.

Most of the respondents had received a copy of the letter of introduction prior to this discussion. Those who hadn't were sent one soon afterwards if they were still interested in being involved.

Women who consented to be involved in the research were interviewed using a semi-structured questionnaire format which had been approved along with the Participant Information Sheet and Participant Consent Form by the Department of Social Inquiry Ethics Committee. See Appendix 1 for a copy of the *Interview Schedule* and the *Participant Consent Form*.

The interviews were commenced with the following question:

*Today I am particularly interested in hearing about your ideas and experiences of what Narrative therapy has to say about sexuality. So when I ask you about this what springs to mind?*

This loosely framed, broad and general question was designed to encourage participants to talk about their own ideas and experiences of what Narrative therapy had to say about sexuality in ways that made the most sense to them. A number of more directive and containing questions were further asked in relation to participant's sense of themselves as Narrative therapists, and their relationship to the Narrative therapy community and literature if these issues were not raised of their own volition.

Due to the shared understandings between the myself, the researcher, and the participants around Narrative therapy many of the interviews became conversational. This was often a good thing because it facilitated dialogue and rich information.

The research interviews varied in length from thirty minutes to two hours.

All of the interviews were taped and transcripts were made of each of the tapes. Participants were given the option of editing the transcription from their interview. Only one participant took up this option.

All of the tapes were transcribed by the researcher in order to develop a sense for and remain close to the data (Lather 1991). Financial considerations were also involved in the choice of this process.

The interview transcripts were treated as texts and analysed via a process of careful reading, reflection and interpretation in order to gain a basic idea of the type of experience(s) being examined (Franklin & Jordan 1995). The content of each script was then collapsed according to important themes in the scripts. Consistency and similarities (features shared by accounts) and variability (differences between accounts) were the focus of analysis. Attention was given to tensions and contradictions within themes - as well as areas of congruence. Direct quotes from the transcripts are used to illustrate themes drawn from the data.

## 4. LITERATURE REVIEW

### 4.1 Introduction

This chapter details the results of a comprehensive review of the Narrative therapy literature. Generally texts have been explored for what they do say as well as for the repressions they make possible.

In this chapter I broadly and generally locate the Narrative therapy literature and what it has to say about sexuality in relation to the literature in the fields of psychology, family therapy and social work, the therapy fields with which it is arguably most aligned. The more marginalised gay and lesbian therapy literature and feminist therapy literature are also mentioned. Research on sexuality in the area of psychology, family therapy and social work is briefly discussed. The way in which the dominant socio-cultural story of heterosexism is present in and circulates in the Narrative therapy literature is then discussed. I then trace the threads of evidence of anti-heterosexism that is evolving in the margins of the Narrative therapy literature through a review of the concepts and issues made available in the sixteen Narrative therapy pieces that do focus upon non-heterosexuality issues. Table 1 in Appendix 2 of this thesis provides a chronological overview of the Narrative therapy texts drawn upon in this review. It highlights when and in what publishing context the sixteen texts focusing on non-heterosexuality appeared in the literature. Table 1 also provides a basic quantitative content analysis of the Narrative therapy literature in terms of published articles on sexuality, gender, race and culture.

## **4.2 Situating The Narrative Therapy Literature In Relation To Other Therapy Literature**

When perusing the literature on sexuality from within the broad field of therapy(ies) produced in the last ten to fifteen years I was struck by the general paucity of papers within the most commonly read psychology journals: such as American Psychologist, The Counselling Psychologist and Psychoanalysis, family therapy journals: such as Family Process, The Australian and New Zealand Journal of Family Therapy and Journal of Marital and Family Therapy and social work journals: such as Australian Social Work, The British Journal of Social Work and Families in Society.

My perusal of the family therapy literature in particular concurs with Green who, in drawing upon the findings of Laird and Green (1996a), notes that during the years 1990-1995 approximately 1% of manuscripts submitted to the Journal of Marital and Family Therapy and Family Process were on homosexuality (1996: 389). This coupled with the overall rejection rate for manuscripts resulted in a minuscule number of articles on gays and lesbians having been published in the leading family therapy journals (Laird and Green 1996a in Green 1996).

In my perusal of the psychology journals particularly rare were papers that challenge homophobic and/or heterosexist perspectives. Perhaps this is due to the lingering effects of the institutionalised and professionally sanctioned prejudice against gays and lesbians that has characterised the discipline's past. Although the American Psychiatric Association struck homosexuality from its widely influential Diagnostic and Statistical Manual of Psychiatric Disorders (DSM III) in 1973, hardly



any discussion on how to now think about or work with lesbian, gay male, bisexual and other non-heterosexual people has followed (Markowitz 1991: 28).

For myself the inattention to validating and affirming accounts of non-heterosexualities in the commonly read therapy literature is an indication of homophobia and the taken for granted nature of heterosexuality. Not only is there an absence of articles explicitly addressing the theme of non-heterosexuality, case examples on popular subjects such as step-families, communication, relationships, suicide and depression almost never draw on the non-heterosexual as subject. The general invisibility of non-heterosexualities (except sometimes as aberrant, sick or other) within dominant therapeutic discourses - the inattention itself - is an indication of heterosexism at best and more likely homophobia.

Three marginalised discourses of gay and lesbian therapy, Narrative therapy and feminist therapy provided some note worthy exceptions to the common tenor of treatment of non-heterosexuality within the therapy literature generally.

The leading journals in the gay and lesbian therapy literature are the Journal of Homosexuality and the Journal of Gay & Lesbian Psychotherapy. In most articles published in these journals the subject is assumed to be homosexual, and often specifically visiblised as gay, lesbian or bisexual. In this way the literature works against a conflating of gender within the category of homosexual. Additionally the usual issues of non-heterosexual visibility and (in)attention are redundant.

Many articles published within the gay and lesbian therapy literature draw heavily on the discursive elements of traditional psychology. Hence the homosexual subject is clearly the rational individual in isolation who goes out and acts upon the world, covered by the famous Cartesian dictum "I think therefore I am" notions of being. One of the effects of this ontological conception is that it generates a lack of in depth critique (as opposed to description) of the existing power structures of (homo-)heterosexuality, and psychology, and the part they play in constructing identity as sexualised. Another effect of this essentialist-based ontology is that the literature tends to presume that the objects of the texts, the categories lesbian, gay, bisexual, have an agreed definition or meaning. I am not suggesting that this is *essentially* unhelpful or wrong. On the contrary I concur with Eliason writing from within and against the gay and lesbian therapy literature from a poststructuralist position when she notes that:

*By claiming a common, stable identity, the [gay] liberation movements of the world were able to make substantial gains in social recognition and increased civil rights. (1996: 33)*

I am wanting to note, however, the discursive cross-referencing of essentialist ontology with what Sedgwick (1994) has described as a minoritising view of homo-heterosexuality implicit in the above quote and evident in the majority of the gay and lesbian therapy literature reviewed for this thesis. Kosofsky Sedgwick defines a minoritising view as being when the homo-heterosexual definition is seen "as an issue of active importance primarily for a small, distinct, relatively fixed homosexual minority" (1994: i)

One of the limitations of the gay and lesbian therapy literature, and similarly with this thesis, is it tends to produce visibility issues and exclusions of its own based on other aspects of identity such as ability, class, race, age, experience, ethnicity.

The second exception mentioned to the common tenor of treatment of non-heterosexuality within the therapy literature generally was the Narrative therapy literature produced by Dulwich Centre Publications. As outlined in chapter 2 of his thesis, Narrative therapy discourse produced by Dulwich Centre Publications is underpinned by postmodern and social constructionist perspectives and is clearly concerned with social justice, and issues of power, oppression and resistance in a way that the more traditional, dominant therapeutic discourses of psychology, psychoanalysis, family therapy and social work are not. Narrative texts put questions of sexuality, gender, ethnicity, race, ability, class, mental health and young people (see the "comment" column in Table 1 Appendix 2) on the therapeutic and political agenda in a way that is uncommon in most other therapy literature, especially traditional mainstream therapy literature. On the level of rhetoric at the very least, this creates and underscores a space of enunciation from within Narrative therapy discourse to hear the voices of non-heterosexual people, and/or anti-heterosexism and anti-homophobia speak. How often and in what way this space is filled will be the subject of ongoing critique and reflection in this thesis.

There is a small, interesting body of work evolving from within feminist therapy written from a social constructionist perspective which is setting out to theorise heterosexuality (see Kitzinger 1993, Wilkinson and Kitzinger 1993). This work clearly articulates the workings of patriarchy in the institution of heterosexuality.

Additionally it offers a strong challenge to heterosexual feminist therapists to account for (their) heterosexuality and its relationship to feminist politics and therapy. It is a particularly useful discourse to draw upon in an *anti-heterosexist* feminist exploration of homophobia and heterosexual dominance in Narrative therapy because it draws attention to the way in which feminist theory tends to develop its “analyses with women’s (and men’s) heterosexuality as a taken-for-granted, but never explicitly addressed, substrate” (Wilkinson and Kitzinger 1993: 1). Unfortunately it is a small, marginalised discourse within feminist therapy generally at the moment.

#### **4.3 Research In The Area**

Issues in psychotherapy with lesbians and gay men by Garnets et al (1991) is a research paper on heterosexism and affirmative psychotherapy. It is the major study on non-heterosexuality in the field of psychology. Though it does not address any of the specific elements of a feminist perspective, heterosexual dominance or Narrative therapy upon which I base my own research, it nonetheless contains useful insights to draw upon.<sup>11</sup>

The purpose of the research by Garnets et al (1991) is to outline examples of “biased, inadequate or inappropriate practice” and “exemplary practice” in psychoanalytic work with gay and lesbian clients. Though the subject matter addressed in this study is clearly political, there is no overt attention to issues of power and no transparency on the part of the researchers with respect to who is speaking and with what authority.

The epistemological position that underpins the research is interpretative. The study utilises a qualitative content analysis methodology in order to tease out key themes and issues in psychotherapy with lesbian and gay clients. Illustrations of both exemplar and heterosexist practice are organised under headings of assessment, intervention, identity, relationships, family and therapist expertise and education.

The research is limited by the age of its raw data (collected in 1984), the assumption the methodology implies that therapists will always be aware of a client's sexual orientation, and the absence of attention to gender differences between lesbians and gay men.

Nonetheless the study provides a starting point and impetus for further research in the area.

Most family therapy and Narrative therapy is practice theory rather than research driven. I was unable to locate any research on issues related to non-heterosexuality within the family therapy and Narrative therapy field. In 1990 an issue of the Dulwich Centre Newsletter was devoted to the topic of research in family therapy. It did not contain any examples of research but rather argued for a shift in research methodologies from being modernist-based to postmodern.

#### **4.4 The Narrative Therapy Texts**

Table 1 in Appendix 2 provides a chronological overview of the Narrative therapy texts drawn upon in this review. They are the main texts in the field and widely accessed by Adelaide practitioners who draw upon Narrative ideas. Many of the Narrative therapy texts included in this review are produced by Dulwich Centre Publications.

The following is a brief description of the texts:

Arguably the major Narrative therapy books are Narrative Means to Therapeutic Ends by Michael White and David Epston (1990) and The Social Construction of Preferred Realities by Jill Freedman and Gene Combs (1996).<sup>12</sup>

Dulwich Centre Journal: The Dulwich Centre Journal began in 1985 as the Dulwich Centre Review. The Dulwich Centre Review evolved into the Dulwich Centre Newsletter during 1987, which involved a change in format and layout and increasing the number of issues produced per year (from one to four). In 1990 the Dulwich Centre Newsletter went through another change in format and an increase in size. It continues in this form today. The most recent publication has seen a change in name from the Dulwich Centre Newsletter to the Dulwich Centre Journal. When referring to this publication I use its relevant historical usage.

Comment: Comment is a Dulwich Centre Publication which is produced on an irregular basis. It aims to provide a forum for responses to topical social justice issues.

Gecko: Gecko is a practice-based therapy and counselling journal produced by Dulwich Centre Publications. It commenced in 1997 and has three issues per year. Gecko focuses on the ethics and practices of deconstruction and N/narrative therapy. In particular Gecko addresses the “how” and “why” of therapy and through this “aims to provide opportunities for readers to take a fresh look at their own work through sharing in the work of others” (Law 1997: 2). Gecko is intended to fill a space that’s evolved since the mid 1990’s as editions of the Dulwich Centre Newsletter/Journal have become increasingly devoted to examining specific social justice issues and/or therapeutic or community development initiatives in depth.

#### ***4.5 Narrative Therapy Literature: Reproducing The Dominant Story Of Heterosexism***

##### **4.5.1 General Issues of (In)visibility and (In)attention**

In terms of a general paucity in quantity of papers the Narrative therapy literature does not significantly differ from the literature in broad field of therapy. Table 1 in Appendix 2 shows that of the 420 texts counted in the content analysis of the Narrative therapy literature only 16, or 3.8%, focused upon sexuality and related issues. Additionally, 3.8% is likely to be on over-representation because as Table 1 indicates, a number of Narrative therapy texts were not included in the analysis due to their inaccessibility. Of these it is unlikely that any but one text with a

contribution by a known lesbian author would contain pieces that address issues related to non-heterosexuality; that is, decreasing the figure of 3.8%.

An article by Laurence Carter (1994, 1996) *Sunday mowing* was counted twice in the content analysis as it appeared in two publications. Though this clearly increases the circulation of the article which is about gay male experience, which is of course a good thing, it fails to introduce any new content to the discourse on (non-hetero)sexuality in Narrative therapy literature.

In terms of the actual quantity of material produced on sexuality and its relation to or impact on the visibility of non-heterosexuality issues in the Narrative therapy literature, the figure of 16 texts can be further misleading as 4 of these pieces were 3 pages or less in length.

Additionally, there are visibility issues in relation to the titles of the texts that do focus upon issues related to (non-hetero)sexuality. As can be read from Table 1, in 9 of the 16 texts there is no reference to or indication of the point that the articles focus upon or contain content related to (non-hetero)sexuality. My contention is that the majority of readers do not read the various Narrative therapy publications cover to cover. Thus a number of the articles that deal with issues related to (non-hetero)sexuality would in effect be invisible.

Especially in recent years the occasional snippet of reference to homosexuality appears in the literature (see McLean 1994: 1, Tamasese 1998: 35). For example, in a five page article on *Men understanding men understanding men*, leading



heterosexual Narrative therapist Ian Law mentions homophobic silences and prohibitions on speech embodied by men:

*... experiences we were unable to share in our everyday lives for fear of being seen as gay or weak or inadequate ... (1990: 14)*

However, finding these snippets in the literature is like stumbling upon the proverbial "needle in a haystack".

Gay men, lesbians, bisexual, transgender and/or other non-heterosexual people are not generally or regularly visible in case study examples of Narrative practice. In the Narrative therapy literature prior to 1998 I was unable to find an example of a case study (outside of the 16 Narrative texts that focus upon non-heterosexuality) which use a lesbian or gay subject. Recently published pieces by lesbian and community activist Claire Ralfs (1988), *What do we mean by family?*, and leading heterosexual Narrative therapist Maggie Carey (1998), *Communities of shared experience*, break this trend in the literature.

By 1994 there is evidence of (some) regularity of author-therapists referring to the couples they are writing about or individuals they are working with specifically as heterosexual (White 1994, Anderson 1995, Jackson 1995, Morgan 1995, Freer 1997). Prior to this the literature primarily over-generalises and represents heterosexual relationship counselling as relationship counselling per se. However, more recent examples of over-generalisation indicate that it continues to persist in the literature (Kazan 1994, Tudor 1995, Colorado et al 1998). It is clear in reading

the Narrative therapy literature that gay, lesbian and other non-heterosexual subjects are not visible in the relationship or personal counselling discourse.

#### 4.5.2 A General Lack of Interest ?

Broadly and generally in the Narrative therapy literature there seems to be a general lack of interest given to understanding and challenging the ideologies and practices that support the privileging of heterosexuality and the repression of other sexualities (Callie 1994). Moreover, as I became more and more immersed in the Narrative therapy literature and the ideas and ways of being that it talks about, a disturbing overall sense that oppression on the basis of sexuality was somehow ranked behind oppression on the basis of gender and culture, in particular, began to emerge.

It is clear from Table 1 Appendix 2 that issues of gender and culture are more thoroughly on the publishing agenda than sexuality issues. Of the 33 Comment and Dulwich Centre Newsletter/Journal publications devoted to special issues, 7 focused on various issues of culture, 3 focused on gender issues, 2 on race issues and 1 on sexuality issues. In terms of publications devoted to special issues sexuality also ranked behind young people on 4, and mental health issues on 4.

With respect to sexuality, gender, race and culture a similar picture emerged in terms of the actual number of articles published within Narrative therapy texts generally; that is, there are 115 on gender issues, 36 on culture issues, and 16 on both sexuality and race issues.

A number of the Narrative therapy texts that address issues of power tend to list the varieties of oppression in a way that suggests their discrete, sequential co-existence along a horizontal axis, rather than their convergence within the social field (Butler 1990: 3). For example, Kazan writing on the multi-dimensional nature of power draws attention to herself as a “white, educated, middle-class, woman” (1994: 28). Jenkins writing on abusive practices in therapy “chooses to acknowledge his power” and in doing so mentions “white, male, middle-class, university-educated therapist” (1994: 12). It is the contention of this thesis that this list-like, summarily ranked notion of identity invites the heirarchising of oppression that is evident in the literature as a whole. The point that sexuality is not mentioned in either of these lists, or others (Cross 1994: 7, White 1997: 200), is a reflection of its place on the hierarchy of social justice issues within the Narrative therapy literature. In those lists where sexuality is mentioned it always comes down the list behind gender, race and culture, as does (dis)ability and age when they are mentioned. I have never seen sexuality start a list of oppressions.

#### 4.5.3 The Assumption of Heterosexuality

The assumption of heterosexuality is firmly in place in Narrative therapy theory. This is reflected in the lack of theorising that has occurred in relation to the institution of heterosexuality. The few texts that do address issues of heterosexual dominance are reviewed in section 4.5 of this chapter. Moreover, heterosexuality is only ever addressed as an institution that oppresses people on the basis of sexuality; that is, heterosexual people (particularly men) because it robs them of intimacies with people of the same sex (McLean 1995, Denborough 1996, 1998); and homosexual people because as an institution heterosexuality, through homophobia and heterosexual dominance, actively invalidates their choice of

sexual orientation (McLean 1995, Stiles 1995). Heterosexuality is never critiqued from a (lesbian) feminist perspective as an institution that oppresses women on the basis of their gender; that is, as an instrument of patriarchy.

The assumption of heterosexuality is insidiously evident in the therapeutic discourse on work with men who are violent and abusive to women (see Jenkins 1990, 1991, White 1994). This work is predominantly concerned with re-storying men's relationship with respect to the socio-cultural story of dominant masculinity; a story that is constructed as encouraging (individual) men to be violent and abusive. Clearly this is not a bad thing in and of itself. However, the social constructionist argument in Narrative therapy discourse that suggests that men are made violent and abusive rather than born this way tends to partake of the traditional view of culture as malleable relative to nature. That is, where culture unlike nature is assumed to be the/a thing that can be changed (Sedgwick 1994: 41). The feminist sex-gender distinction similarly supports this view in its implied amiability of culture relative to biological nature (Sedgwick 1994: 41).

One of the things the social constructionist-based therapeutic discourse on work with men who are violent and abusive to women masks, in addition to the possibility of lesbian relationships, is the long arduous task ahead, the continual emotional and sexual trap, the struggle to assert autonomy and get one's needs met, that in my experience as a Narrative informed relationship counsellor broadly and generally characterises the situation of the women in the heterosexual couples I see. My question is why does postmodern informed Narrative therapy literature on work with men who are violent and abusive to women not address the option of same-sex relationships for these women. Are the authors unaware that many

women in same-sex relationships were once heterosexual? At best it is only ever suggested in the Narrative therapy literature that women may need to “leave him, never them” (Wilton 1993: 274). Clearly in the work with men who are violent and abusive to women in Narrative therapy discourse the ontological regime of heterosexuality as a given is never, ever questioned. Upon review of the literature it is a contention of this thesis that the therapeutic discourse on work with men who are violent and abusive to women, amongst other things, clearly works to shore up heteropatriarchy.

#### 4.5.4 A Rigid Binary Gender Discourse

There is an explicit definitional connection between sexuality and gender (Butler 1990) in white western culture, with the social construction of (homo)heterosexuality being embedded in the social construction of a rigid binary gender system (Sedgwick 1994). As Butler (1990) has convincingly argued, there is no reason to assume that gender ought to remain as two. Yet Narrative therapy discourse clearly presumes and (re)produces the assumption of a rigid binary gender system. That is, it retains an implicit belief “in a mimetic relation of gender to sex whereby gender mirrors sex or is otherwise restricted by it” (Butler 1990: 6).

The presence of examples of therapeutic or community development work with transgender people in the Narrative therapy literature would work against this tendency. However, I was unable to locate any. Further an ongoing critique of homo-heterosexuality would also work against the rigid binary gender system as women, who are primarily defined as women through their (heterosexual) relationships and their difference from men, would become less women. And/or simultaneously the meaning of the term woman would increasingly change.

#### 4.5.5 Therapy as a Political Process

As mentioned in chapter 2, Narrative therapy discourse clearly is underpinned by the notion of therapy as a political process. (See the special issues of the Dulwich Centre Newsletter 1994 (1) on *Power and politics in practice*, and 1994 (2&3) on *Accountability*, White 1995, 1997, Freedman and Combs 1996). Clearly there is an ongoing articulation within the literature about how discourses that therapists bring to their interactions are constitutive of the nature of change that takes place. As Hare-Mustin reminds us when talking specifically about clinical practice:

*... the therapy room is a mirrored room that can reflect back only the discourses brought to it by the [participants]. (1994: 19)*

Implications with respect to sexuality can be drawn. No therapeutic interaction is apolitical and any denial or inattention to the reality of homophobia or heterosexual dominance in practice inevitably invites therapists to collude with their perpetuation. If therapists think and/or practice without an awareness of the structural disadvantages that non-heterosexuals face then they are (re)producing the dominant culture of heterosexism and promoting oppression and inequity.

I have suggested throughout this section that discourses on non-heterosexuality within the Narrative therapy literature are barely visible. Hence it is a contention of this thesis that the Narrative therapy literature, in contradiction to its politico-ethical commitments, is primarily heterosexist. This is mostly by way of absence and inattention to sexuality based issues, assumptions of heterosexuality, and the lack of inclusion of non-heterosexual subjects in the literature.

The notion of accountability circulates in Narrative therapy literature as a means for addressing injustices and oppression. It refers broadly and generally to an ethical position that seeks to find ways to allow the voices of marginalised groups to be heard; that is, groups that have been silenced and/or ignored in dominant culture (McLean 1994: 5). Accountability is also strongly associated with notions of processes and action whereby people in dominant groups need to take responsibility for responding to issues of oppression raised by members of marginalised groups. Again, this process relies heavily on a discrete, sequential, co-existing of identity categories along an axis and is susceptible to a vertical alignment and a concomitant hierarchising of oppressions.

Notions of accountability within the Narrative therapy literature largely centre on issues of culture (Tamasese & Waldergrave 1990, 1994, 1996) and gender (Hall 1994, 1996, McLean 1994). Callie's (1994) article on *Pain, hope and heterosexual dominance* reviewed in the next section of this chapter is the only text to address the notion of accountability in relation to sexuality.

#### **4.6 Anti-Heterosexism - Evolving in the Margins of Narrative Discourse**

The following is a critical presentation of central themes evident in the fourteen Narrative therapy texts that focus upon non-heterosexuality and associated issues. The analysis is structured chronologically in order to give the reader a sense of the unfolding of ideas within the literature.

The first occurrence of a non-heterosexual perspective in the Narrative therapy literature came in 1991 with the publishing of *AIDS - A gay lesson in caring* by a leading Australian AIDS researcher Gary Dowsett (1991):

It was situated in the context of a special edition of the Dulwich Centre Newsletter addressing men's experience of men's culture. Gay communities and individuals responses to the AIDS epidemic provide the backdrop to one of the main themes of the article, men's capacity to be caring and nurturing. That is, particularly in relation to each other:

*The capacity for men to love other men is what is evidenced in AIDS. I'm not talking about sexual love (but I don't want to deny its place among gay men). I'm talking about learning how to see men in a different light; not as potential rivals, not as dangerous competitors for pursued goals, not as potential killers. (Dowsett 1991: 22-23)*

Though the article is underpinned by issues and experiences of gay male sexuality its main critical thrust is against dominant masculinity, rather than heterosexism. In this sense *AIDS - a gay lesson in caring* is firmly placed within a larger ongoing critical conversation about dominant masculinity within the Narrative therapy literature (see Dulwich Centre Newsletter 1991 (1), Comment No.1).

Of course a critique of dominant masculinity is not necessarily inconsistent with a critique of heterosexism and in fact the article effects work in both areas.



The word homophobia is mentioned a number of times throughout the text. It is never clearly defined for readers. Homophobia is however often talked about by Dowsett (1991) as getting in the way of understandings between gay men and biological families, between men generally, and in relation to AIDS and gay relationships.

The issue of the Dulwich Centre Newsletter that followed the issue in which Dowsett's article appeared was a special edition entitled *Living with HIV and AIDS*. The title and focus of this special edition contains an obvious strong thematic link with the previous article by Dowsett (1991). However, whereas in Dowsett's (1991) article AIDS was used as a means to talk about the central element of gay male experience(s) and ways of being in relation to caring, the central focus of the special edition on AIDS and HIV was on the diseases impact on people in general. The editors make no reference to the previously published article of Dowsett's (1991). Rather they state that their own publication developed out of a growing awareness of "the impact AIDS was having on us, both as therapists and as people" (Jackson & Lipp 1991: 3). Hence one is left with the sense that it is probably by accident rather than design that the special issue of the Dulwich Centre Newsletter on AIDS and HIV follows Dowsett's (1991) article. This is good in the sense that it suggests that the editors of the Dulwich Centre Newsletter are taking up the issue under their own volition. However, it gives us no clue as to whether or not Dowsett's (1991) article fell on deaf ears or shut eyes, as so many of the voices of gays and lesbians do in a heterosexually dominant society.

A central focus of the issue on AIDS and HIV is the grief and loss, as well as the challenges of living that have been brought about by the so called AIDS epidemic.

Articles by Lipp (1991) *Living with HIV and AIDS*, and Carter (1991) *The personal, political and professional* draw on personal experiences of a gay male perspective. These articles are set in a context of being juxtaposed with articles written from a number of other perspectives. The stated editorial commitment is for the "edition to speak with a diversity of voices" (Jackson & Lipp 1991: 2).

The page layout of the publication is such that different articles are juxtaposed on the same page. In terms of a reading experience this creates the effect of a weaving in and out of the many different and diverse experiences brought about by the AIDS virus. As a consequence of this the reader must carefully search the publication to find the two articles that address gay male experience(s) which are present. Unless the reader knows particular authors are gay it is not immediately apparent from any of the titles on the contents page that gay male experiences are in fact included. This is good to the extent that it works against the homophobia in the idea that AIDS is a gay persons disease. At same time, to an extent it works to invisibilise the significant impact the disease has had on the gay community in a particular in western culture. Additionally, its actually quite hard to locate experiences of gay men if that is what the reader is looking for.

Strikingly absent in the array of diverse voices and experiences represented in the publication is that of lesbian women. Given the significant role that the lesbian community has played in relation to supporting gay men, the gay community and others in the face of the AIDS epidemic this absence is conspicuous of both homophobia and sexism.

Two years later the first two articles in the same issue of a Dulwich Centre Newsletter focused on the presence of sexuality-based oppression in therapy: Kathleen Stacey's (1993) *Exploring stories of lesbian experience in therapy: Implications for therapists in a postmodern world*; and Daphne Hewson's (1993) *Heterosexual dominance in the world of therapy?* Both articles share a common stated purpose of creating openings and stimulating others to contribute to exploring the ways in which homophobia (Stacey) and heterosexual dominance (Hewson) operate in therapy. Both papers focus specifically on issues for clinical practice.

In *Exploring stories of lesbian experience in therapy* Stacey (1993) writes as a woman-therapist addressing other therapists. At the end of the article she tells us that she is heterosexual.

Stacey (1993) uses postmodern and social constructionist ideas to critique the presence of homophobia and the assumption of heterosexuality as both normal and natural in therapy. This critique is set persuasively against the backdrop of a particularly virulent example of homophobia in a psychoanalytically orientated therapy text that was published as recently as 1987.<sup>13</sup>

In her deconstruction of normal, natural heterosexuality Stacey (1993) draws on a number of lesbian feminist ideas available in the literature from outside of the field of family therapy. She introduces Adrienne Rich's concepts of the lesbian continuum and the institution of compulsory heterosexuality. Stacey then draws the readers attention to the work of Bettina Aptheker (1989) who has traced the changes in attitudes towards to woman-to-woman experiences over the last two

hundred years. This historicising of attitudes towards sexuality between women that Stacey (1993) lays out through its contrast with the present brings the homophobia and heteronormativity of the present into sharp relief.

After elucidating the presence of homophobia in therapy and deconstructing the naturalness in assumptions of heterosexuality Stacey (1993) provides a number of conceptual and practical suggestions throughout the paper about how “we” as therapists “can orientate ourselves to being more comfortable in talking with client’s who bring their lesbian experiences to therapy” (1993: 3). She draws upon three quite different stories of lesbian experience in therapy in order to (re)construct a more lesbian-centred understanding of experiences of therapy. Usefully examples of both oppressive and helpful interactions with lesbian clients are given.

Stacey’s (1993) paper also works against the assumption of commonality of experience implied in the use of the term lesbian. She draws on postmodern ideas of multi-sited identity to highlight other axes of identity that are also constitutive of experience(s).

Stacey (1993) juxtaposes the point of the invisibility of lesbian experience(s) in family therapy literature with the increasing dialogue and discussion around inclusivity and woman-centredness. Stacey names homophobia as the operant involved in invisibilising lesbian experience within feminist discourse in family therapy.

Stacey’s (1993) paper clearly challenges therapist-readers to learn about lesbian experiences in relation to therapy, suggesting that ignorance can be more about

lack of attention rather than lack of available knowledge. Therapists reading Stacey's paper will be able to identify aspects of their own practice in the critique. The paper itself provides a rich source of information with respect to lesbian experience and homocentric practice for therapy, which is a marginalised knowledge base within therapy.

The theoretical space created by this goes some way towards constructing a sense of woman-centred homocentricity for practice. Although the concept of lesbian has been problematised by Stacey (1993) the homocentric bias of the paper is clearly lesbian. Within the terms of the dominant heterosexist and often sexist discourse of Narrative therapy this is an important and useful thing. In 1993 nothing had been said about lesbian experience in Narrative therapy discourse. However, it is similarly important to note that the voices and experiences of bisexual and other non-lesbian women are not present in Stacey's paper.

Daphne Hewson's (1993) article on *Heterosexual dominance in the world of therapy* is more centrally located in personal experience than Stacey's article. In it Hewson, a lesbian therapist, undertakes a reflexive ramble through some of her own experiences and current perspective with respect to heterosexual dominance (Hewson 1993: 14). In doing this she includes her own account of becoming a lesbian. Clearly for Hewson her experience of her own lesbianism is about *becoming* - a constructionist notion, rather than *being* - an essentialist notion. Though Hewson's notion of becoming a lesbian is congruent within a Narrative framework the idea is unusual in therapy literature generally where coming out models tend to dominate.

Hewson states in her opening paragraph that there are plans for a future issue of the Dulwich Centre Newsletter to be devoted to deconstructing heterosexuality and exploring the ways in which heterosexual dominance operates in the world of therapy (1993: 14). My review of the Dulwich Centre Newsletter indicates that these plans were not realised.

The next article on sexuality to appear in the Narrative therapy literature was Alison Callie's (1994) *Pain, hope and heterosexual dominance* published in a special edition on *Accountability* in the Dulwich Centre Newsletter.

Callie's (1994) paper *Pain, hope and heterosexual dominance* is a personal account by a feminist lesbian counsellor of her experience of heterosexual dominance while working in a large non-government welfare agency in Adelaide.

Callie's (1994) paper has many strengths. The format of a personal account permeated by theoretical understanding of heterosexual dominance and a Foucaultian analysis of power provides for a powerful combination when describing the effects of sexuality based oppression on a lesbian woman in her place of work.<sup>14</sup>

Another strength of *Pain, hope and heterosexual dominance* is the careful teasing out of various manifestations and effects of heterosexual dominance in an institutional setting that (ironically) is concerned with social justice issues and their relationship to therapy. Lack of understanding of the privilege heterosexuality bestows, lack of knowledge of the oppression of lesbians, gays, bisexuals and

transgender people, a disinterest in challenging the ideas and practices which support the privileging of heterosexuality, and (in contradiction to the spirit of accountability) the onus placed on sexual minority persons to educate heterosexuals are some examples of heterosexual dominance addressed in Callie's (1994) paper.

Part of Callie's paper is concerned with critiquing the attempted establishment of an accountability structure which was meant to go some way towards deconstructing heterosexual dominance within the Agency in question. The paper elucidates the enormous amount of energy, hope and pain that it takes for a person from a less powerful group, in this case a lesbian woman, to raise issues of concern with respect to their particular oppressed position, particularly when many of the concerns as Callie suggests "have no clear solutions as yet" (1994: 35).

In her article Callie (1994) usefully suggests responsibilities that heterosexual people may take up when attempting to destabilise the dominant culture of heterosexism.

It is a clear strength that Callie's (1994) paper is informed by postmodern understandings of power, self and society. Like Stacey (1993), Callie (1994) problematises the concept of lesbian. She states that "in describing myself in terms of a lesbian identity, I am not intending to suggest that I am defined by my sexuality, or to suggest that my experience is not located in social institutions such as those of race and class (Callie 1994: 33). Simultaneously she invokes and privileges the identity category of lesbian for the purposes of the paper.

*Pain, hope and heterosexual dominance* is prefixed with an editorial by Chris McLean (1994), a heterosexual man, which runs in complete contradiction to the spirit of accountability. Its presence has the crazy-making effect of being set in a context of talking about accountability to a lesbian and then proceeds to blatantly reinstate heterosexism through the use of editorial privilege.

In the editorial McLean (1994) directs the reader in their reading of Callie's (1994) article. He seems worried that "when issues are raised they can be very easily misread" (1994: 30). McLean (1994) then proceeds to let the dominant heterosexual group addressed in Callie's (1994) article off the hook for not listening to the voice of the marginalised person, that is, Callie:

*If the significance of a concern is not appreciated by those of the dominant group, it is very difficult to see it as pressing, particularly in work dealing with client's whose needs are obviously extreme. An increasing economic pressure translates into ever-increasing demands on the health and welfare sectors, the enormity of the workload and the severity of problems being dealt with which create a real and understandable barrier to effective communication between workers. (1994: 31)*

In the above paragraph McLean (1994) proceeds to blatantly reinstate heterosexual dominance through evoking the reader's understanding and empathy for the dominant, heterosexual, group. Simultaneously he effects a personal-professional split that works to suggest that the addressing of heterosexual dominance has nothing to do with the real and legitimate work of attending to clients.



*Sunday Mowing* by Laurence Carter (1994) in the following issue of the Dulwich Centre Newsletter also focuses on non-heterosexuality.

In the article Carter (1994) identifies as a gay, educated, white, Australian man in his mid-thirties and locates his discussion of intolerance of gay men, lesbians and bisexual people as informed by experiences that these identity categories afford. He also situates the article in “a wider debate that challenges all values and prejudices emanating from a dominant culture that is intolerant of difference” (Carter 1994: 20).

*Sunday mowing* is written in a personal narrative style, which carries with it the legitimating strategy of experience. It is permeated with concepts of homophobia, heterosexual dominance and heteronormativity; the first two of which Carter (1994) usefully provides extensive definitions for. Throughout *Sunday mowing* Carter (1994) conducts an extensive critique of homophobia and heterosexual dominance in the mass media, church and the family in white Australian socio-culture.

From a feminist perspective a clear limitation in the article is the absence of non-heterosexual women. At the same time this is one of its strengths, to the extent that it doesn't attempt to include them as an after thought or conflate their issues with those of gay men.

Within the Narrative therapy literature 1995 seems to have been the year for addressing issues related to sexuality based oppression. In this year three publications were produced that contained texts on non-heterosexuality. These are Bedtime Stories For Tired Therapists edited by Leela Anderson (1995), the second

issue of Comment edited by Suzy Stiles (1995) entitled *Discussions, dialogues and interviews about homophobia and heterosexual dominance*, and a special edition of the Dulwich Centre Newsletter on *Schooling & Education: Exploring New Possibilities* edited by Chris McLean (1995).

Leela Anderson is a leading Adelaide Narrative therapist and a former tutor in the first year of the Narrative therapy training at the Dulwich Centre. Her article *Windows* appears in Bedtime Stories For Tired Therapists. 'Louise' is one of eight vignettes that Anderson writes about in *Windows* (1995: 11).

*I had worked with many women in similar situations but there was something about Louise that pulled at my heart ... perhaps it was the imprisonment of her spirit by a culture with tight rules for 'its' women; or perhaps she became the collective force for all women who do not fit in ... I remember wondering, in the beginning only too myself, what was it like to be 18 in 1994 and thinking you might be lesbian? I too had considered the same question at 18, except it had been 1974 in what were very different political times. (Anderson 1995: 15)*

This text reflects a very public "coming out" in writing for one of Narrative therapy's high profile therapists. Louise is the first piece to address the intersection of sexuality, gender and non-Anglo ethnicity. It also documents the beginning of what has become the Bfriend program at the Adelaide Central Mission.<sup>15</sup>

Another piece in the Bedtime Stories collection that also deals with sexuality issues is *Poems*, by Vonnie Coopman-Dewis (1995). In a short three stanza poem Coopman-Dewis illustrates the assumption of heterosexuality at work in a counselling room. The dominant reading position made available is underpinned by heteronormativity. A young woman in the poem is consulting the therapist about her sadness. She has mentioned a “partner”. The therapist asks ‘What might he be able to tell me about you - when gaiety has been more a part of your life’ (Coopman-Dewis 1995, 106). The client reveals that her partner of some seven years is indeed a woman. There is a play on the word gaiety in the first line of the poem that works to reveal the naivety and ignorance on the part of the therapist as we later find out that being gay is what the young woman finds hard.

The poem is a powerful illustration and reading experience of how easily therapists can take on the discursive presumption of heterosexuality. Feelings that accompany the realisation of how wrong one can be are available in the final stanza as the therapist-reader becomes caught out in the heterosexist assumption of the reading position.

*‘Well  
Wendy  
has been with me  
for 7 years  
and I think she’d say  
I find it hard  
being  
Gay!’*

The poem also demonstrates the way the use of the term “partner” can be deployed in the service of heterosexism to the extent that it masks the sexuality of people and couples.

The point that the young woman finds being gay hard is problematic. The reader is left with the probable link of the woman’s non-heterosexuality to her problem of sadness. This is what she originally consults the therapist about and it sets the backdrop to the poem. From a gay-affirmative perspective, to the extent that the poem reinscribes the dominant story of victim and misery in relation to gay subjectivity and identity it works in the service of heterosexism. At the same time it is the experience of many gay people living in a heterosexist culture. From this social justice perspective it needs to be acknowledged. There is no Narrative multi-storying in the poem that would have worked against the dominant story of homosexual-as-victim that the reader is left with.

*No pockets* by Alison Topaz (1995) is a third piece on sexuality that appears in *Bedtime Stories for Tired Therapists*. Unlike Anderson (1995) and Coopman-Dewis (1995), Topaz (1995) is not a Narrative therapist. *No pockets* is an in part autobiographical account of a night on the town in what is “really [the] only lesbian bar in” Adelaide (Topaz 1995: 55). The author identifies as “a Lesbian, a Feminist, a Mother, a Nurse” and writes “as a way to unravel these labels and to ruffle some of the neatness they can pretend” (Topaz 1995: 54).

One of the clear strengths of this piece is the simultaneous deployment of identity labels and immediate working against the sense of fixity and totalising explanatory power that they usually imply which comes into play.

At various points throughout the night different aspects of the authors self are privileged. This works against the sense of being defined only through one's sexuality, also alluded to by Stacey (1993) and Callie (1994), that can at times accompany a declaration of non-heterosexuality.

*No pockets* demonstrates the richness in meaning-making and understanding that can result when perspectives from outside of the Narrative therapy fray are included within Narrative therapy discourse.<sup>16</sup>

From a gay-affirmative perspective one of the clear strengths of *No pockets* is its light and witty account that contrasts with the serious, heavy tone of much of the writing about alternative sexualities in the Narrative literature.

The second issue of Comment, *Discussions, dialogues and interviews about homophobia and heterosexual dominance* edited by Suzy Stiles appeared in 1995. The second issue of Comment is a landmark text in the Narrative therapy literature. This is because, as the title suggests, the entire publication provides a space for discussion and dialogue on the issues of homophobia and heterosexual dominance.

Comment 2 may be what became of the plans that Hewson mentioned in 1993 for a forthcoming issue of the Dulwich Centre Newsletter devoted to sexuality based oppression. However, this is not referred to by Stiles (1995) at all. Neither are any of the other previously published articles. Rather Stiles locates the process of her involvement with the issue of Comment as beginning for her in a suburban Adelaide home:

*The room was full of members and friends of the Dulwich Centre's Community mental health Project, a predominantly heterosexual group. We had gathered together to hear Laurence Carter, visiting Melbourne activist, lead a discussion about heterosexual dominance. It was the first time in my 16 consciously lesbian years that I'd ever known straight people gather together to acknowledge and learn more about the problem, and the pain it causes - and, importantly, to recognise their responsibility. (1995: 3)*

Stiles (1995) tells us she was approached by Cheryl White to edit the issue of Comment, which she "jumped" at (Stiles 1995: 3). Cheryl White who is the partner of Michael White is presumably heterosexual. It would have been interesting to hear about some of the thoughts that went through Stiles's mind in relation to the offer. For example: Did she jump at the offer because it a fabulous offer, too good to refuse? What did she think about the politics involved in a powerful heterosexual woman asking her, a lesbian, to further take up the work on sexuality-based oppression? Would any of the interested heterosexuals be involved? Had she read the previously published edition of the Dulwich Centre Newsletter on *Accountability*? For me the point becomes more poignant as the original interest of the predominantly heterosexual group disappears in the text to be replaced by an account of the work done on the publication by lesbians and gay men:

*The key ideas that have emerged in this issue were canvassed in two discussion groups held in Adelaide early 1995. The twenty odd participants were mostly lesbians and gay men, plus smaller numbers of people who identified as heterosexual and bisexual. (Stiles 1995: )*

Nonetheless the publication is a rich source of information, dialogue and ideas that clearly elucidates heterosexism as the dominant discourse and taken for granted

until proven otherwise sexuality in society. From various positions of sexuality, the publication grapples as a whole with the issues of heterosexual dominance and homophobia, particularly with respect to their effects in the areas of therapy and community health. However, the focus and approach of individual pieces vary in their treatment of the issues (of heterosexual dominance and homophobia); that is some pieces are clearly critical works while others take the form of interviews, dialogues or snippets of information. This is a good thing because it works to make the writing interesting and accessible to a variety of readers.

Interesting issues covered in this edition of Comment include: first steps in challenging heterosexual dominance, the power of (heterosexist) language, speaking out from dominant positions, the damage done by heterosexual dominance in therapy, and the invisibility of lesbians in gay issues. The publication realises its intention of gaining an overview of the issues that people who work or have an interest in health and welfare regard as being most important with respect to heterosexual dominance (Stile 1995: 2).

The point that *Discussions, dialogues and interviews about homophobia and heterosexual dominance* is a special issues points to the silent term of heterosexual that pervades the bulk of the Narrative therapy literature.

*Amy's story* by Amy (1995) and *Homophobia and the sexual construction of schooling* by Lori Becket and David Denborough (1995) appeared together in the special edition of the Dulwich Centre Newsletter on schooling and education.

*Amy's story* is a thirteen year old white high school students account of issues of power, oppression and abuse that young people face, both in and within the school system and between each other. It focuses on the issue of difference and the part it plays in the dynamics of power within the discursive parameters of schooling. Amy suggests that "the more [difference] is openly identified and discussed the more it can be understood" (1995: 3).

The article touches on issues of racism. However Amy's account of experiences of homophobia and heterosexual dominance as a daughter of a lesbian mother and child in a lesbian-couple family are the primary focus in the text.

The article has a number of strengths. Firstly, it introduces the perspective of a young person into the conversation. Secondly, it addresses the issue and effects of homophobia and heterosexual dominance on the children of lesbian couples. It draws attention to the points that struggles with issues of visibility, outing and experiences of homophobic based abuse extend to and have to be dealt with by the children of lesbians. Thirdly, it gives clear and lucid examples of homophobia and heterosexual dominance in operation in the school setting. Most interesting are Amy's (1995) descriptions of the way in which adult power and teacher authority can work to both perpetuate and increase the power of homophobia and heterosexual dominance in the lives of young people at school. For example:

*So if anyone talked about the possibility of being homosexual, or teased someone about being a "poofter" or a "leso" the teacher would pass it off as a childish prank. (Amy 1995: 4)*



Fourthly, *Amy's story* provides an example of an alternative school where the teachers "are more open to all sorts of difference" (Amy 1995: 4). Thus it provides the reader with a way out of homophobia.<sup>17</sup>

*Homophobia and the sexual construction of schooling* by Becket and Denborough (1995) is a fantastic article, easy to read. It is longer than most of the other articles on non-heterosexuality in the Narrative therapy literature, and because of this it is able to address many of the issues it raises in greater depth. It outlines various perspectives on sexuality and talks about their implications with respect to young people in schools. It includes insights on both genders.

The next year another piece by David Denborough (1996) *Power & partnership? Challenging the sexual construction of schooling* appeared in a special edition of the Dulwich Centre Newsletter entitled *Talking Across Generations: Young People & Adults Working Together*.

Focus of the article was on the construction of young people's sexuality through three sets of power relations: adults power over children, sexism and heterosexual dominance.

In this piece Denborough (1996) identifies himself as a young, white, middle-class, heterosexual, educated privilege male. He writes because of the following:

*I believe men like myself have a responsibility to talk about the effects of dominant constructions of male heterosexuality - effects that include homophobic violence, sexual violence and child sexual assault as well as diminishing of erotic and intimate possibilities for ourselves. (1996: 41)*

Denborough locates the explorations of the article as being based in male experience and hence resist a conflating of men and women. This article is firmly located within the ongoing gender discourse and deconstruction of dominant masculinity in the Narrative therapy literature. However, it draws upon a clear and articulated anti-heterosexist perspective that is usually absent within this discourse.

David Denborough (1998) *Honouring histories: A younger man's perspective on men's relationships* was originally written for a national forum on men's Relationships that was held in Canberra in June 1988.

In this article Denborough (1998) writes about the impact of the feminist movement, the gay liberation movement and the era of resurgence of indigenous peoples around the world and what they have meant for his life. He writes as one of the generations of "young men since Stonewall that have been invited to consider differently our relationships with our own bodies" (1998: 73). He credits feminism and the gay liberation movement with "challenges to rigidity of traditional male heterosexuality, the celebration of alternatives and invitations for young men to consider their own bodies differently" (1998: 74). Thankfully he avoids a slide into the romanticism which starts to build by noting that there are still profound restraints to men considering their own bodies differently (Denborough 1998: 76),

In a strong anti-homophobic display Denborough calls to older men to remember:

*[T]he times in their own lives when they have felt longing, desire or simply confusion in relation to other men, and other men's bodies. (1998: 73)*

#### **4.7 Some Conclusions**

Both individually and together the texts addressing issues of non-heterosexuality reviewed for this thesis contribute toward a small but ongoing and increasing conversation in Narrative therapy discourse which is concerned with filling in the gaps, and articulating the silences and the not yet said with respect to non-heterosexual experience, and the particular experience and effects of oppression on the basis of sexuality.

Particularly the papers by Stacey (1993), Hewson (1993), (Callie 1994) and the Comment edited by Stiles (1995) devoted to exploring homophobia and heterosexual dominance have had a significant impact on the visibility of heterosexual dominance as an issue in Narrative therapy discourse. In the Narrative therapy literature they are landmark articles as they represent the beginnings of what I hope becomes an ongoing conversation and exploration of the way in which heterosexual dominance operates in Narrative therapy. They provide a rich, alternative discourse to heterosexism written from within, and in some ways against, the field of Narrative therapy. However, it needs to be noted that the epistemology underpinning the articles is recontained within the boundaries of the ideology of heterosexuality via their reliance on the heterosexual-homosexual distinction.

Missing in the Narrative therapy literature generally are considerations of the way in which male dominance is maintained via heteronormativity and its various manifestations, and concomitant consequences for women. To me this illustrates the importance and desirability of a theoretically stronger feminist perspective when

exploring homophobia and heterosexual dominance in Narrative therapy than those found among the Narrative texts in this review. I would suggest that a greater and more sophisticated drawing upon feminist perspectives in the transdisciplinary feminist-narrative perspective fostered in Narrative therapy discourse is required.

## 5. ANALYSIS OF THE INTERVIEW TEXTS

*My keenest sense in the writing of this chapter is the many different directions I could have gone with it, the gulf between the totality of possible statements and the finitude of what is actually written or spoken. (Lather 1991:123).*

### 5.1 Introduction

This chapter details the results of a thematic content analysis carried out on the interview transcripts that were collected for this thesis. As such, it presents an empirical story to the extent that it assumes to have found or discovered themes in the texts. However, by foregrounding the constructedness of the analysis through the chapters structuring element of asking various questions of the data, I am wanting “to deflate rather than inflate the enormous pretensions of the realist enterprise” (Van Maanen 1988 in Lather 1991:134).

The chapter is divided into two main sections: Participants and Themes. The first section details participant demographics and where they are situated in relation to Narrative therapy discourse; that is, through an exploration of their sense of themselves as Narrative therapists, their sense of a Narrative therapy community, and their experience of the Narrative therapy literature and training available. The second section details the results of the thematic content analysis of the interview texts.

The structuring impulse that I settled on for this section was to ask the following questions of the texts:

1. Are there common themes throughout the texts?
2. What evidence is there of experiences of homophobia and/or heterosexual dominance in the texts?

The following themes emerged in response to the first question:

*Theme 1 - The Promise of a Politico-Therapeutic Discourse*

*Theme 2 - Homophobia and Heterosexual Dominance*

*Theme 3 - Performative Contradiction*

*Theme 4 - Hierarchising of Oppression*

*Theme 5 - An Alternative Story*

“Performative contradiction” is a term I have used to describe the experience(s) of practice or action not matching respective rhetoric or rhetorical suggestions for action.

My second question was answered by the presence of theme 2.

Although this chapter is clearly and primarily a researcher construction, it does draw on the knowledge and experiences of the seven women who generously consented to be part of this research.

## **5.2 Participants**

Participants are white women from English-speaking backgrounds whose ages range from early twenties through to late forties-mid fifties. Thus there is a clear white racial and ethnocentricity underpinning these findings. This is obviously a clear and significant limitation of the thesis.

Ethical issues of confidentiality and ensuring anonymity have stopped me from reporting more specifically and on further participant demographics that usually accompany data analysis. Assuming that there can be said to be a Narrative therapy community in Adelaide, it is small enough for the reporting of certain further demographic details such as socio-economic status, occupation, (dis)ability, ethnicity and education to be identifying of individuals. This is particularly so if these demographics are attached list-like along with what is already known to their respective participants. Given this, throughout this analysis I have only attempted to distinguish participants on the basis of their sexual identity.

In distinguishing participants on the basis of their sexual identity I am not wanting to suggest that they are defined by their sexuality, or to suggest that their experiences are not located, or imbricated in a mutually determining way in other politico-social institutions such as class, race, education, (dis)ability, occupation (Callie 1994:33). I am also aware of the way in which this supports the construction of identity as sexualised, and reinscribes the ideology of heterosexuality - via its reliance on the homo-heterosexual distinction that underpins existing power relations and their material effects. However, I am much persuaded by Sedgwick's (1994) contention that the homo-heterosexual distinction indelibly marks all of the

major nodes of knowledge in twentieth century white western culture. With this in mind, this thesis is in part an attempt to move within and against the ideology of heterosexuality through exposing some of its workings.

The texts revealed that four participants identified as lesbian, one participant identified as having a fluid sexuality that went more in the direct of lesbian experience(s), and two participants identified as heterosexual. Throughout the analysis of the interview texts these participants are referred to as L1, L2, L3, L4, F1, H1 & H2 respectively.

As mentioned for the purposes of this thesis I was interested in locating participants in terms of their access to and experience of Narrative therapy discourse. In reviewing the texts/data the following information emerged:

- *Do participants/interviewees see themselves as Narrative Therapists?*

Nearly all interviewees responded to the “middle class”, “pathologising”, “expert position” connotations associated with the use of the word/term *therapist*. All interviewees tended to disown the totalising gesture in the label, preferring instead to draw attention to the other discourses and ways of being that they simultaneously brought to their work. The following are examples of this:

L1: *... (I) f I say Narrative therapist for me that feels a bit reductionist in a way, like a mono-description of what I bring to the work.*

L3: *I think I call myself a feminist therapist too. I use feminist and Narrative ideas in my work.*



L2: *I don't know what I call myself. I don't know what I do. I just sit with people in the way they ask me to ... But I do, you know, treasure some of the [Narrative] ideas and I use them.*

However, all interviewees were prepared to concede that Narrative ideas did inform their work.

Two participants were keen to distinguish their use of Narrative ideas from that of Michael White:

L2: *... if its linked to Michael White I don't do anything much the same.*

L3: *It not what Michael talks about, its different, its a different practice of Narrative. It has quite different characteristics and their are different conversations that would happen. And that's the kind of Narrative that I have an affinity for.*

A number of the participants also stressed the importance of putting the ideas into practice. In this sense one interviewee described herself as an activist Narrative therapist:

H1: *Someone who delights in the idea but even more loves to see them in practice. In face, I don't think any ideas are worth having until they are actioned in some way.*

These last two points resonate with the discourse of dissatisfaction that seems to permeate the texts, some more strongly than others. This is addressed more fully in the next section.

The interview texts suggested that all interviewees were familiar with Narrative therapy literature. This included Comment, Gecko, the Dulwich Centre Newsletter and the major Narrative therapy texts Narrative Means to Therapeutic Ends by Michael White and David Epston (1990) and The Social Construction of Preferred Realities by Jill Freedman and Gene Combs (1996). Other texts which draw upon Narrative ideas which were mentioned throughout the scripts include: Invitations to Responsibility by Alan Jenkins (1990), Narratives of Therapists' Lives by Michael White (1997), Bedtime Stories for Tired Therapists edited by Leela Anderson (1995).

Six of the seven interviewees had or were currently undertaking the two year *Diploma in Narrative Therapy* at the Dulwich Centre. Four interviewees had completed the *a Lost the Plot* introduction to Narrative ideas facilitated by Leela Anderson and (sometimes) Vanessa Swan. One participant had done the *Gendering Narrative Ideas* workshop held in Adelaide and facilitated by Johnella Bird, a leading Narrative therapist based at The Family Centre in New Zealand. One participant had also done some training through NADA which she identified as drawing upon Narrative ideas.

- What evidence is there in the texts of a sense of a Narrative therapy community?

My interest in this question stems from a curiosity about the part that such a community might play in structuring and supporting people's experiences of homophobia and heterosexual dominance in Narrative therapy discourse.

When asked if they thought there could be said a Narrative therapy community in Adelaide or elsewhere, no participant gave an unqualified yes! A range of responses from feeling “cautious about using the word community”, through to “guessing”, to finding “that one hard to answer” characterised the texts. All, however, located to the Dulwich Centre as one of its institutional parameters and the focal point for people who were interested in Narrative ideas.

Nearly all of the interviewees talked of a schism in the Narrative community between those who felt that “Dulwich” hadn’t addresses particular gender and sexuality issues, and indeed class and culture issues, and those who didn’t even notice this and didn’t know what people were on about when they talked about oppressions.

Another thread of discontent that appeared in relation to the idea of a Narrative therapy community was concerned with critiquing the operations of exclusivity and privilege that circulated within the community. A number of interviewees talked about this in terms of a “club” or “an anointing process”.

Most interviewees identified positively with particular sections within the Narrative therapy community. Interviewees indicated great ambivalence around identifying with the community as a whole, particularly if the notion of a Narrative therapy community was seen as being synonymous with the Dulwich Centre.

Other Adelaide organisations including NADA, The Adelaide Central Mission, Northern Women’s, Northern Metropolitan Community Health Service, Dale Street Women’s Health Service were all mentioned as being part of this community in the

sense of having organisational support for the ideas, or knowing that Narrative ways of working are practised there.

Four of the interviewees describe the women's health centres in particular as places where "the life of Narrative [was] continuing, perhaps in different ways" and preferred ways (L3).

One interviewee expressed a provisional sense of this community:

*L4: I think when Narrative gets pooh poohed I say yes there is. And Narrative to me gets pooh poohed by all sorts of people, and particular establishments and institutions that get a lot of money to support their own ideas. Like psychiatry or medicine.*

Interestingly, none of the interviewees evoked or relied on their sexual identity in her meaning-making of this community.

### **5.3 Theme 1 - The Promise of a Politico-Therapeutic Discourse**

A thread of meaning-making that was common to all of the interview texts related to how interviewees and others came to have an investment in Narrative therapy. That is, what the invitational and persuasive rhetorical strategies of Narrative discourse were for them and perhaps others. Moreover, this theme seems to effect something of a backdrop to many of the experiences of performative contradiction, homophobia and heterosexual dominance teased out later in this chapter.

In the following extract an interviewee is talking about her introduction to Narrative ideas through workplace training. It illustrates the suggestion of (an) initial excitement and enthusiasm that was evident in five of the texts and which seemed to arise from the apparent potential and possibilities created through Narrative's imbricating of political discourse(s) in therapeutic discourse.

*H1: I was quite excited by the invitations into ways of working that are political. For me that was very exciting because I haven't come across that anywhere else. I finally through here's a theory that relates to the ways I try to practice, which kind of expands on them. I can think of many possibilities, how I might use these [Narrative] ideas in the work that I do.*

In particular interviewee readings or perceptions of feminist political discourse within Narrative discourse provided a strong invitation for women in this study to take on Narrative therapy as a way of thinking and working. This is evident in the following extract where an interviewee is talking about a project on women and depression that she was involved in that used Narrative ideas and provided her with an entry into Narrative ways of working:

*H2: It was about contextualising women's lives, so it was looking at how language like depression can be used to almost make invisible the context of women's lives in which there are lots of injustices and inequalities in power. And by naming it depression you don't address any of those actual contextual issues in people's lives. It then becomes a really medicalised discourse and its kind of talked about in ways that invite women to look at their inadequacies and talk about it in terms of needing medication and medical treatment rather than addressing the actual context of women's lives. Like looking at that made a really big impact on me. And how [Narrative] creates space for new possibilities, whole new ways of seeing and thinking.*

Additionally, two interviewees suggested that it is the link with feminism that has attracted them and other lesbian feminists to Narrative. For example:

*L1: It feels like strong feminist lesbian women have been attracted to the course for a long time. And my hunch is because of the link with feminism.*

In the transcripts there is evidence of a strong perception that it is feminist discourse and not a gay-affirmative discourse(s) or a sense of anti-heterosexism that attracts lesbian, bisexual and other non-heterosexual women to Narrative therapy discourse. As one interviewee put it:

*L4: I don't think that sexuality would attract them because I don't think its like obvious.*

The above few interviewee reflections read together suggest that a commitment to social justice does not in and of itself guarantee an equal commitment to all oppressions in Narrative therapy.

In some of the interview texts the general experience of invisibility of alternative sexualities sits alongside of an expectation of it being otherwise, effecting something of a partial contradiction. The following exert is an example of this:

*L3: [W]hen I thought about Narrative I thought that there was an analysis or an understanding or a statement about sexuality, that it was something that was talked about rather than swept under the carpet. And I don't know where I got that idea from because, in fact, in the two years of doing the course, um ... I'm trying to think if it has been mentioned at all, ... maybe its been mentioned once. But I have no memory of it being mentioned.*

It is my contention that the expectation alluded to in the above interviewee reflection results from the rhetorical commitment to politics, social justice and dismantling oppression that is explicit and constantly stated in Narrative therapy discourse. It appears to be central in the construction of experiences of performative contradiction that are addressed in a following section.

There is numerous evidence of an investment in Narrative discourse in five of the six interview texts. Some of the excerpts of texts already presented demonstrate this:

*H1: I finally thought here's a way I work ...*

*L4: ... like its the only, well one of the few or the only kind of work where ...*

This investment is clearly linked to and fostered through the political and social justice discursive elements in Narrative therapy discourse. The degree of this investment for one of the interviewees is illustrated in the following example:

*L1: And I think it is also that what the Dulwich Centre does, is very much about social justice, you know, and about diversity and I mean true to post-modernism I believe they really want to disrupt and challenge existing structures. I think for that reason lesbians probably feel safe to go there and in thinking it through, my experience of things there, I thought to myself if this isn't a place I can do this where else could I do it. So that's kind of informed a lot of risks that I've taken when I've been there.*

This same interviewee's struggle to hold onto her faith and investment in Narrative therapy discourse despite a number of experiences of homophobia and heterosexual dominance is demonstrated in the following text:

L1: *I encountered a passage in one of the really recent publications which I felt was omitting of alternative expressions of sexuality and so I wrote a letter to the author about it. Its my most recent sort of ... encounter with homophobia ... he's got a list of these influences. He lists knowledge, age, gender, culture and race and then he puts and so on ... so um ... it really bothered me that ability wasn't there too and I deliberated for some time about what was my first impulse, to write to him. I had this angsting about it, but I did write and I also included the angsting in part of the writing about it ... I'm not sure what will happen as a result, but I put at the end, you know, that I look forward to hearing from you ... and I'm writing, I wrote to the author because I really believe he will hear what I've got to say. I really do, in fact I think he'll probably be completely mortified by it really. I think he'll be not mortified that I wrote but mortified about the omission.*

Clearly interviewees were affected by, influenced, dealt and struggled with their investment in Narrative therapy in different ways.

One of the transcript showed an absence of investment in Narrative. The interviewee was in her early twenties, and not yet in paid employment. Socioeconomic issues around accessing the ideas were a concern of hers. Evidence of feminist discursive investments were present in her text however.

#### **5.4 Theme 2 - Homophobia and Heterosexual Dominance**

Ideas and experiences around homophobia and heterosexual dominance are a common theme in all of the texts. In five of the interview texts I would say it was the strongest theme, often articulated through and in cross-reference with other themes.



The concept of homophobia was evident and drawn upon for meaning-making in all of the interview texts. Examples of homophobia in the Narrative literature, community or workplace experiences are evident in five of the six interview texts. When I asked an interviewee what homophobia meant to her she provided something of a definition that captures the sense of it drawn upon broadly and generally in the interview texts when describing experiences:

*F1: ... the hatred, the prejudice, the fear ... the homophobia response to people with different sexualities. It seems to relate more to an individual response ... that takes various forms. But that hatred and prejudice is also present institutionally.*

Another interviewee in distinguishing homophobia from heterosexual dominance noted that the latter surely doesn't include the abuse that sometimes happens.

Heterosexual dominance as a term circulated widely throughout the interview texts. All of the texts contained the term and examples of it. In all of the texts heterosexual dominance was drawn upon more often than homophobia when talking about and making sense of sexuality based oppression in Narrative discourse.

The circulation of the term heterosexual dominance is somewhat unique to Narrative therapy discourse. In my experience it is certainly less available within society generally than homophobia.

The following is an example of one interviewee's explanation of what heterosexual dominance meant to her. I have used it here because it is relatively succinct. Also it is thorough in the sense that it touches upon most dimensions of the term evident in the other interview texts:

*L1: ... there's an assumption like a normative assumption in society that we will all express our sexuality as heterosexual. So that's kind of what underpins a lot of people's thinking. And not only a lot of people's thinking, that's a light way to describe it. Like that actually underpins the structures, the powerful structures, and institutions in society like the church, the media, schools and the health system. All those kinds of really powerful sections of the community. So heterosexual dominance to me is about the ways that that assumption plays out through those structures, through people.*

Another interviewee in describing it added powerfully that it was “*a taken for granted a privilege of power*” (H1). The accounts of meaning in relation to heterosexual dominance available in the interview texts is clearly constructed through the same discursive terrain as that in the Narrative therapy literature.

Clearly homophobia and heterosexual dominance have philosophical, intellectual and material histories and presence of their own. And though these often dovetail, nonetheless, they also just as often traject. Why I have included them together in a section is because in reality/experientially it can be hard to neatly separate out homophobia and heterosexual dominance as I have done above. When does one shade into the other? In describing and making sense of experiences of sexuality based oppression there is a clear evidence of interviewees grappling with this issue. For example:

*F1: ... where is that fine line between that kind of naive kind of approach or ignorance or overlooking versus outright violence?*

Moreover, as two interviewees stressed, often homophobia and heterosexual dominance operate in tandem in given situations. This was evident in one interviewee's account of the discounting practices that can and do go on around issues of sexuality based oppression in places of work. The interviewee was talking about the absence of reference to and general invisibility of non-heterosexualities within organisational policies at her places of work; that is, heterosexual dominance. Both places of work are known to privilege Narrative ways of working. One place includes a reference to this in their job and person specification for the counselling positions when they are on offer. The interviewee then goes on to name and describe the discounting that occurs when someone - usually a lesbian - draws attention to the inattention to alternative sexualities within organisational practices and procedures.

*L4: And then, you know, the discounting of it. So even when it is raised its discounted, not important. You know "its not worth it", you're making a mountain out of a mole hill.; "we haven't got time for this", "can you put it lower down the list of priorities because we have these other more important things to do?"<sup>18</sup>*

These things the interviewee name as homophobia:

*L4: So its not just heterosexual dominance but homophobia that comes into it as well.*

In a self-reflexive moment this interviewee notes her own internalised homophobia:

*L4: ... and I suppose in a way its odd me even saying that because I know its the stuff that sits inside my own head too.*

Experiences of internalised homophobia and of an accompanying consciousness of this was evident in all of the lesbian interview texts.

The above example additionally illustrates how homophobia operates to keep heterosexism and heterosexual dominance in place. This was similarly reflected in the following example of the text of a heterosexual interviewee who was describing a group facilitated using a Narrative framework:

*H1: Its never thought about whether other people may be struggling with their difference in sexuality and whether to tell anyone about and what to do about it, and the fear about if it someone found out about it, the homophobic reactions.*

Interviewees' familiarity with the Narrative literature has been addressed previously in this chapter. All interviewees where asked what they thought the Narrative literature had to say about sexuality if they had not of their own volition addressed this in their account of what Narrative therapy had to say about sexuality.

In my reading of the interview texts there is a clear, strong theme of a perception of invisibility and absence in relation to non-heterosexualities in Narrative literature. This was evident without exception in the interview texts. It is characteristic of

heterosexual dominance at best and homophobia at worst. Additionally, it corroborates the finding of the Literature Review in the previous chapter.

The following examples are some classic descriptions of the (in)visibility of sexuality that interviewees thought characterised the Narrative therapy literature:

*F1: Its basically absent. You're left to your own devices to read [sexuality] in. Of course in a heterosexist society most people don't. It counts on a high degree of conceptual ability on the part of the reader and in an interest to do so or a knowledge base to work from in the first place.*

The following comments work to vindicate the thoughts in the previous excerpt:

*H2: I'm really having a great deal of trouble recalling from my general reading, which is what I call the books and so forth, specific reference, nothing that's hit me in the eye ... the information on [sexuality] is what I have from my own reading, except for, oh there was the one Comment, that's right, I'd just forgotten that one hadn't I? (T: yes). We did read that too. So that was actually a good beginning, the Comment.*

*H2: ... well I mean there hasn't been chapters on like sexuality really in the major texts. Let me think ... (4) ... I mean there has been their publication on Accountability, there's been another, a Comment. In relation to the major texts ... I think it, the writings around Narrative are still around counselling [and] looking at people with problems. I don't think enough work's being done on bigger, the ideas. Its articulated that they are very important but in some ways they are not really explored in a lot of literature.*

What was the sexuality of the clients in the examples of counselling techniques? Were they heterosexual or presumed to be? What does this say about the operation of heterosexual dominance in the examples of counselling techniques in Narrative literature?

L2: *And David Denborough's just written something about homosexuality, male homosexuality. (A: mm) And kids and stuff. But its more often a mention. It certainly doesn't weave its way through publications. It's as invisible as it is out the world. (A: mm) Whereas that's where it should be highlighted.*

L1: *Oh! I think [the visibility] is pretty low ... I feel an absence of it. I mean I know there was a Comment devoted to it ...*

When you attempt to lay an anti-homophobic lens over the things that you see, do and read, you notice the absence of alternative sexualities. There is clear evidence of this happening in the interview excerpts above. One interviewee describes how when this lens is strengthened by a gay-affirmative investment an active looking for examples of non-heterosexuality occurs.

L4: *... when someone says lesbian I think it speaks quite loudly to them but I think they are almost waiting for it. "Will someone please say lesbian!"*

Where however there are moments of presence, images of non-heterosexuality, they are seized upon - precious. The following is an example of the strength of emotion this can evoke:

L2: *I think its very emotional, I mean it has felt very emotional for me at times, silencing, and grateful for when it is acknowledged. Its an outstanding feature when it is acknowledged. I've had women in the group come up to me and say things like "thank you for saying lesbian".*

The Comment on homophobia and heterosexual dominance discussed in chapter 2-Literature Review of this thesis clearly effects a moment of presence and visibility within the Narrative therapy literature for the interviewees. It provides a major point of reference in the interview texts with respect to visibility of alternative sexualities in Narrative therapy literature.

The article *Pain, hope and heterosexual dominance* by Alison Callie (1994) was the only other article referred to by more than one interviewee. However, all textual accounts of what Narrative discourse made available in terms of sexuality were underpinned by concepts of accountability available in the Narrative literature.

There was, however, evidence of some ambivalence surrounding the Comment publication present in the texts. Clearly it was received positively as a "good start".

The following excerpt is an example of an ambivalent response to the Comment taken from one of the texts. In it the interviewee in describing her response to the publication talks about a sense of a "double bind":

L1: *Its great to have the Comment about it but it reminds me of, in some ways, [it] can be like the year of blah blah you know. You've done that so then you go on to the next thing. Wouldn't it be wonderful to actually have this issue alive through all of their publications. Like that they were actually*

*really embracing the issues so that it was threaded through everything that they did and it wasn't just something kind of off to the side and made special. I think specialness is a bit of a double bind. .*

Issues of (in)visibility and safety clearly weave themselves throughout experiences of homophobia and heterosexual dominance present in the interview texts. They often cut across and are imbricated one within the other(s). They are also clearly implicated previous themes of politico-promise and performative contradiction discussed in this chapter. In my view they draw attention to the dimension of lived experience or reality that accompanies social justice issues of sexuality-based oppression in people's lives. Indeed recounting witnessings or experience(s) of sexuality-based oppression in workplaces and other institutional settings that privilege Narrative ideas was a common theme in all of the texts. In four of the texts it clearly dominated. In all of the texts it seemed to be a central aspect of sense-making in relation to what Narrative discourse made (im)possible in relation to sexuality. Appendix 3 contains a list of various examples of this evident in the texts. It is purposefully and unapologetically long. This is in order to provide the reader with a strong sense of the many guises that sexuality-based oppression can take that I was left with after (re)reading the interview texts.

### **5.5 Theme 3 - Performative Contradiction**

*L1: So I suppose I'm really meaning Narrative broadly. There doesn't seem to be a place where its actually okay to be saying lesbian and to have it be okay that you've said it. And its really odd because the rhetoric is there. The practice isn't. Because like they're really far behind in the practice.*

Performance contradiction is a term I am using to describe a theme evident in all of the interview texts. That is, experience(s) of practise not matching up to the theory



and/or the rhetoric of social justice and dismantling oppression on the basis of sexual identity present in Narrative therapy discourse. Interviewees described and made sense of these experiences in a range of ways; such as “discrepancy”, “incongruence”, “don’t often match”, “the potential for lip service”, “walk the walk don’t just talk the bloody talk”. Responses in terms of the emotion evoked also varied.

An imperfect fit between theory and its subjugated practices and procedures is not uncommon within the parameters of most discursive regimes. Perhaps the discrepancy is, however, more keenly felt within the field of family-Narrative therapy where theory is often touted as being primarily practice driven.<sup>19</sup>

Moreover, people do not always act in accordance with their preferred way of being, a Narrative turn of phrase. One colleague explained her clearly Narrative informed sense-making around the profound disappointment akin to that evident in a number of the interview texts in relation to performative contradiction within the Narrative therapy community and its institutional settings. It went something like this: Narrative ideas don’t always translate precisely or aren’t followed through into practice. This is not necessarily intended. Most of the time people may act in accordance with their preferred way(s) of being - say anti-heterosexist. However, sometimes people slip back or into acting in accordance with their dominant socio-culturally informed story - say heterosexist. Others then tend to develop a totalised view of them on the basis of this slip, rather than be informed by their other experience of them acting in accordance with the preferred anti-heterosexist story. Hence the profound - read unfair - disappointment.

There is evidence of traces of a similarity to this sort of thinking in one of the interview texts.

An interviewee talked about this in relation to a leading therapist within the Narrative therapy field:

*L1: I think he's being caste in the role of icon and if he acts in any way that's not like absolutely perfect, people really feel let down. I feel in some ways like he's been caste I the role of like Jesus, so if he shows anything that's like less than what you would imagine would be the most perfect expression of Narrative or ideals, then people really get tough on him. I think its a bit rough though because like we're all I suppose products of our experience, those of us that are doing our best. I'm not trying to excuse but just to take that into consideration. So anyway when I've told this story to people they've been appalled and shocked and horrified because its like he should've known better.*

Another interviewee when talking both about her own conduct and broadly and generally about the "discrepancy" between Narrative ideas and practice similarly suggested the following:

*H2: ... you know I think that people aren't perfect and mistakes and things can be made.*

Which was then followed up by a call to action in the form of "processes to address this when it does happen"(H2).

For two interviewees the ongoing presence of performative contradiction in certain institutional settings had clearly worn away their investment in Narrative therapy discourse within those settings. That is, with one describing things as “a sham” and another as “*all this bullshit*”.

Most examples of performative contradiction related to experiences of homophobia and heterosexual dominance.

Performative contradiction around gender issues was another strong theme throughout the interview texts:

L1: *When we have watched [this man] doing interviews with women and he doesn't talk about that as even being an issue. In a reflecting where we've had a number of men and [this man] has been interviewing a woman who has been sexually abused its never even been a question that those men maybe should not be there or what particular place or part they should take there. So I just find that extraordinary because I think that those are real issues. As women and especially as lesbian women, because you feel their reality everyday. And for them to be just invisibilised like that by somebody who says that they are not ... its just amazing anyway.*

The texts contained evidence of the effects when there is a lack of gender accountability in Narrative training. The following is set in the context of a joke a man who was doing the Narrative therapy training told:

L: *And how can you go through two years of [Narrative training] like the people that were there and not really think about those sorts of things? What does it mean? And I see people that are Narrative trained and I feel ashamed, I think well I've done that and my god how could they get through this like someone who said "how can you tell" something like "a woman with two black eyes, what do you say to a woman whose got two black eyes?" Somebody who'd come out of Dulwich. And I said "what?" "Nothing, she's already been told twice".*

Talking about the gap between practice and theory, particularly laying a feminist lens over this gap, has been suggested to me. In one of the texts there is evidence of an interviewee attempting to do this:

L3: *When I have said things its like there's a huge silence in answer to it. There is not a response to it that invites you to explore it further ... these are all issues about sexuality a gender that I'm talking about.*

All the talk about dismantling oppression at times works to cloak issues of power that are present.

After reading and re-reading the interview transcripts I was left with a sense of unease in relation to the effects of a number of experiences of performative contradiction in institutional settings. The following is an example of one such instance where the experience of performative contradiction was linked in the text to issues of safety and abuse for one of the interviewees:

L: *Its much more unsafe ... because you don't really know what anybody's thinking because they're saying something that you know isn't true, you know. Its like with abuse and things they talk about, you know, somebody denies something, or the gaps, what happens there is gaps like, so you're*

*always questioning your own self because there is all this stuff that says “no that doesn’t happen” and “this isn’t true” and “we do this”, where you feel that it does. So its much more unsafe than if we just walk down the main street and say “I’m a Dyke”, you know. Because you know what someone will say, you know what you’ll get back.*

## **5.6 Hierarchies Of Oppression**

Another theme that weaved its way through the texts was that of hierarchies of oppression. A concern with a sense of a hierarchising of oppression(s) was evident in five of the six interview texts. Though it was a common theme in the sense of being present in many of the interview texts, it was not strong in the sense of being frequently referred to. It was not referred to as often as the previously mentioned themes. Certainly there was not as much text/textual reference as in the previously mentioned themes or accompanied by the same degree of emotional loading or degree of disappointment.

Textual references to the theme of a hierarchising of oppression(s) seemed to be diverse and particular. This contrasts with the previously mentioned themes where a lot of common content sat next to a lot of varied and diverse content.

In bringing the threads of references to a hierarchising of oppression throughout the texts together, I was struck by the amount of references to other aspects of identity - such as age, ability, class, culture, trans-gender and privilege - such as access to ideas, ownership of ideas, access to networks within the community - that it generated.

The texts demonstrate interviewees going to enormous lengths to be thoughtful and respectful when reflecting on this theme. Three of the interviewees commented on the contentious nature of the topic. Two of these reflected on the trust they were placing in me and my representation of their ideas [end of session].

Interviewees indicated that in their experience clearly there hadn't been the same degree of exploration or political uptake around homophobia as there had been around racism. It was suggested by a number of interviewees that this was due in part to the current political climate in Australia that didn't support it in the same way it supports engaging with and standing up to racism.

One interviewee commented on what I would describe as the dynamics of the effects of racism on some white Australians teaming up with homophobia:

*F1: I think that people can be really pushed around by the notion of not wanting to be racist almost like that takes over, that somehow seems to have a precedence over not being homophobic or, you know, to the extent that those things happen. I think that can happen and I think it can simply also be blindness to ... other politics that play out.*

In one text with an interviewee who identified as lesbian I asked if she could think of an experience where the dynamics of racism had teamed up with homophobia to support injustice. The following is an excerpt from her response:

*L1: I find it interesting because of the stuff around the notion of diversity and when we had that march ... through the streets when Pauline Hanson first got a bit of a grip and there were a group of us on that march who all identify as lesbian who were marching alongside all manner of people. One member of our group*

*just turned and said, because we'd stopped at the Town Hall, and said I wonder how many people in this crowd would turn on us if they knew. Probably a large number would turn on us. Even though it was supposed to be about celebrating diversity, it actually kind of narrowed right down to being about an anti-racism march in and of itself. But the original notion was about celebrating diversity ...*

One text showed evidence of the effects of a hierarchising of oppression on a lesbian counsellor in a workplace where Narrative discourse flourishes. It is set in the context of a counsellor who was new to the service and in the process of establishing her office. She had had two posters at home - a lesbian health poster and an Aboriginal health poster. The Aboriginal health poster sat in her office at the time of the interview:

L4: *[[If I brought [the lesbian poster] in it feels like it would be seen by therapists and management, the overall place, as being ... inappropriate. I just get a hunch that it wouldn't be seen seriously ... I would be seen as, its okay to have the Aboriginal one up ... but it would be seen as being personal stuff into work again. You know this project is not about lesbians. Its easier for Aboriginal, even though I haven't seen an indigenous woman that I'm aware of. But, nonetheless, there is public kudos for acknowledgment in some way.*

The texts contained reflection on reasons why this might be. The following is an example of this:

L3: *(deep breath) I think, you see I think ... this a bit contentious for me to say this but I will say it because I trust you. I think the thing with racism is that ... people's sense of guilt and what I think happens around issues of differing choices around sexuality there is a bit of a moral high-ground that happens*

*and there are people, people are influenced generally by the church, whether its current or whether its old stuff and they see that as being a choice, you see, and that fact that its a choice ... there are two things that happen, I think there is the guilt issue around us as colonisers if your talking about Indigenous people, the racism around Indigenous people, Indigenous Australian's, ... you know subtle differences you know what I mean there isn't the same guilt thing, but there are people who are just anti-racism and that's that no matter what form it takes and I'm just saying that there are I think there are margins within that. But um so I think the guilt thing is about us as white colonisers and taking some responsibility for that ...I don't think happens in the same way for heterosexual people, you know, I don't think, I've never experienced that, someone taking it up from that place, do you understand what I mean? If you like as colonisers of sexual identity... so I don't believe there's been the same degree of exploration ...*

### **5.7 Evidence of An Alternative Story**

The textual accounts of what Narrative discourse made (im) possible in terms of sexuality clearly drew upon the Narrative concept of an alternative story. Snippets of an attention to unique outcomes to the more dominant stories of performative contradiction, and homophobia and heterosexual dominance were scattered throughout a number of the texts. For example:

*F1: And that happens in counselling too, you know I'll never forget you giving that talk at ... and saying how when you are counselling with a women you might talk about ideas with them and you talk about the possibilities and put it on the table, of not going into another heterosexual relationship, of remaining single of the possibility of being in a relationship with a woman. And it really had me sitting up and taking notice because so often the invitation for me is not, absolutely not to talk about that. That was quite outstanding.*



*L4: One heterosexual student said "you know I think its time us heterosexual students" she might have used a different word, "started saying what about the lesbians".*

## 6. CONCLUSION

This thesis has found that from within the terms of the ideology of identity that works (in present times at least) to construct identity as sexualised and through the homo-heterosexual binary, Narrative therapy texts and the Narrative therapy community clearly have problems with heterosexual dominance.

Heterosexist discourses that Narrative therapists bring to their interactions with clients, each other and the community in general are clearly constitutive of the nature of change that takes place around challenging sexuality-based oppression. The Literature Review in chapter 4 has highlighted how discourses can be oppressive, not so much by what is included as by what is excluded. The majority of the Narrative therapy literature on the politics and power of therapy and accountability structures, for example, leave us to make our own links in relation to sexuality.

It was also found that within the margins of Narrative therapy there is an evolving anti-heterosexism. It is a rich alternative discourse to the heterosexism that permeates the majority of the Narrative texts; written from within, and in some ways against, the field of Narrative therapy. The Narrative texts that do address issues of non-heterosexuality clearly draw attention to the point that broadly and generally within society heterosexuality is taken for granted as the normal, natural way to be. The texts also point out that prescriptions of heterosexuality rob both heterosexuals and non-heterosexuals of potential. Within these texts the homo-heterosexual definition is seen as an important issue for people of various sexualities.

Analysis of the interview texts found that practices in terms of sexuality based oppression are even further behind than the theory. Experiences of homophobia and heterosexual dominance are clearly common in workplace and life experiences; this includes workplaces that draw upon Narrative ideas and its politico-social justice principles.



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## Appendix 1

### Participant Information Sheet

#### Participant Information Sheet

Dear

My name is Tracey Sloan. I am undertaking a research project as part of my Masters Degree in Women's Studies in the Department of Social Inquiry at the University of Adelaide.

My study is looking at narrative ideas and sexuality. As part of the study I am hoping to interview five or six people who use narrative ideas in their work.

The study is completely confidential so nothing that you say will be reported in a way that you or any other individual would be able to be identified. Nothing you say will be reported in a way that any specific organisation or institution will be able to be identified in a way that is not already known publicly.

The way that I will carry out the study will be to organise a time and place to meet which is convenient for you. The meeting would take 40-60 minutes and will be more like a 'conversation' than a formal interview. Attached to this *participant information sheet* is a copy of the **topics in the form of questions to be raised with participants** that I am interested in covering in our interview. They need to be read as a set of *orientating, loosely framed questions that are meant to facilitate opening up space for conversation*, rather than a list of things to get through. There is one main question about narrative ideas and sexuality that should take up the majority of the interview time. This is followed by a number of questions that meant to be briefly answered which explore your location in relation to Narrative Therapy.

I would like to tape our conversation if that is okay with you. Your real name would not be connected with the tape, and the tape would be erased as soon as a transcription of it has been made. If you would prefer not to be tape-recorded I am happy to take notes instead. If you wish to check a copy of the transcription or notes before I use them in my study then please indicate this on the **consent form**, which is also attached to this information sheet. You can be confident that no personal or identifying information will be included in the study. I will use an invented name to attach to your interview material.

If you agree to be interviewed for the study you are free to change your mind prior to or during the interview. Also, during the interview you are not obliged to answer questions or to discuss any issues that you do not want to. You are free to withdraw the information collected during your interview up until **Friday 23<sup>rd</sup> October 1998**, which is when I will be beginning an analysis of all of the interview material I have collected. You don't have to give me any reason if you change your mind about being interviewed or if you want to withdraw the material collected during your interview prior to the 23<sup>rd</sup> October 1998.

Please don't hesitate to contact me if you want more information about the study. If you have concerns which you do not wish to discuss with me directly contact Dr Margie Ripper who is the Post Graduate Coordinator in Women's Studies and a member of the Departmental Ethics Committee.

I look forward to your participation and the chance to hear your ideas and experiences in relation to what Narrative Therapy has to say about sexuality.

Yours sincerely

Tracey Sloan

Dr Margie Ripper  
Post Graduate Coordinator  
University of Adelaide  
GPO Box 498 ADELAIDE SA 5001  
Phone: (08) 8303 5947

## Pre-Interview Discussion

During the pre-interview discussion the following points were emphasised:

- The voluntary nature of the interview process. That is, at any time during or prior to the interview participants could change their mind about being involved. Additionally, they didn't have to provide the researcher with any reason for changing their mind.
- The responsibility for finding participants who consented to take part in the research rested with the researcher and that they should resist any invitation to feel obliged to participate.
- It was explained that some recording of the interview would need to take place and that permission would be sought in the form of a consent form to tape record the interview. It was further explained that if this was not okay for some reason there was the option of the researcher taking written notes during the interview.
- I acknowledged the raw material of this academic study was likely to be the lived experience of oppression of (some/all) participants and that to delve into/talk about this may be at the same time "powerful and painful", "empowering and incapacitating" (Wilton:169). Permission for participants to express feelings without being obliged to take a break or (re)gain composure was identified (Freer 1995:23). So was the option of taking time-out during the interview. Participants were asked to think about the potential impact of the interview process on themselves and what they might need to do to look after themselves in this.

- The requirements of each participant in order to feel safe and comfortable enough about participating were also explored. For example, questions about confidentiality, assumptions the researcher might make, and so on were addressed (Freer 1995:23).
- Participants were asked if they had any further questions about the research. They were encouraged to contact the me if they did. All participants did have further questions. With five of the participants a second pre-interview discussion was arranged to address their questions, issues and concerns.

The process of having the option of subsequent pre-interview discussions is in my view preferred to increasing the time of the initial pre-interview discussion as it gives participants the opportunity to go away and think about things a bit more and with others.

## Consent Form

### CONSENT FORM

Research undertaken by Tracey Sloan as part of her Masters of Women's Studies Degree within the Department of Social Inquiry at the University of Adelaide.

I (please print your name) \_\_\_\_\_ have been provided with a *Participant Information Sheet* and *Topics In The Form Of Questions To Be Raised With Participants* in relation to this research. I give my permission for this interview with Tracey Sloan of the University of Adelaide.

I understand that my name will never be connected with any information that I provide, and that Tracey Sloan will create a pseudonym to identify me. Neither will the identity of any person or institution I name be revealed in connection with this interview (unless the information I give about the person or institution is already publicly known).

I do not wish the interview to be tape recorded.

I agree to have the interview tape recorded.

I am aware that my participation is completely voluntary and that:

- I am free to withdraw from being interviewed for the research at any time, and that I do not have to give reasons or justification for doing so.
- I can withdraw the information that I provide during the interview up until Friday 23<sup>rd</sup> October 1998.
- I am under no obligation to divulge information or to discuss issues if I do not wish to do so.
- I understand that the researcher will provide me with information about the results of the research if I do desire.

*Please indicate below whether you wish to check the transcript before it is used, and whether you would like information about the findings of the study.*

YES / NO    I DO / DO NOT wish to check the transcript.

YES / NO    I DO / DO NOT wish to receive information about the results of the study.

*If you answered YES to either of the above, please provide a postal address.*

\_\_\_\_\_ Street  
\_\_\_\_\_ Suburb/Town \_\_\_\_\_ Postcode  
\_\_\_\_\_ Phone Number/s

Signed (*Participant*) \_\_\_\_\_

Signed (*Interviewer*) \_\_\_\_\_ Date

\_\_\_\_\_

## Interview Schedule

### Topics In The Form Of Questions To Be Raised With Participants

#### Main Question:

Today I am particularly interested in hearing about your ideas and experiences of what Narrative therapy has to say about sexuality. So when I ask you about this what comes to mind?

#### Other Brief Questions:

[Participant's name], can you tell me whether or not you would describe yourself as a Narrative Therapist? - And briefly a bit about what this might mean to you if you do?

Do you think there can be said to be a *Narrative or Narrative Therapy community* (in Adelaide or elsewhere)?

What do you think constitutes this community; that is, it's discursive parameter's (eg. ways of thinking, ways of speaking, texts, institutions, people and so on)?

How do you place or see yourself in relation to this community?

## APPENDIX 2

### Legend

- *No. of articles* refers to the number of articles counted with respect to the following categories:
- *To* refers to the total number of articles in the publication.
- *Su* refers to articles focusing on non-(hetero)sexuality issues
- *Gn* refers to articles focusing on gender issues.
- *Rc* refers to articles focusing on race issues.
- *Cu* refers to articles focusing on issues of culture.
- *Comment* includes the titles of any special editions of publications in bold and italics.
- \* refers to special editions of publications documenting particular projects or community development initiatives in which it is not appropriate to count the number of articles.

**Table 1: Chronological Overview and Basis Quantitative Content Analysis of Narrative Therapy Texts.**

YEAR	PUBLICATION	No. of ARTICLES					COMMENTS
		To	Su	Gn	Rc	Cu	
1985	Dulwich Centre Review	11		2			
1986	Dulwich Centre Review	9		2		1	
1987	Dulwich Centre Review	<i>unable to obtain copy</i>					
	Dulwich Centre Newsletter (Autumn)	<i>unable to obtain copy</i>					
	Dulwich Centre Newsletter (Winter)	6				1	
	Dulwich Centre	4					<b>Schizophrenia</b>



	Newsletter (Spring)						
	Dulwich Centre Newsletter (Sum.)	5		1		1	
1988	Dulwich Centre Newsletter (Autumn)	7					
	Dulwich Centre Newsletter (Spring)	7					
	Dulwich Centre Newsletter (Sum.)	*					<b>The Externalising of the Problem</b>
	Selected Papers	6					
	Collected Papers	<i>unable to obtain copy</i>					
	Dulwich Centre Newsletter (Autumn)	2					<b>The Taming of Temper</b>
	Dulwich Centre Newsletter (Winter)	3					<b>Adolescents</b>
	Dulwich Centre Newsletter (Spring)	6		3			
	Dulwich Centre Newsletter (Sum.)	9		2			
1990	Narrative Means to Therapeutic Ends	*					Is a major Narrative therapy text.
	Invitations to Responsibility: The Therapeutic engagement of men Who are violent and Abusive	*		*			Is a major Narrative therapy text.
	Ideas for Therapy with Sexual Abuse	6		3			
	Dulwich Centre Newsletter No.1	19		3		8	<b>Social Justice and Family Therapy</b>
	Dulwich Centre Newsletter No.2	9		2			<b>Research and Family Therapy</b>
	Dulwich Centre Newsletter No. 3	8		3			<b>Reflections on Our Practices I</b>
	Dulwich Centre Newsletter No. 4	9		2			<b>Reflections on Our Practices II</b>
1991	Dulwich Centre Newsletter No. 1	17	1	17	1		<b>Men's Experience of Men's Culture</b> <ul style="list-style-type: none"> <li>• Dowsett: AIDS - A gay lesson in caring.</li> </ul>
	Dulwich Centre Newsletter No. 2	12	2	1	1		<b>Living with HIV and AIDS</b> <ul style="list-style-type: none"> <li>• Lipp: Living with HIV and AIDS</li> <li>• Carter: The personal, political and professional.</li> </ul>
	Dulwich Centre Newsletter No. 3	4					<b>Postmodernism, Deconstruction and Therapy</b>
	Dulwich Centre Newsletter No. 4	11		1		1	<b>Schizophrenia: Some views and experiences</b>
1992	Experience,	10					

	Contradiction, Narrative & Imagination						
	Pickpockets on a Nudist Camp: The Systemic Revolution in Psychotherapy	*					
	Dulwich Centre Newsletter No. 1	8					
	Dulwich Centre Newsletter No. 2	7		3			
	Dulwich Centre Newsletter Nos. 3&4	11		11	1		<b>Men's Ways of Being</b>
1993	Dulwich Centre Newsletter No. 1	8		1		8	<b>Other Wisdoms Other Worlds</b>
	Dulwich Centre Newsletter No. 2	8	2	3			<ul style="list-style-type: none"> <li>• <i>Stacey: Exploring stories of lesbian experience in therapy.</i></li> <li>• <i>Hewson: Heterosexual dominance in the world of therapy.</i></li> </ul>
	Dulwich Centre Newsletter Nos. 3&4	12		1			<b>Professional Sexual Abuse</b>
1994	Dulwich Centre Newsletter No. 1	11		1	2	2	<b>Power and Politics in Practice</b>
	Dulwich Centre Newsletter Nos. 2&3	8	1	6		1	<b>Accountability: New Directions for working in Partnership</b> <ul style="list-style-type: none"> <li>• <i>Callie: Pain, hope and heterosexual dominance.</i></li> </ul>
	Dulwich Centre Newsletter No. 4	6	1	2			<ul style="list-style-type: none"> <li>• <i>Carter: Sunday mowing.</i></li> </ul>
	Comment No. 1	*		*			<b>On The Myth of Male Power by Warren Farrell</b>
1995	Re-Authoring Lives: Interviews & Essays	9		1			Is a popular Narrative therapy text.
	Bedtime Stories for Tired Therapists	17	3		2	1	Is a popular Narrative therapy text. <ul style="list-style-type: none"> <li>• <i>Anderson: "Louise" in Windows.</i></li> <li>• <i>Topaz: No pockets.</i></li> <li>• <i>Coopman-Dewis: "Consulting me about her sadness" in Poems.</i></li> </ul>
	Dulwich Centre Newsletter No. 1	*			*	*	<b>Reclaiming Our Stories, Reclaiming Our Lives</b>
	Dulwich Centre Newsletter Nos. 2&3	15	2	6	1	1	<b>Schooling and Education</b> <ul style="list-style-type: none"> <li>• <i>Amy: Amy's story.</i></li> <li>• <i>Becket &amp; Denborough: Homophobia and the sexual construction of</i></li> </ul>

							<i>schooling.</i>
	Dulwich Centre Newsletter No. 4	*					<b>Speaking Out and Being Heard</b>
	Comment No. 2	*	*	*			<b>Discussions, Dialogues And Interviews About Homophobia And Heterosexual Dominance</b>
1996	Narrative Therapy: The Social Construction of Preferred Realities	*					Is a major Narrative therapy text.
	Beyond the Prison: Gathering Dreams of Freedom	20		5	1	3	
	Men's Ways of Being	14	1	14		1	Contains many articles previously published in the Dulwich Centre Newsletter. • <i>Carter: Sunday mowing.</i>
1996	Dulwich Centre Newsletter No. 1	<i>unable to obtain copy</i>					
	Dulwich Centre Newsletter No. 2	<i>unable to obtain copy</i>					
	Dulwich Centre Newsletter No. 3	*			*	*	<b>Communities Respond to HIV/AIDS, Diabetes and Grief</b>
	Dulwich Centre Newsletter No. 4	8	1	2	2		<b>Young People and Adults Working Together</b> • <i>Denborough: Power and partnership? Challenging the sexual construction of schooling.</i>
1997	Narrative Therapy in Practice: The Archaeology of Hope	*					Is a popular Narrative therapy text.
	Narratives of Therapist's Lives	*					Is a popular Narrative therapy text.
	The Personal is the Professional: therapists Reflect on Their Families, Lives & Work	<i>unable to obtain copy</i>					Many contain article(s) on sexuality as one of the contributors identifies as a lesbian in a Dulwich Centre Newsletter.
	Introducing Narrative Ideas: A Collection of Practice-based Writings	<i>unable to obtain copy</i>					Contains many previously published articles. Unlikely to contain an article focusing on sexuality issues.
	Dulwich Centre Newsletter No. 1	*					<b>Companions on a Journey: An Exploration of an Alternative Community Mental</b>

							<b>Health Project</b>
	Dulwich Centre Newsletter Nos. 2&3	10		3		1	<b>New Perspectives on 'Addiction'</b>
	Dulwich Centre Newsletter No. 4	11		1			<b>Challenging Disabling Practices: Talking about issues of disability</b>
	Comment No. 3	*			*	*	<b>Sorry Day and Reconciliation</b>
	Comment No. 4	*			*	*	<b>Racism: How Can White Australians Respond?</b>
	Gecko Vol. 1	5		2			
	Gecko Vol. 2	5					
	Gecko Vol. 3	5		1			
1998	Dulwich Centre Newsletter No. 1	*		*		*	<b>Creating Respectful Relationships in the Name of the Latino Family</b>
	Dulwich Centre Journal Nos. 2&3	10	1	4	1	1	<b>Taking the Hassle Out Of School and Stories From Younger People</b> <ul style="list-style-type: none"> <li><i>Denborough: Honouring histories, sharing hopes: a younger man's perspective on men's relationships.</i></li> </ul>
	Gecko Vol. 1	4		1			
	Gecko Vol. 2	6		1			
	Gecko Vol. 3	6					

	<b>TOTAL</b>	<b><u>420</u></b>	<b><u>16</u></b>	<b><u>115</u></b>	<b><u>16</u></b>	<b><u>36</u></b>	
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### APPENDIX 3

L1: *It would be that you're assumed ... heterosexual and you have to stand outside of that and say that you aren't.*

L2: *... it is like coming out in an unsafe place. It seems like a place where its heterosexual dominance because that's an assumption. I mean in the wider context it is, but you'd think that this place would debunk those assumptions, destabilise them at least.*

L3: *I would be really surprised if when they've got women from other cultures or Aboriginal women there that they'd be thinking that maybe they're not heterosexual. I would be really surprised if they were thinking that.*

L2: *... and it feels that the conversations are no different to what you have in a tea room when you're a nurse, you know, all the girlies talking about their boyfriend. Its not much different.*

L1: *All those suppositions that are there, sort of written into our culture about, you know. I suppose heterosexuality being natural and so on are never questioned, never talked about. So I don't know what other people in the group are thinking about such things. They are certainly never questioned from the ground up.*

L4: *Another thing I remembered happened, we did talk about homosexuality or lesbianism because we have some really homophobic people in our group and one of them was freaking out and carrying on because she said her daughter's boyfriend's mother was a lesbian. And she went on and one about how it had destroyed his life and this woman had cancer and left and wanted to take him when he was ten or something, and*

how the father had prevented that but had destroyed his life, you know, and all these things about his mother and he couldn't stand her and he couldn't stand that she was trying to make contact because she was lesbian and she's not dying anymore and she's actually recovered. And [someone] asked questions about turning that around and what perhaps had the man who was bringing him up been saying about the woman, you know about his mother, and was there anything in that she's recovered, so is there anything about her life back there with her husband that contributed to her unwellness. And this woman freaked out.

L3: As a lesbian I really grapple with sitting in a classroom.

H2: It seemed [like the woman] left and it was burn out. There wasn't the naming of a whole lot of things that were happening within the group that was difficult and directed towards this woman. And a lot of it was about her being a lesbian. And they were sick of it

H1: ... named being a lesbian. So this woman came in with a whole list of questions and questions that were located very much in a homophobic sensibility.

L4: Well initially I was grateful for the space which I've been hooked into before. "Oh here's this space, yes I'll fill it up, oh its so exciting" and then you sit back and its like forgotten about or it never existed or it didn't matter in a way, or let's move onto the next thing. Whereas if [the heterosexuals] had to actually take responsibility in that it might last longer.

F1: Her relationship had broken up with her partner, but in watching all the things that happen around [in the workplace] there didn't seem to be any support for her. It was the same as if a heterosexual couple had broken up.

L1: They said "oh we're sick of this, all we ever talk about is lesbians or black women". So the others in the group were sick of hearing about either

*Aboriginality, like racism, or lesbianism. They would congregate outside and just slam it and there actually was no intervention from above.*

*L4: Suppose what I know is when she [a lesbian] was working there everybody knew and it was really something that she brought to her work and was really up front about. It meant that there was, for me, something reassuring about that. So I suppose the flip side of that is that there is a gap there, there's a wondering about ...*

*L2: And I suppose by the time its down the track you're thinking its safe to come out or something, you witness this happening.*

*L1: The thing about naivety ... like not taking responsibility for your own naivety and having to have others remind you of it. But a constant reminder.*

*L2: I could have stood with this woman and said what you're talking about with Court and this and that, you know, these examples that you're giving I can do the same, help this woman learn a different sort of thing. Once again it was, and having it turned onto me ...*

H1: That's one of the biggest sort of terrible things about not having this issue up front is that it seems to have been the responsibility of those who are lesbians, bisexuals to have to speak up, to keep trying to have to raise this is so that awareness can be raised, and the fear and uncertainty and lack of safety that those people experience, that isn't okay, that needs to be addressed

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<sup>1</sup> What had made this experience particularly poignant for this delegate was a group of community women who spoke at the conference about their experiences of childhood sexual abuse and community silencing in relation to the issue. In the presentation they named Narrative therapy as an empowering discursive therapeutic framework for them in dealing with experiences of violence and abuse.

<sup>2</sup> *The teaching program aims to train practitioners in the knowledges and skills of narrative therapy as well as to build upon the experiences that participants bring to the course. {Publications, 1999 #69}. The course cost approximately \$2500 per year. Though some scholarships are offered this makes it unlikely that knowledges of experiences of poverty are included in the learning.*

<sup>3</sup> For example in organisations like the Adelaide Central Mission Narrative therapy has a major influence on the therapeutic work of the Counselling Services section.

<sup>4</sup> In fact historically the homosexuality of the young person would constitute a pathology in itself and further point toward a gene problem.

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<sup>5</sup> This is in part because much feminist discourse has historically depended on a rigid binary gender construct for its subject and its politics. Firstly, through the invisibilising of non-heterosexual women within the term or category of woman. And, secondly, through its re-inscription of heterosexuality. As Eve Kosofsky Sedgwick states "without a concept of gender there would be, quite simply, no concept of homosexuality and heterosexuality" (1993:31). And as Butler further notes "the binary regulation of sexuality in this way suppresses the subversive multiplicity of sexuality that disrupts heterosexual, reproductive and medico juridical hegemonies" (1990:19), which Narrative discourse suggests it is against.

<sup>6</sup> Methodologically in its postmodernity my thesis proposal effects an epistemological break with the foundationalist assumptions of objectivity, essentialism and representationalism present in previous research on heterosexism and gay and lesbian issues within the field of therapy.

<sup>7</sup> I have been much influenced by Flax's suggestions for deconstructive readers, to be disrespectful of authority, alert to suppressed tensions, conflicts or contradictions within texts and suspicious of any apparently natural categories (1990:37-38).

<sup>8</sup> The phrasology "draw upon Narrative ideas" was preferred as a description of their work practice by many participants. Reasons given for this related to the reduction that describing oneself as a "Narrative therapist" implied of all the influences, ideas and life experiences that they brought to their work which were not to the credit of Narrative therapy.

<sup>9</sup> Gay men, bisexual men and other men were not included in this research. This is not because it was assumed that men of various sexualities don't or can't share common politico-practical grounds with women. Or because that knowledge produced via this thesis is not of relevance to men. Rather the decision was mostly informed by a personal experiences of a phallogocentric drift that occurs whenever men are involved. I do not feel that enough has been said yet by women about the construction of sexuality and homophobia and heterosexual dominance in Narrative therapy.

<sup>10</sup> In my view this process helps to illustrate the way in which knowledge can be and is produced in dialogue with others, and moves against the idea that *facts* are out there to be found rather than constructed through structures of politico-social meaning.

<sup>11</sup> Moreover, it was the closest and only piece of research from within the fields of psychology, family therapy and Narrative therapy that I uncovered during the literature survey which was of relevance to my thesis topic.

<sup>12</sup> White lives and works in Adelaide, Epston lives and works in New Zealand. and Freedman and Combs live and work in North America.

<sup>13</sup> .... *they have begun to perceive their homosexual mode of existence as meaningless, and In seeking therapy, they feel themselves entitled to attempt a correction of an immature psychosexual state ... they no longer can resign themselves to the locked-in "gay-mythology" and are too intelligent and insightful to explain their situation away on the generalised basis of mere social disapproval. As individuals they feel entitled to love and be loved - a mutuality they know from experience is extremely hard to achieve in any homosexual relationship on an enduring basis. (Socarides 1987: 424 in Stacey 1993: 4)*

<sup>14</sup> A theoretical paper without the grounding in a personal context would have been too conceptual on account of heterosexual dominance to capture the poignancy of "being spat at as we stood together holding hands at traffic lights" and then being "unable to talk about this experience at work" (Callie 1994: 34).

<sup>15</sup> Bfriend is service for gay, lesbian, bisexual and transgender people who are thinking of "coming out".

<sup>16</sup> Primarily Narrative literature draws upon social constructionist accounts of subjectivity that emphasis the duality of structuring that goes on between the person-society environment. That is,



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between one's self-narratives and the socio-cultural narratives that inform and are informed by these. Being in many ways self-consciously written against the foundationalist discourse of psychoanalysis, rarely does any Narrative literature (knowingly) draw upon any psychoanalytic terms or concepts. Hence rarely does it provide insight into intra-psychic processes that may accompany the duality of structuring of the person-society environment. In contrast to this Topaz's (1995) article, through its deployment of stream of consciousness, lets us into the mind of the protagonist. In this way the subjective engagement in the practices, discourses and institutions that lend significant (value, meaning and affect) (De Lauretis 1984) to the events of the night for the protagonist are revealed.

<sup>17</sup> The effects of this on Amy are clearly positive: "*The longer I am at this school, I am getting more confident about standing up for myself, and others. I know now that everyone is an individual, and that's about as normal as it gets*" (Amy 1995: 4).

<sup>18</sup> "We haven't got time for this" is an echo of the things McLean (1994) mentioned in his editorial introduction to *Pain, hope and heterosexual dominance*, where he was calling upon reader to be understand of the less than adequate responses of the in relation to an accountability process.

<sup>19</sup> In my view this is of course in reality misleading as theories circulating within the family therapy field have historically paralleled these in other disciplines, reflecting the dominant epistemology of the day.