

**The influence of the therapist's activities on clients' subject positioning in relation to
gender in Narrative Couples Therapy**

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Abstract

Narrative Therapy draws on an understanding of how discourse acts to construct, reproduce and deconstruct power relationships. Therapy is focussed on collaborating with clients in a process of re-authoring their self-stories by critically evaluating the positions made available to them in relation to dominant discourses. Whilst there is a large body of theoretical knowledge on post-structuralism and psychotherapy, very few discourse analyses of psychotherapy sessions have been published. Thus, though post-structuralist therapeutic approaches are theoretically well supported, there is an identified gap in the literature on the therapeutic processes that occur within practice. This research aims to further explore these therapeutic processes, focussing specifically on subject positioning with relation to gender in Narrative Couple Therapy, and the influence of the therapist thereupon. It is based on the analysis of a video of a Michael White Narrative Couple Therapy session, "The Best of Friends." Using discourse analysis as a methodological approach, the analysis seeks first to identify talk that signifies discourses of gender difference, and then to explore how the subjects (therapist and clients) are positioned in relation to these discourses. The analysis focuses on the therapist's activities to investigate the influence of his interactions with the partners on how they are positioned or position themselves within stories of gender difference. The analysis shows that, by working reflexively, transparently and collaboratively with the partners, the therapist assists to render power, restrictive discourses, and alternate positions visible to the clients. The therapist resists being drawn into dominant therapy discourses of expert and patient, and instead continuously recognises the knowledges and expertise that the clients bring to the therapy context. He then works closely with the clients to thicken alternative representations of self.

Keywords: Narrative Therapy; Couples Therapy; Subject Positioning; Gender; Discourse Analysis; Narrative therapist; Power

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1. Introduction

Narrative Therapy is a relatively new therapeutic approach in the field of Psychology (e.g., Epston, 1993; Epston & White, 1992; White, 1989; White & Epston, 1990). It draws on a post-structuralist philosophy that contests the existence of single objective truths and suggests rather that reality is subjective and multiple (Harris, 2001). The dilemma posed to psychological research and practice informed by a post-structuralist philosophy is that post-structuralism itself "challenges the certainties of both the structural analysis on which the bodies of knowledge and skill claimed by the caring professions are built and the prescriptions for action suggested by this analysis" (Hugman, 1998, p. 25). As a result, relatively little has been written to suggest how a Narrative therapist should practise. Most writing on Narrative Therapy has, up until now, focussed largely on the philosophical principles that guide Narrative practice (e.g., Anderson, 1997; Drewery & Winslade, 1997; Guilfoyle, 2001; 2002; 2003; 2005; Hare-Mustin, 1994; Monk, 1997; White, 2007). Whilst these principles are contested amongst the authors, there is some consensus that the Narrative therapist aims to foster co-operation with clients, working collaboratively and reflexively.

Narrative Therapy focusses on how the language people use to story their lives produce the subjects that they then become. In other words, people narrate their lives, and become subjects within these stories, drawing on discourses that are culturally, socially and historically located. Hare-Mustin (1994) suggests that these dominant discourses support the prevailing cultural, social and historical ideologies of society and, in this way, people may come to live out dominant, rather than preferred stories. In the context of Narrative Couples Therapy, for example, dominant discourses of gender come noticeably to the fore (Freedman & Combs, 2002). Discourses of gender difference produce subjectivities for men and women who are called, discursively, to fulfil particular (and different) gender-specific roles (Hollway, 1984). White (2009) suggests that, in couple relationships, it is often in these gender-specific roles that imbalances of power emerge between partners.

A Narrative therapist, working in the context of Narrative Couples Therapy, is called to acknowledge the relations of power that arise out of discourses of gender as well as discourses of therapy practice. The Narrative therapist seeks to map the influence of

discourses of gender on the clients' identities and their options for thinking, behaving and interacting. Similarly, the therapist remains cognisant of dominant therapy discourses that position him or her as an expert and the clients as patients. It is still not clear, however, how this acknowledgement of discourse and power translates into therapy practice (and therapeutic change). Parker (2002) suggests that using 'subject positions' in relation to discourses offers a mechanism through which therapists can explore the impacts of power both in the therapy context and the broader cultural context. In this sense, therapists are called to more directly explore how subjectivities are produced by discourses and the positions that these discourses make available to clients and the therapist. This research focuses specifically on discourses of gender that may arise in the context of Narrative Couples Therapy. It seeks to explore how the therapist's activities influence subject positions with relation to discourses of gender, if indeed at all. The research also seeks to critique the therapist's position in Narrative Therapy, to add to the body of literature that has already been written about how to be a Narrative therapist.

2. Literature Review

Narrative Therapy is informed by a post-structuralist paradigm that focuses on discourse, the construction of meaning and the production of subjectivities. Harris (2001) suggests that “post-structuralism is part of the ‘critical’ tradition in social inquiry: that is, the tradition which speaks to question, articulate and disrupt practices which repress, silence or exploit subject groups.” (p. 335). It is argued that the language that people use to describe their everyday lives draws on discourses that are culturally and contextually constructed. So, people narrate the stories of their lives according to the assumptions of the broader context in which they live. More than this, however, the stories that people tell about their lives act to produce subjectivities, that is, people *become* the subjects that they are discursively told to be. Harré, Moghaddam, Pilkerton Cairnie, Rothbart and Sabat (2009) propose that “people are positioned or position themselves with respect to rights and duties to act within evolving storylines” (p. 5). Narrative Therapy practice acknowledges that subjects are often positioned discursively in relations of power, and that power can restrict the options for thinking, behaving and relating made available to people. Therapy thus focuses specifically on how discourses act to construct, reproduce and deconstruct these power relationships (Swan, 1999).

In Narrative Couples Therapy, relations of power that are influenced by discourses of gender often come to the fore. Couples that present for therapy may express dissatisfaction in terms of power imbalances in their relationships (Atwood & Scholtz, 2005). Narrative Couples Therapy works with the general goal of helping “the members of couples experience themselves as living out preferred stories of themselves and their relationships” (Freedman & Combs, 2000, p. 350). The therapist is called to closely explore the discourses that partners in a couple draw on in telling their stories, how these discourses construct the partners’ identities and the operations of power in the relationship. The role of the Narrative therapist is more complex than this, however, as it demands reflection on the therapist’s own beliefs and assumptions and the influence that these may have on the therapy context and the relationship between therapist and clients. The literature reviewed (e.g. Burman, 1992; Freedman & Combs, 2000; Kurri & Wahlström, 2005) suggests that Narrative Couples therapists need to work reflexively and continually deconstruct discourses and power in the therapy context. In doing so, the therapist works alongside clients to critically evaluate the

discourses that inform the subjectivities made available to them, and to render visible alternative discourses and options for being.

2.1. Situating Narrative Therapy

The approach to Couples Therapy discussed in this research is situated within the theory and practice of Narrative Therapy. Narrative Therapy developed out of post-structuralist thinking, particularly the work of Michel Foucault and Jacques Derrida (Swan, 1999). It is situated within a critical tradition that examines language, meaning and discourse, and the implications thereof for the subjects who act within narratives. Developed predominantly by Michael White and David Epston (e.g., 1990, see also Epston, 1993; Epston & White, 1992; White, 1989), the premise on which the approach is based is that meaning is constructed socially and is socially available (Freedman & Combs, 2002; McNamee & Gergen, 1992). Narrative Therapy is influenced by ideas around the deconstruction of power both in the therapeutic context and every-day life, that is, on both micro and macro levels. Constructionist therapy approaches, including Narrative Therapy, view therapeutic interactions as “productive discursive practice(s)” and conversation is considered as the primary means through which assumed realities are constructed (Guilfoyle, 2002, p. 301; MacCormack & Tomm, 1998). The stance adopted in therapy is one of critical inquiry with therapist and clients working collaboratively through dialogue to explore alternative discourses, and alternate positions with relation to these discourses (Carr, 1998; Freedman & Combs, 2000; Guilfoyle, 2002).

One of the primary assumptions of post-structuralist approaches to therapy is that “mental phenomena may be regarded as fundamentally social and interpersonal” rather than internal, unconscious or biological - ideas of psychological illness/health advocated by Western medical thinking (MacCormack & Tomm, 1998, p. 303). Drewery and Winslade (1997) argue that “Western language habits are often productive of negativity and pathology” (p. 33). Such discourses of pathology may be adopted as dominant narratives in the lives of individuals (see, for example, Guilfoyle’s (2001) discussion around the discursive production of a bulimic subjectivity). One of the predominant moments in Narrative Therapy is to externalise a problem story to situate the problem in relation to discourse rather than within the person or the couple. In so doing, the problem no longer represents *the* truth about the person’s or couple’s identity in absolute terms (White, 2007). Once the problem is no longer

seen as located within clients, there is freedom to explore dominant self-stories and evaluate the positions that people adopt in relation to these stories. An invitation is extended to clients to explore alternative stories and subject positions available to them, through so-called “re-authoring conversations” (White, 2007, p. 61). These conversations may render salient experiences or events that seem “out of phase” with and over-shadowed by the dominant story-line (White, 2007, p. 61). Also known as “unique outcomes”, these experiences or events are excavated, explored and developed to make visible multiple possibilities for identity construction and to thicken alternative narratives (White, 2007, p. 61).

Narrative Therapy adopts a dialogical approach in the way clients and therapist speak, or dialogue, in the therapy context. Dialogue “invites participants to both influence and be influenced, to shape and be shaped by the interaction, and to be mutually involved in meaning construction” (Guilfoyle, 2003, p. 332). The process of Narrative Therapy is collaborative and people are encouraged to engage with their already-existing knowledges to create varied and multiple possibilities for being.

2.2. Collaborating with couples

Freedman and Combs (2000) suggest that “when the partners in a couple decide to consult with a therapist, they are caught up in limiting and unsatisfactory stories of themselves, each other, and the world” (p. 343). Based on this assumption, Narrative Couples Therapy focuses on understanding these unsatisfactory stories in relation to prescriptive and limiting discourses, and exploring with the partners in the couple alternative ways of being as individuals and partners. Given the importance placed on social systems in the presentation of an individual in therapy, it is a common Narrative practice to invite significant persons in the individual’s life to participate in the therapeutic process (Freedman & Combs, 2002). Narrative Therapy uses ‘outsider witnessing’ and ‘re-remembering conversations’ as ways to invite significant others into the therapy context (White, 2007). To this extent it can be understood why a therapeutic process engaging a couple can be useful both for partners in the couple, and also for the couple as the context in which the relationship is practised. Given the importance placed on couples in Western culture, “couple relationships are a key place where people find and create intimacy, love, trust and commitment,” thus making such relationships one of the primary contexts in which individuals make meaning and construct identity (Freedman & Combs, 2002, p. 5). However, these assumptions of love, intimacy, trust and commitment are constructed within Western-informed discourses of relationships

and so, not only does Narrative Couples Therapy explore how meaning and identity are constructed, but also how these dominant assumptions may limit the options for meaning and identity that are made available to partners in couples.

Feminist Couples Therapy approaches focus on the deconstruction of discourses of gender differences (Prouty Lyness & Lyness, 2007). Similarly, Narrative Couples Therapy works to deconstruct discourses and assist couples to identify and live out preferred stories (Freedman & Combs, 2000). Therapy is not focussed on identifying and analysing pathological or dysfunctional patterns of relating in relationships. Working with a post-structuralist lens, the therapist adopts a position of curiosity, exploring how meaning is constructed for the partners in the couple (Freedman & Combs, 2000). The guiding principle in Narrative Couples Therapy is to critically unpack dominant narratives (narratives of gender difference, for example) and, in so doing, invite the partners in the couple to explore and develop preferred ways of being in their lives and relationships (Freedman & Combs, 2002).

2.3. Problematising the ‘construction of therapy’

Freedman and Combs (2000) warn that Narrative therapists need to carefully balance a position of curiosity with an awareness of dominant discourses that may influence the outcomes of therapy. Whilst they specifically identify discourses of gender as notable in Narrative Couples Therapy, the therapy context, as a socially constructed situation, also presents with it dominant discursive ideas (about dress, what can be spoken about, how this talking happens, and how client and therapist are positioned, for example) for which the Narrative therapist needs to remain vigilant (Freedman & Combs, 2000). Guilfoyle (2005) elaborates that therapy itself is “productive of effects: of discourses, practices, subjects and further power relations that become part of the broader cultural network” (p. 103). In this light, the move toward post-structuralist therapies has demanded a re-consideration of the therapeutic context itself. Parker (1999) argues that it is now relevant to consider “how psychotherapy is constructed moment by moment as people speak in certain ways and how the practice of psychotherapy is constructed as a kind of practice in which people believe they should speak like that.” (p. 1). Guilfoyle (2005) acknowledges that the therapy context, as a construction of predominantly Western-informed social and cultural practices, inadvertently creates a context in which the therapist and client are drawn into dominant discourses and power relations unless these are specifically acknowledged. This has implications for how the clients and therapist are positioned, and for how partners in a couple

are positioned in relation to one another, the therapy context, and the wider social and discursive contexts (Burman, 1992). For example, when a heterosexual couple presents for Couples Therapy following multiple arguments about domestic duties, the partners and therapist are constructed in multiple ways: The therapist is positioned as 'helper', the partners are positioned as 'seeking help' (or possibly 'unable to help themselves'); the therapist is turned to for advice as the partners in the couple experience a sense of 'being stuck' in their arguments; a therapeutic context is constructed - the partners may introduce their problem to the therapist and hope for the therapist to then give (expert) insight into how they might fix the problem; and the partners articulate their dissatisfaction with regards to (the broader cultural practices of gender roles in heterosexual relationships that inform) domestic duties such as cooking, cleaning, doing homework with or disciplining the children. Such discourses, that inform the construction of the therapeutic relationship, the therapy context and the broader culture practices that are at play in the couple's relationship, need to be acknowledged to guard against the concealment of power.

Therapists and therapeutic approaches informed by a critical post-structuralist tradition are now called to problematise the process of psychotherapy as a normalising practice (Kaye, 1999). Most practices of psychotherapy, particularly those informed by modernism, tend to view the seat of pathology as within the individual or so-called identified patient (Bateson, 1972). In Couples Therapy it is often the couple, viewed as a unit, that may be seen as pathologised or dysfunctional. This is informed largely by Western values and ideas of the individual as a self-contained being, claiming ownership for beliefs and attitudes, and needing to maintain boundaries between self and others to allow apparently healthy autonomous functioning (see Sampson's (1989, 1993) concept of the self-contained individual). David Epston (e.g., 1993) refers to this as an 'internalising discourse'. This tendency acts to divert the focus away from the role of context and socio-politico-cultural factors in the presentation of psychological dis-ease (Kaye, 1999). Such forms of psychotherapy rely heavily on assumptions of pathological causality, diagnosability of psychological dis-ease and the remediation of such dis-ease with specific techniques (Kaye, 1999). Underlying these assumptions are normative judgements about the supposed 'normal' range of human experience placing judgements of value on particular experiences over others. The result is that human experience becomes classifiable as good/normal or bad/abnormal, can be objectively identified and explored, and treated accordingly to 'fix'

(Kaye, 1999). The individual as a whole (or couple as a unit) comes to be viewed as pathological and needing to be remediated or rehabilitated to a position of 'good' or 'normal'. By externalising the problems that couples bring to therapy, and placing these problems in relation to discourses, Narrative Couples Therapy attempts to generate alternative discourses and possibilities for identity and ways of relating, that do not come about from the remediation of dis-ease, but rather from the exploration of already available knowledges and expertise possessed by the couple.

2.4. Couples - a cultural discourse

Just as the therapy context can be understood as a construction, so the understanding of 'couple' as a discourse needs to be critically explored. Hoffman (1992) cautions against replacing "the individual unit with the family unit" (p. 10). Similarly, it is cautioned that the practice of referring to people in relationships as 'a couple' may act discursively to dismiss the individuals who constitute the couple. 'Couple' comes to be understood as a name for a unit, rather than a description of what people are doing. As a result, the relational and dialogical processes occurring between the individuals may be concealed. Given the limitations of available language, though 'couple' may be referred to in the singular in this research, couples are understood as relational contexts in which individuals enact their identities.

Rouse (1994) refers to power as acting to socially align or coordinate activities in line with particular discourses. This idea is considered in more detail below, but it is relevant here to consider how discourses of 'couples' (and how to be in a couple) prescribe ways of being and organise individuals and institutions within these prescriptive boundaries. Freedman and Combs (2002) warn, referring to Western culture, that "there is much about the culture in which we live that privileges 'couple' relationships over other forms of relating" (p. 5). Such discourses inform what couples should look like and how they should act, as well as ideas around intimacy, communication patterns, romance, marriage, procreation and sexual interaction (Freedman & Combs, 2002). Broader cultural discourses, often informed by Christian ideas of the nuclear family, also promote ideas of heterosexuality and that romantic relationships should exist between people of similar age, race and socio-economic status (Freedman & Combs, 2002). Relationships that are not characterised by these ideas of couples, such as single-parent families, multi-partnered relationships or homosexual

relationships, can thus be disqualified or disempowered by dominant discourses that restrict ideas of 'couple' (Freedman & Combs, 2002).

Dominant cultural discourses around 'couples' have a number of implications for the therapy context, including the label 'Couples Therapy'. Freedman and Combs (2002) argue that the name itself may act to collude with dominant ideas of what a couple should look like, inviting preconceived conclusions around Couples Therapy involving two people and a therapist, as well as the assumption that problems may be located within the couple rather than the social and discursive context in which the couple are situated. The broader discursive context is thus indicative not only in how couples present for therapy, but also in the very ideas of 'Couplehood' that partners, therapists and discourses of Couples Therapy may draw on. It is relevant to consider how these normative judgements, informed by discursive practices, come to inform how to *be* in a couple.

2.5. How to *be* a couple - Dominant discourses and subjugated knowledges

A dominant discourse is often shown preference over other discourses in everyday living. Billig (1995, cited in Parker, 2005) suggests that dominant forms of identity, situated within a dominant cultural discourse, are reinforced, reconstructed and maintained through the banal use of dominant cultural ideologies in everyday discourse. It is no surprise then, that "dominant discourses support and reflect the prevailing ideologies in society" (Hare-Mustin, 1994, p. 19) and that dominant discourses have implications for how people create and perform their identities, as individuals and as partners in couples. As a result, partners may come to live out dominant, rather than preferred, stories being told by dominant cultural discourses how to *be* in relationships.

An example of a dominant discourse often presenting in Couples Therapy is that of 'healthy communication'. White (2009), using Communication Theory, concludes that ideas of so-called "healthy communication" (p. 201) (often referenced in talk about Couples Therapy, or by the partners in the couple) limit couples to achieving conflict resolution through communication only. This can act to conceal how communication itself is involved in the process of meaning-making, and negates the influences of broader discursive practices (positioning problems or pathology within individuals or couples rather than discourse) (White, 2009). In light of Foucault's assertion that meaning-making and power are intimately connected (Kogan, 1998), Western-informed ideals of healthy communication may

result in imbalances of power within relationships and may be over-generalised to all cultural, ethnic, racial, age and socio-economic groups (White, 2009). White (2009) argues that these assumptions act to narrow the forms of relationships that people can engage in, leading to exclusivity and obliging the partners in couples to find support and comfort, and resolve problems, with each other only.

An implication of dominant discourses is that alternative stories or knowledges, that do not seem to support, reflect or maintain the dominant discourse, are subjugated or silenced. Guilfoyle (2003) notes that the subjugation of alternate discourses and knowledges has profound consequences for therapeutic practice in that opportunities for exploring alternative subjectivities and identities are often concealed by dominant ways of thinking.

2.6. Identity construction - being (part of) a couple

As has been mentioned, contemporary understandings of personhood and identity have been largely informed by Western ideas of people as self-contained and self-determining (Guilfoyle, 2002). Parker (2002) suggests that, by contrast, Foucauldians are interested in how the *organisation of language* creates opportunities for “certain representations and practices of the self” (p. 126). Bamberg (2004), amongst others (e.g., Anderson, 1997; Hoffman, 1985), proposes that “identity and self are narratively configured” (p. 332). He suggests that in the way people tell narratives, drawing on culturally-available discourses (such as discourses of intimacy, love, marriage and being in couples), and position themselves in relation to these narratives, they are both constructed by, and further construct, discourses. Dominant patterns of discourse are repeated throughout events and interactions every day and so people come to attribute them some form of truth value, live them out in the way they act and relate, and use them to make judgements on the identities of selves and others (Burman, 1996). Thus, how people make sense of their lives and identities is situated in a cultural and historical context; that who they are, how they are in the world and where they are, are shaped by the patterns of discourse in which they are positioned or position themselves (Drewery & Winslade, 1997).

Furthermore, a large body of literature in Social Psychology focussing on people’s self-presentation concludes that people “modify their behaviour, including their talk, in accordance with different social contexts” (Potter & Wetherell, 1987, p. 37). This brings into view a number of important possibilities with regards to identity construction within

discourse, and highlights the variability of discourse. First, the notion that people are able to modify their behaviour and talk alludes to an intentionality of self-presentation. This would suggest that people are not necessarily merely subjected to a conclusive identity according to a particular discourse, but can enact an amount of intention in constructing an identity of self. Second, people are able to adopt multiple identities simultaneously within different discourses. Third, in that talk and behaviour are modifiable, discourse and people's identities are malleable and exist within what Drewery and Winslade (1997) refer to as a "dynamic process of being" (p. 47). They argue that "if words stand for things, this is only a temporary state, and that we can always name things differently" (p. 47). This is one of the founding principles of Narrative Therapy: people's identities are not regarded as primary and stable, but rather multiple and open to the possibility of change (Carey & Russel, 2003; Carr, 1998; Drewery & Winslade, 1997; White, 2007). Narrative Couples Therapy attempts to explore a couple's subjugated knowledges and practices to reveal alternative discourses and alternative ways of being in a couple that are preferred specifically by the partners. By deconstructing discourses of therapy, identity, couples and so on, Narrative Couples Therapy practices render visible the discourses that construct the identities and ways of relating that partners adopt, and critically evaluate these for preferred ways of being.

2.7. Subjects, discourse and power

Harré et al. (2009) suggest that subject positioning theory is "concerned with revealing the explicit and implicit patterns of reasoning that are realised in the ways that people act towards others" (p.5) and propose that people, or subjects, are positioned or position themselves within "evolving storylines" (p. 5). These "patterns of understanding" and "evolving storylines" reflect discursive and normative practices, and so an individual's positioning of self and others in relation to one another is informed by (dominant) discourses. The construction of subjectivity is sensitive to dominant discourse and the power relations that are maintained through dominant cultural ways of thinking (Kogan, 1998).

If we are to define and understand discourse as being an organised system of meaning, constructed through language within particular cultural contexts, and functioning to construct multiple versions of objects, and are to accept Hare-Mustin's (1994) suggestion that discourses are constructed by and illuminate the dominant ideologies in society, it follows that discourse may act to reinforce and perpetuate ideologies of power. Discourses can act to organise interpersonal relationships and human behaviour in particular contexts in terms of

power ideologies. Young (1981, cited in Hook, 2007) suggests that discourse is constructed by and reproduces a social system through selection, exclusion and domination of the subjects within that system. White (2009) acknowledges that “there are many imbalances of power in couple relationships” (p. 202), and that, in heterosexual relationships, these imbalances of power are often related to the politics of gender.

Guilfoyle (2001) argues thus: “power is not something to be held or owned, but is exercised throughout society. It can produce subjects and subjectivities, in and through discourse.” (p. 154). The idea that discourse is constructed by and constructs ideologies of power presents a number of implications that are particularly relevant when considering the politics of gender and the relations of power in Couples Therapy:

First, given that discourse functions ideologically, people are subjected to, and may act to perpetuate, dominant power ideologies in their everyday lives. Discourses produce subjects in terms of these power ideologies (Foucault, e.g., 1979). So, men and women are constructed, or produced, discursively as gendered subjects and then *become* the subjects that they are told to be (emotional woman or level-headed man, for example), placing a particular value on these subjectivities. Second, if multiple discourses can operate concurrently, and discourses are susceptible to shift and change, power is transient. Foucault grapples with this idea and concludes it impossible to name and place power with any finality as to do so would ignore the complexities of relations of power (Hook, 2007). Foucault suggests that, at minimum, power functions bi-directionally with “simultaneous relations of being *subject to* and *subject of* particular relations of force” (Hook, 2007, p. 79). This assertion comes with an important corollary: If power acts in multiple directions at many moments, there will always be a possibility for resistance in every relation of power, including the relations of power in the therapy context, and gender power relations in heterosexual relationships. Thus, a condition of any relation of power is that such relations will generate possibilities for resistance (Hook, 2007), and further, any discourse that acts to reproduce relations of power will create an opportunity to seek out and elaborate counter-discourses (Parker, 2002). It is also useful to consider here Guilfoyle’s (2005) suggestion that “resistance is the *key* indicator of power” (p. 107). In other words, acts of resisting power may indicate the presence of power in the first place or, as Guilfoyle (2005) puts it, “resistance is capable of exposing power” (p. 108). So, whilst discourses of power are often concealed (a quality that makes

discourses of power more powerful, so to speak) it is resistance that renders these discourses visible.

Third, we are invited to consider how relations of power position people (therapist and client, husband and wife, for example) as subjects, through use of language and discourse (Davies, 2000, cited in Parker, 2005). Foucault (1982) suggests that relationships of power exist where power is exerted over another (“the other”) (p. 340). Power thus exists in any context in which an individual adopts a particular subject position that allows for the positioning of ‘other’ (Detel, 1998). Power positions people in relation to one another through aligning social activities and interaction with particular discourses. Examples of such gender alignment are abundant in product advertisements. Women are often portrayed as carers and cleaners, men are represented as career-driven and independent, and heterosexual single-partner couples depicted in jewellery adverts act to support dominant ideas about how to be men, women and partners. In Narrative Couples Therapy the therapist remains sensitive to the relations of power that are at play in the therapy context, including power imbalances that may exist between therapist and clients, or the clients themselves (man and woman).

2.8. Power and gender in the context of Couples Therapy

Foucault goes as far to say that understanding discourses around sexuality are fundamental to an understanding of power relations in modern Western societies (Martin, 1982). It is noted that gender is considered a social construct and, whilst linked to sex and sexuality, is not viewed as a genetic or biological given (Telford & Farrington, 1991). Thus, gender is defined as not simply the characteristics attributed to masculine and feminine, but includes also the roles that individuals take on. ‘Gender’ in couples includes structural and discursive restrictions, values and beliefs, meanings, experiences and ways of relating (Atwood & Scholtz, 2005). Couples Therapy offers a context in which the interplay of discourse, subject positioning and power, particularly with relation to gender, becomes increasingly apparent. Atwood and Scholtz (2005) argue that it is often power imbalances within relationships that lead to distress and hence couples present for therapy. An understanding of the dynamic interplay of power and gender as relational and contextual processes, occurring as subjects are positioned in relation to discourses, draws particularly on feminist writings around psychotherapy and gendered power dynamics.

Much work by feminist theorists gives specific attention to relations of power and meaning (Hare-Mustin, 1994; Swan, 1999). Feminist postmodernists focus specifically on how meaning-making, particularly through language and communication, is often held by those in positions of power and how “dominant discourses produce and sustain the status of those who have power against the competing discourse of those on the margins of society, like women, ethnic minorities, old people, and poor people.” (Hare-Mustin, 1994, p. 21). Power acts through discourses to normalise interactions that may subvert women (and men), while simultaneously concealing the subversion.

Dominant discourses of gender around roles for men and women are largely informed by a tradition of patriarchy that produces certain kinds of relationships between men and women (Freedman & Combs, 2002). Gender stories informed by patriarchal discourses impact both on the roles made available to men and women, and their relative power in relationships (Freedman & Combs, 2002). As couples often present for therapy noting imbalances of power, it is important for the therapist to explore how the partners in the couple are produced by discourses that inform how men and women should be, and the implications thereof on the relationship. Men are oftentimes constructed as “competitive, rational, hierarchical and valuing separation, autonomy and strength” (Freedman & Combs, 2002, p. 70) whilst women are viewed as emotionally expressive, sensitive and relational. Dominant gendered discourses of masculinity and femininity might also construct “women as essentially caring, close to nature, and oriented to meet the needs of others, whereas men are essentially independent and achieving” (Hare-Mustin, 1994, p. 22).

Stories of gender difference outline particular sets of values attributed to men and women and may restrict the scopes of identity and action available. Hollway (1984) examines three discourses of gender difference concerning sexuality that are particularly significant in a discussion of heterosexual relationships and coupling. They are discussed here as examples of how discourses position men and women in different ways. The *male sexual drive discourse* is founded on an idea of males being biologically driven to reproduce and women being expected to submit to this aggressive drive to allow for the species to continue (Hollway, 1984). It is not uncommon for discourses of gender difference to draw on assumed biological differences between men and women, suggesting, for example, that the (single) ‘male hormone’ causes aggressiveness, stability and drive, where the fluctuations in (multiple) ‘female hormones’ cause emotional volatility, and that men and women are thus

better suited to different roles, careers and ways of living. The *have/hold discourse* builds on ideals of how men and women should partner and remain in monogamous relationship (Hollway, 1984). Though, in and of itself, not a discourse of gender difference, Hollway (1984) notes how women are often positioned as the object to have or hold, or similarly, how women may position themselves as the object of male desire, to be had or held, in courtship and partnering. The *permissive discourse* speaks to sexual liberation in arguing that “sexuality is entirely natural and therefore should not be repressed.” (Hollway, 1984, p. 234). Hollway (1984) acknowledges that the permissive discourse, as a stand-alone discourse, positions men and women as being equal in terms of sexual drive. She recognises, however, that “at a specific moment several coexisting and potentially contradictory discourses concerning sexuality make available different positions and different powers for men and women” (Hollway, 1984, p. 230).

Power and role differences for men and women have implications for ways of relating and being in relationships and such differences will thus present in the context of (heterosexual) Couples Therapy. Whilst radical feminists call for the elimination of all patriarchal practices that fuel sexual objectification, and liberal feminists argue that it is preferable to problematise sexual practices than censor them, Sawicki (1991) suggests rather the importance of excavating subjugated, or hidden, knowledges of sexuality. She argues that in any relationship where there is power, there is also the possibility for resistance, to the extent that “power is dependent on resistance” (Sawicki, 1991, p. 24). So, where the struggle for power, or the exercising of resistance, in relationships has brought a couple to therapy, there are multiple opportunities to explore and resist the dominant culture of gender-based power thus making alternative stories and subjectivities available (Atwood & Scholtz, 2005).

2.9. Implications for Narrative Couples Therapy

As has been discussed, therapy practices informed by a post-structuralist tradition seek to critically examine meaning and discourse, the construction of subjectivities, and how subjects are positioned in relations of power. Importantly, normative discourses and power relations are not absent in the therapy context and the implications of discourse, gender and power in Narrative Couples Therapy need thus to be carefully explored.

First, dominant discourses of therapy need to be problematised. The therapy context should facilitate the deconstruction of power through acknowledgement of therapy itself as a

constructed process (Parker, 1999). Hare-Mustin (1994) cautions that the process of therapy can function to maintain relations of power. In that the therapy process draws on ideas of therapist expertise and particular ways of relating and communicating, normative judgements and power differentials are, quite intrinsically, present in the therapy context. Guilfoyle (2003) argues that these discourses cannot simply be overcome by stating the exclusion of power through therapist-client collaboration, for example. He suggests, rather, that any attempt to separate power and dialogue in the therapy context acts instead to render such power hidden, but still active. The implication for Narrative Couples Therapy is that power and resistance cannot be excised from the therapy context, nor can normative judgements and issues of power be silenced. It is rather in acknowledging power and resistance (including the power inherent in therapeutic contexts), and thus rendering power and its effects known, that power can be deconstructed and alternatives are made visible.

Second, normative discourses associated with 'couples' must be acknowledged and explored (Freedman and Combs, 2002). White (2009) suggests that "therapists are not just vulnerable to the expectations that couples bring into the counselling context, but they can also be powerfully influenced by the weight of parallel expectations that have their genesis in the history of relationship counselling" (p. 203). Therapists are encouraged to be cognisant of the values placed by Western culture on certain ways of being in relationships, and to problematise them in light of normative discourses that may be restricting possibilities for being partners in a couple.

Third, Feminist critiques of psychotherapy need also to be considered. Feminist critiques look at both the normative discourses around therapy practice, and also the power and role differences relating specifically to gender that may play out in the therapy context. As has been discussed above, most psychotherapy practices individualise the client's problem, placing the locus of pathology within the client (or identified patient) or, in the context of Couples Therapy, within the relationship (Davis, 1986). By contrast, Narrative Couples Therapy focuses on externalising problems to locate them within the broader discursive context (for example, patriarchy and coupling/partnering).

Finally, the therapist's traditional position of expert needs to be evaluated. Hare-Mustin (1994) notes the following:

...regardless of the therapist's intention or desire to be no more than an equal co-author of a new narrative, the meanings embedded and enacted in the shared language accord different authority to different participants. Structural inequalities influence the therapeutic conversation; what can be spoken about and who can speak it are issues of power. Thus, a therapist is accorded greater authority and expertise by the society than the person(s) seeking a therapist's help in resolving problems (p. 23).

Normative ideas around the role and actions of the therapist, the type of language used in therapy, what therapy participants should look like and how they should act are called into question in the practice of Narrative Couples Therapy. The Narrative Couples therapist's roles, activities and positions are discussed in detail below.

2.10. Positioning the Narrative Couples therapist

The therapist's activities in the therapy context are not exempt from the effects of cultural discourses and power. The therapist working in this context is thus called to be both reflexive and collaborative, valuing the expert knowledge that clients already hold about their lives. Narrative therapists understand meaning as constructed and subjectivities as produced through discursive practice, and they attempt, through their philosophical stance, to deconstruct relations of power and co-construct alternative ways of being. The principles that inform how a Narrative therapist is positioned, or positions him/herself in the context of therapy, and how the therapist's activities may make it possible for clients to adopt alternative subject positions, are explored below.

First, therapists working from a post-structuralist perspective need to move beyond the levels of content and patterns of communication within systems to explore families and systems as creating "network(s) of meaning" (Parker, 1999, p. 6). In these terms, the therapist is considered as part of the relational system that presents in therapy, being influential in and influenced by the relational system (Becvar & Becvar, 2006; Goldenberg & Goldenberg, 2008). Kogan and Brown (1998) reiterate that "no observer, therapist or otherwise, can provide a neutral or objective assessment of the world" (p. 495). So, the therapist is constantly called upon to "re-evaluate the influence of what and how he or she knows and/or does not know" about relational systems such as families or couples (Murphy, Cheng & Werner-Wilson, 2006, p. 475). The Narrative therapist is not understood merely as a self-

contained individual who exemplifies a certain set of unique characteristics attributed to the therapist's self by discursive assumptions. Anderson (1997) speaks of the therapist as adopting a "philosophical stance" informed by the therapist's beliefs and values and influencing how the therapist interacts with and relates to others (p. 94). In this way, a therapist's approach is unique as it is informed by her unique "philosophy of life" (Anderson, 1997, p. 94). Prouty Lyness and Lyness (2007) suggest that "therapists should be educated both academically and personally about culture and diversity so as to support couples in their therapy around their own issues of diversity as well as learning to deal with issues of social justice as a couple" (p. 181). Working with couples requires sensitivity on the part of the therapist to their own assumptions about gender relations and constructions of couplehood - a reflexive understanding of their philosophy of (gendered) life. The therapist is positioned as a participant in dialogue, and is encouraged to explore his or her beliefs and values so as to enhance reflexivity in working with individual clients and couples.

Second, the Narrative therapist is not called to assume the position of expert with "privileged access to the truth", but rather seeks to explore, identify and privilege the client's understanding of his or her experience (Monk, 1997, p. 25). Monk (1997) suggests that working from a Narrative framework "invites the counsellor to take up the investigative, exploratory, archaeological position" (p. 25) and Freedman and Combs (2002) suggest that the therapist should foster cooperation with couples. Anderson (1997) suggests that ideas of therapist neutrality and objectivity allow for the concealment of power and that the therapist should rather adopt a position of "not-knowing" in an effort to overcome power differentials between therapist and client. Guilfoyle (2005) questions Anderson's assertion, stating that a great deal of therapist training focuses on interpretations of a client's resistance, rendering the counter discourses silenced. Similarly, he argues that therapeutic conversations are shaped largely by the therapist (Guilfoyle, 2005). He suggests that therapists cannot assume to adopt a position of "not-knowing" and should rather openly and transparently acknowledge moments of client resistance. Guilfoyle (2005) suggests that "we can only honestly claim transparency if our interest in a politicised and contextualised resistance is advertised" (p. 119). In other words, the therapist should be making their intentions and motivations known prior even to the onset of therapy, and is not considered to adopt a position of neutrality.

Third, the therapist's participation in Narrative Couples Therapy is vulnerable to the couple's expectations and the therapist may be drawn to focussing exclusively on the couple, thus

maintaining dominant discourses of pathology, communication, therapy and gender, for example (White, 2009). White (2009) acknowledges thus: "The context of couple counselling is not exempt from (these) cultural assumptions about the cause of relationship difficulties, about the solution to these difficulties, and about the part that the counsellor will play in this" (2009, p. 203). Drewery and Winslade (1997) argue that "much of the skill of the therapist lies in attending closely to the ways we use language: to the positioning we call people into by the words we use and the ways we organise our sentences" (p. 33). The therapist's role is to identify moments of power, or resistance, to highlight discourses that produce subjectivities that are unhelpful for the partners (such as cultural assumptions of how to be in couples, or how to be a therapy client), or to acknowledge alternative discourses that make alternative positions available to the partners (Hare-Mustin, 1994).

Fourth, post-structuralist approaches to therapy focus on empowering clients who are viewed as already holding power in terms of their choice of therapist, defining therapeutic goals, choosing to attend therapy and making decisions around termination (Gelso & Hayes, 1998). Guilfoyle (2005) argues:

...the therapist is a product and vehicle of power, but is also able to choose, within the limits of that position's professional and cultural requirements, how power is deployed. Likewise, clients are not passive targets, but also participate in their becoming known, and are in turn capable of resisting therapeutic ways of knowing (p. 104).

The Narrative Couples therapist, recognising the position of power that may be offered to him or her, seeks to acknowledge and honour clients' agency through the use of dialogue that invites the clients to reflect on their position in relation to dominant stories, and how they feel about the positions that they adopt, or are positioned into, relative to these stories. Importantly, the therapist does not seek to identify and correct pathology as the problems that clients experience are understood to be situated within discourse (such as discourses of gender difference) rather than within the partners or couple.

Finally, the Narrative Couples therapist is encouraged to remain vigilant to discourses of gender difference that may arise in heterosexual Couples Therapy. Prouty Lyness and Lyness (2007) note that "feminist couple therapists are continuing to discuss and deconstruct gender issues in couple therapy" (p. 181). They recognise that the relationships between clients in

Couples Therapy and the therapist need to be focussed around empathy and equality but acknowledge that this connection between therapist and clients is often “negatively influenced by gender role constructions” (Prouty Lyness & Lyness, 2007, p. 185). The Narrative Couples therapist is called upon to take cognisance of the power differences that arise both between the therapist and clients simply through the clients’ initial positions of seeking help, and be sensitive to power imbalances related to gender constructions and positioning (Gelso & Hayes, 1998). The therapist remains sensitive to stories or interactions that articulate the effects of gender-based power, or moments of resistance to such power. In acknowledging these stories or interactions, and offering them to the clients for scrutiny, the therapist co-creates opportunities for the clients to evaluate the effects of discourse and power on their identities and ways of relating.

2.11. The need for discourse analytic research

Avdi and Georgaca (2007) note that available research seems to focus in isolation on the therapist’s activities, highlighting the need for therapist reflexivity but tending to “overlook the social, cultural and institutional context of therapy talk”, and not “mak(ing) explicit the links between psychotherapy as a practice and wider systems of meaning, institutions and power relationships.” (p. 159). The so-called ‘discursive turn’ in therapy research and practice has acted to emphasise that social interaction and context are embedded in the construction of meaning, and that these meanings then act to organise our thoughts and behaviour (Kogan & Gale, 1997). This organisation and restriction carries over into all aspects of therapy – the construction of the therapist, the construction of the therapy context, and the content of the therapy talk. Sutherland (2007) summarises that, with the turn to discourse in therapy, the therapeutic relationship itself, and the activities of the therapist relative to clients “became the *topic* of critical analysis and reflection rather than a *resource* for addressing some underlying inter- or intra-psycho forces and processes.” (p. 193). She argues further that “discursive practitioners view their own use of language in therapy as constructive of the ‘reality’ of clients’ lives, identities, and relationships, rather than viewing it as objectively reflective of that reality” (p. 195). By acknowledging the embeddedness of social context in the therapy talk, this research aims to critically explore in detail not only the therapist’s activities in therapy, but also the influence of broader social and cultural contexts, specifically in relation to gender, on the process of meaning-making in therapy. Furthermore, the research seeks to name and explore the intersection of therapy, gender and power in the

context of Couples Therapy, by examining discourses of gender that may present in how the individuals and couple form their identities, the influence this has on problem construction, and the significance of the therapist's activities in accepting or challenging these discourses and their effects.

In a review of literature on discourse analysis and psychotherapy, Avdi and Georgaca (2007) recognise the relative lack of studies that utilise qualitative constructionist methodology to explore the therapy process and suggest that post-structuralist discourse analysis "investigates the ways in which broader culturally available systems of meaning are drawn upon in the construction and negotiation of accounts and is concerned with the role of power, culture and institutions in shaping talk" (p.159). Strong, Busch and Couture (2008) propose that "conversational evidence, the kind that can be empirically analysed using discourse analyses, be considered a contribution to widening psychotherapy's evidence base (p. 388). With the focus of this research being on discourse, gender, therapy and power, it seems that an analysis focussing specifically on discourses and, more specifically, discourses of gender, offers an opportunity to closely scrutinise the construction of the therapy context, content and process, and, in so doing, examine the role of the therapist's activities in therapeutic change.

3. Methodology

3.1. Research Aims

This research aims to investigate the influences of the therapist's activities on the positioning of subjects, specifically with relation to gender, in the context of a Narrative Couples Therapy session.

To achieve this aim, the analysis will follow a two-step process. The analysis seeks first to identify and name discourses of gender that may be revealed in the text. Second, it seeks to explore how the speaker and audience (the *subjects* in the story) are positioned in relation to these discourses and in relation to one another. Throughout this two-step analysis the focus will be specifically on how, if indeed at all, the therapist's activities influence the discourses that are drawn upon, and the multiple subject positions that are thus made available.

3.2. Discourse Analysis

One of the greatest challenges of discourse analysis is the lack of a single agreed-upon analytic process. Though there are limited examples of discourse analytic studies of actual psychotherapy sessions, some published examples are available to use as a precedent for the current research (see Avdi, 2005; Davis, 1986; Guilfoyle, 2001, 2009; Kogan, 1998; Kogan & Gale, 1997; Kurri & Wahlström, 2005; Madill & Barkham, 1997). These studies have drawn particularly on the writings of Ian Parker (e.g., 1992; 1994; 1999; 2002; 2005), Jonathan Potter (e.g., 1996; 2004) and Margaret Wetherell (e.g., 2001) (See also Potter & Wetherell, 1987; Wetherell & Potter, 1988). Whilst this research has been broadly informed by Parker's (1999; 2002; 2005) offerings on discourse, I have also drawn on the work of Wendy Hollway (1984) and Michael Bamberg (2004) who speak more closely to analyses of discourses of gender difference and subject positioning respectively.

Discourse analytic procedures concur that texts should be approached "*in their own right*" and not as media through which secondary processes, such as attitudes and cognitions, are made known (Potter & Wetherell, 1987, p. 160). The current analysis sought to identify discourses of gender made visible in the talk and it is relevant thus to consider *how* 'discourse' was conceptualised. Parker (1992) defines discourse as "a system of statements which constructs an object" (p. 5). Foucault (1972) suggests that discourses are "practices that systematically form the objects of which they speak" (p. 49). So, as people identify with

these objects in practise, they: (i) are constructed as subjects within that discourse; and (ii) *become* (think/behave/interact) these objects in line with how they are positioned in the discourse. In this way discourses act to position subjects within particular structures and systems, and the subjects *become* the things that the discourses advise them to be. Parker (2002) suggests that the information rendered by a text is determined by the questions that are asked of it. The current analysis seeks to answer two questions: (i) What discourses of gender are visible in the talk?; and (ii) How are the subjects positioned in relation to one another and in relation to these discourses? The analysis draws on Wendy Hollway's (1984) discourses of gender difference, and Michael Bamberg's (2004) positioning analysis in an attempt to answer these questions. Their application to the analysis is discussed below.

3.2.1. Gender difference in discourses

The analysis sought to identify discourses of gender that are visible in the talk. I was guided by Wendy Hollway (1984) who examines the construction of subjectivity in heterosexual relations and demonstrates that, as ideas of masculinity and femininity cannot be exclusively associated with people of either sex (male and female), subjectivity is constructed multiply and non-logically (Hollway, 1984). She argues that this constructed subjectivity is often used to highlight apparent differences in relation to gender (Hollway, 1984). By taking up different positions within discourses of gender, men and women *become* (think, behave and interact) in the world to re-produce gender difference.

Whilst not relying exclusively on the three discourses of sexuality identified by Hollway (1984), the analysis was informed by her proposition that "several coexisting and potentially contradictory discourses concerning sexuality make available different positions and different powers for men and women" (Hollway, 1984, p. 230). In analysing the text I sought to recognise discourses of gender that were evident in the text. These discourses were identified, in part, by the way that the therapy clients spoke about their roles and duties as man and woman, with reference to their interactions as a married couple and as parents. Though the text itself suggested discourses of gender difference, I drew also on my knowledge of discourses of gender, and the information offered by the literature reviewed, in identifying discourses that highlighted ideas of gender or gender difference.

3.2.2. Positioning Analysis

Having identified discourses of gender in the text I then sought to analyse how subjects (the therapy clients, therapists, and others) were positioned, both within the identified discourses and in relation to each other. Parker (2002) argues thus: “When the notion of ‘subject position’ is linked with developments in Foucauldian and post-structuralist theory, we have a valuable tool for cutting through to a better understanding of abuses of power and ideological mystification in psychology and its wider culture” (p. 1132). Positioning analysis is a useful analytic method to explore and evaluate therapeutic dialogue and how the therapist’s activities influence positions made available to the clients. Subject positioning was conceptualised in the analysis as how individuals are located within discourse and within the structural framework suggested by discursive practice (Davies & Harré, 1999). Positioning is both interactive, where one person can position another through what they say, and reflexive, whereby a person positions him/herself in relation to another (Davies and Harré, 1999).

Though Michael Bamberg (2004) identifies as a narrative analyst, his analytic method for identifying subject positions is consistent with a discursive approach in that he views self and identity as discursively-constructed. The analysis drew on Bamberg’s (2004) three-tiered analytic approach (discussed in more detail below) looking specifically at how subjects take up positions within narratives. With discourses of gender identified, I analysed the positioning of subjects, looking specifically at how the therapist’s activities may have influenced the positions that are made available. I asked three questions of the text, aligning with the three-tiers of analysis offered by Bamberg (2004): (i) “How are the characters depicted, and what is the story about (its theme)?” (p. 336); (ii) How are the speaker and audience (the therapist and clients) positioned in relation to one another?; and (iii) How is the speaker positioning her/himself in relation to the story being told, the audience to which s/he is speaking, and the broader social context (that is, the available discourse)?

3.3. Data Collection

The text for analysis was a transcript of a Narrative Couple Therapy session conducted by Michael White (1994), “The Best of Friends”. The data was initially presented in film format, and I transcribed the spoken text for the purpose of analysis. “The Best of Friends” is published as part of the Master’s Work Production series and is regarded as a textbook example of a Narrative Couple Therapy session. It is thus considered of value to be analysed

in depth as it is representative of 'benchmark' Narrative Therapy work conducted by one of the developers of this approach. It is influential within both research and the practice of Narrative Therapy.

3.4. Data Analysis

As the analysis is qualitative in nature, I have aimed to thoroughly immerse myself in the data for an extended period of time. Having selected the film "The Best of Friends" as the data for analysis, I initially viewed the film alone to become acquainted with its content. It was then viewed and discussed with peers as part of the Master's in Counselling Psychology programme coursework. The focus of this viewing was on the narrative questioning techniques demonstrated in the film. I then viewed the film once more before beginning to transcribe the spoken text for analysis. I transcribed the spoken text, and then twice checked the transcription whilst re-viewing the film. The entire text was then printed for the purpose of analysis, and is reproduced only in part in the analysis chapter.

I followed a two-step analytic process, comprising multiple sub-steps. In using discourse analysis to explore discourses of gender I have drawn on the ideas of Wendy Hollway (1984) (discussed above), who explores gender difference in discourses of sexuality, as a guideline to rendering visible gendered discourses in the text. Firstly, I read the text looking for moments that alluded to normative discourses ("should" statements or statements referencing different roles for men and women, for example). Drawing on the ideas of Guilfoyle (2005) I also remained vigilant for moments of resistance in the text, as indicators of discourses of power. For the purpose of presenting the analysis, I then named the discourses illuminated by the text, and attempted to contextualise them historically and culturally. During this step I particularly strived to work reflexively, noting the influence of my history, culture, experiences and beliefs on how I came to identify, name and describe dominant discourses. I then considered what each identified discourse was *doing* in the therapeutic conversation. In other words, I sought to explore how the discourse may be constructing positions for subjects to adopt or resist, or how they might be regulating the therapy process itself.

At this point in the analysis I turned to Michael Bamberg's (2004) positioning analysis as a guide (the second major analytic step). Within each excerpt of the text that illustrated a discourse of gender (identified in the first step, described above), I sought to answer the following questions: Who are the characters in the story?; How are the characters positioned

in the story?; How does the speaker position the speaker's self in relation to the listeners?; What does this look like momentarily, in the here-and-now of the therapy session?; How do the listeners respond to this?; How are the subject positions that are made available, developed in relation to normative discourses? (this converges with the exploration of subject positions made available by discourse in the first analytic step); and finally, What is the influence of the therapist's activities, if at all, on the alternative subject positions made available to himself and the clients? In answering these questions I aimed to explore how the subjects are positioned, or position themselves and others, within discourses of gender. The focus was on the therapist's activities throughout, to reveal how, if at all, what the therapist says and does during the Narrative Couples Therapy session influences the positions made available to, and adopted by, the clients.

3.5. Ethical Considerations

The Master's Work Publication Series is available for purchase to the public. The content thereof is thus available on a public forum. However, to maintain ethical standards in terms of copyright and distribution the following precautions were taken:

The film was loaned from my research supervisor who had made purchase thereof. I then transcribed the film and printed the transcription. Whilst the film was transcribed in its entirety for analysis purposes it was not re-produced in its entirety in the analysis chapter, and only relevant excerpts were reproduced. The total portion of the text reproduced in the analysis chapter amounts to no more than fifteen percent of the entire text. The printed copy of the complete transcription will remain the property of the researcher and will not be distributed.

3.6. Validity

Yardley (cited in Smith, 2003) speaks to the principles of rigour, transparency and coherence when considering the validity of qualitative research. In seeking the opinions of peers and my research supervisor at moments in the analysis where I was increasingly aware of my subjective influence on the analysis, and by using negative analysis (remaining vigilant for data or segments of the text that did not seem to support the trend arising from the data analysis), the rigour of the research was enhanced. The transparency of the research was improved with a detailed description of how the data was analysed, so that the analytic

procedure may be replicated by other researchers. Chenail, Duffy, St. George & Wulff (2011) suggest that the coherence of a study is indicated by the “interconnection, consistency, or unity” of the material presented to facilitate the presentation of a logical argument (p. 263). The current research aims to uphold the principle of coherence by working closely with the available literature and from the data to present an argument that flows logically and consistently.

McLeod (2001) suggests that “qualitative research is a personal activity, involving personal struggle to challenge assumptions and achieve understanding” (p. 195). To maintain standards of validity, the researcher is encouraged to employ critical reflexivity in conducting and presenting research. Because post-structuralism is specifically focussed on the deconstruction of understandings of subject, power and discipline (Alvesson, 2002), it was acknowledged that my interpretation of the data, and the interpretation that is presented in the analysis, is one of many possible and multiple interpretations. I took precautions throughout the data recording and analysis phases to work reflexively by keeping a reflexive journal to document my personal response to the literature and the data as I engaged with it, and participated in a weekly reflexive therapy process for almost the whole duration of the research from proposal to final submission, in part to explore my ideas, beliefs and feelings around issues of gender. Hollway (1984) acknowledges thus: “Clearly my own assumption and those of the research participants share a largely common historical production; they will also be recognizable to most readers” (p. 231) and Burman (1992) states that “for discourse analysis, reflexivity tends to mean something more like making public the interpretive processes which motivated the analysis” (p.497). My assumptions about the world and how people interact are informed to a large extent by Western, middle-class ideals. Having training and experience in the theory and practice of Psychology influences my ideas in that I am psychologically-minded and place a particular value on a so-called ‘Psychologised’ way of thinking. I place value and importance on therapy – the context and process, the therapeutic relationship and therapy ‘talk’. I also carry with me firmly-held ideas of all aspects of life being coloured by issues of gender and life being ‘gendered’ so-to-speak, that, whilst I deeply value gender equality, I am acutely aware of gender inequality, the idea of women being ‘as good as’ men and assumed gender differences. In presenting the data and analysis I remained aware of making assumptions about these historical and contextual influences being shared with the reader.

4. Analysis

The commentary at the beginning of the film, “The Best of Friends”, offers the following information about the participants in the Narrative Couples Therapy session conducted by Michael White: The partners in the couple are Kenny and Shannon, who have been married for seven years and have a four year old daughter. Kenny lost his job the year prior to filming. Shannon is described as having “had an explosion of temper with her employer” resulting in her being hospitalised and medicated. She duly began individual therapy and she and Kenny were referred for Couples Therapy as she articulated difficulties in their marriage. Also present in the therapy room with Michael White, Shannon and Kenny, are Tad (Shannon’s individual therapist), and Dave Clarke and Jennifer Andrews (who run the Narrative Therapy training class that Shannon and Kenny attend). The interview was held at the California Family Study Centre, North Hollywood, California.

The analysis is presented based on a two-step methodological approach; first to identify discourses of gender in the text, and second, to explore the positions made available to the therapy participants (clients and therapist) through these discourses. Four broad discursive areas emerged in the text, namely discourses of parenthood, discourses of partnering and marriage, discourses of *being* in relationships, and discourse of friendship. Each of these broader discursive areas encompasses a number of related discourses, which are each discussed in turn. The analysis seeks to name and explore the discourses identified, reflect on how Kenny, Shannon and the therapist were positioned, or positioned themselves in relation to these discourses, and comment on whether the positions made available to them shifted or changed through the course of the dialogue. It is focussed on exploring the therapist’s activities to ascertain if and how these may influence subject positions in relation to gender in Narrative Couples Therapy.

4.1. Discourses of Parenthood

In the session, Kenny and Shannon are named and defined as father and mother respectively in relation to their daughter, discursively suggesting differences in the roles and duties they perform within the family. Discourses of parenthood highlight discourses of gender difference, as fatherhood and motherhood seem to call for differing roles for Kenny and Shannon as parents. These differing roles are often based on ideas of men and women being

different to each other and having different (gender-based) qualities that make fathers and mothers more suitable to these different roles.

4.1.1. Fatherhood and motherhood

Discourses around the roles and duties of men and women in relation to the upbringing of children develop out of historical, cultural and social contexts that may support ideas of gender differences between mothers and fathers making women and men more suitable to different parenting roles (Hollway, 1984). During the therapy session the couple highlights as problematic the religious/spiritual upbringing of their daughter. Whilst the discussion evokes discourses around religion, spirituality and religious participation, discourses of gender difference in relation to issues of religion come noticeably to the fore. In the excerpt below Shannon discusses how Kenny has handed her the responsibility of the religious upbringing of their daughter.

Shannon: Yeah, and about finding out, uh, uh, finding something that's, that he's gonna be comfortable enough with (.) with my raising since he's kinda given me the religious responsibility for the child to raise her too you know. I want him to be a part of it and be comfortable really. It's sort of strange too because when we were first married I was so staunch that I would not raise her in the religion I was raised in.

Michael: Right.

(Page 11)

In this excerpt, Shannon draws on a discourse of parental involvement in religious upbringing that makes visible ideas on the (differing) roles that mothers and fathers should, or may, play. Women are seen to play an active role in the decisions about and participation in religious upbringing. Shannon acknowledges that Kenny has “given” her the responsibility of deciding how their daughter should be raised with regards to religion, and with putting these decisions into action. By handing this responsibility to Shannon, Kenny removes himself from participating in this area of parenthood and positions Shannon as the active parent. Instead of simply adopting the position of active parent (with Kenny having “handed over” responsibility) however, Shannon notes her dissatisfaction with this. Drawing on her experience of her religious upbringing, she speaks to her discomfort in making the decisions for their daughter’s religious upbringing alone. She resists taking full active responsibility (the position into which Kenny is inviting her), saying that she wants Kenny to “be a part of it and be comfortable”, signifying her desire to share responsibility with Kenny. In this excerpt

Shannon draws on a discourse of equally-active religious parenting, making her position known and inviting Kenny into an alternative position, without the explicit participation of the therapist.

Later in the discussion the talk comes back to the topic of the religious upbringing of Kenny and Shannon's daughter. Kenny draws on multiple discourses as he references his own religious upbringing and his thoughts in addressing the issue of the religion/spirituality of his daughter. He speaks of his mother's active involvement and participation in the religious upbringing of himself and his sister, whilst referencing his father's disengaged but supportive stance. Kenny seems to repeat these patterns of parental involvement in his relationship with Shannon and in their being parents. He positions Shannon as the active participant in religious child-rearing activity, making decisions and putting these decisions into practice in their daughter's life. Kenny appears to identify more closely with his father, noting the less active but supportive role filled by his father. Kenny evokes a normative discourse of men and women (fathers and mothers) adopting different and specific roles with regards to religion and, more importantly, he reproduces this normative discourse in his talk about his ideas for how Shannon should take full responsibility for their daughter's religious upbringing.

Kenny: ... And I believe that, that, that when I was raised my, my mother and father (.) my mother was the one that participated in all the church events, regularly went to all the Sunday services

Michael: Yeah

Kenny: While my sister and I went to Sunday school and my father didn't (.) wasn't nearly as active (inaudible) Sundays and Christmas programmes and whenever my sister and I were in an event.

Michael: Mmm

Kenny: 'Cause we were in the children's choir and stuff like that. So we were active. But my father would come then.

(Page 37)

Through his talk he seems to identify with the position adopted by his father, positioning himself as disengaged but supportive, and Shannon as more active, like his mother. Shannon has already acknowledged her discomfort at being positioned in this way, and has articulated a desire to share these duties with Kenny. The therapist is faced here with Kenny and Shannon adopting differing positions in multiple discourses (Shannon seeks shared

responsibility with Kenny in a discourse of equal engagement; and Kenny seeks differing roles for himself and Shannon in a discourse of gender difference relating to the religious upbringing of children). He chooses to allow Kenny and Shannon to grapple with these positions and discourses through conversation with each other. After a short period of this interaction, the therapist offers a comment on what he is observing and experiencing:

Michael: Can I interrupt just for a moment

Shannon: Sure

Michael: Cos, um. I'm very aware of the time and what you've started to do is now, um, do what we came here to do, in a sense. Um, and you're doing yourselves. And I have a sense that you're getting somewhere. So I'm just wondering whether ... um, it has to do with looking at the basis that you have working as friends to resolve these issues that will contribute to sorting this issue out. Do you think this will contribute to it at all?

In summarising the interaction the therapist does the following: First, he comments on what he is observing and acknowledges the couple's ability to engage in dialogue about issues that they disagree on. He articulates quite specifically that this is something that Kenny and Shannon are doing themselves, without the therapist's involvement. In so doing, the therapist positions Kenny and Shannon as possessing knowledges and expertise in the area of problem resolution that are working effectively for them in their relationship. Second, by recognising what it is that Kenny and Shannon are *doing*, as opposed to interpreting what they are saying, the therapist resists dominant therapeutic discourse by not adopting the position of (interpretive) expert. He, rather, references an earlier conversation about friendship between Kenny and Shannon as evidence for an alternative kind of interaction between partners. In so doing the therapist evokes an alternative discourse of being in relationships and makes multiple alternative subject positions (friends, collaborators, parents, and so on) available to Kenny and Shannon. Third, the therapist offers his summary and thoughts back to the clients. In this way, the therapist invites Kenny and Shannon to adopt and name their positions in relation to an alternative discourse of friendship. The therapist questions how this friendship may provide a basis for future action. By projecting current realisations into future action, the therapist effectively limits his involvement in future interaction and fosters the couple's agency.

4.1.2. The “mommy machine”

Shannon refers directly to “my mommy machine”, a discourse that draws on specific ideas of motherhood. She defines “the mommy thing” as over-involvement in her daughter’s life, “obsessed” mothering behaviour, and being beyond her intentional control (“I can’t turn (it) off”). She describes this discourse with reference to how Kenny shows his “understanding” of her mothering style.

- Shannon: And he’s real understanding when I can’t turn off...
- Michael: Yeah
- Shannon: I call it my mommy machine, I can’t turn the mommy part off. He’s real, he’s real ok with that and a lot of people, a lot of friends we have are not ok with that. They’re not okay with their wives not being able to turn off the mommy thing.
- Michael: What did, I don’t understand the mommy thing
- Shannon: Well I call it the mommy thing when I’m so involved and, I don’t know what other word to use so I’ll just use it, obsessed, with Emily and what’s going on with her.
- Michael: Yeah
- Kenny: That I kind of ignore Kenny, and don’t put any time, don’t give him any time.
- Michael: Right
- Shannon: A, at all you know, kinda just go “Well, fix your own dinner, do this your own self, do that your own self.” And he never, he never complains about, he never complains about it and he’s real understanding. So.

(Page 20)

Shannon here evokes two specific but closely related discourses about how to be a mother and how to be a wife. The “mommy machine” discourse draws on ideas of women and mothers being over-involved in their children’s lives, to the point of acting with limited thoughtful engagement on how they are *being* as mothers. Mothers who seem to blindly place their children’s wants, needs and wellbeing above all other aspects of living may be viewed as “obsessed”, controlling, inconsiderate to their partner’s needs, and so on. In drawing on this discourse, Shannon positions herself as a woman trapped by her obsessive caring for her daughter, and a bad wife in her failing to take sufficient care of her husband. She positions Kenny as a non-demanding husband, acknowledging Kenny’s “understanding” of her “mommy machine” behaviour, and his willingness to step outside of dominant ideas of

being a husband by preparing meals for himself when Shannon is otherwise involved with their daughter.

In his commentary on this excerpt, Michael White (1994) addresses the conflict he experiences in this moment as he is drawn to question the “mommy machine” discourse, or what he experiences as Shannon’s pathologising of her mothering style. Initially he resists being recruited into this discourse by adopting a position of enquiry and inviting Shannon to explain what she means by “the mommy thing”. The therapist creates an opportunity for discussion about what it means to be a “mommy machine” for Shannon and Kenny specifically by not allowing his understanding of Shannon’s thoughts and behaviour to be restricted by the discourse. However, in his reacting to Shannon’s talk about her ‘ill’ self, the therapist seems to miss an opportunity to further explore the breaking of gender role stereotyping by the couple in Shannon’s asking Kenny to prepare his own dinner (the job of a ‘good wife’). This illustrates one of the challenges of the therapeutic construct of the therapist’s (presumed) neutrality in the therapy context. The conversation continues:

- Michael: Sounds loving actually, I?
- Shannon: Well, yeah, I guess. It’s hard
- Michael: yeah
- Shannon: Because it’s protective but then sometimes I wonder if it’s too protective
- Michael: Right
- Shannon: Because one of the things I’ll always complained about is that my parents were too protective of me and now I find I’m doing the exact same thing to my own kid, so...
- Michael: Yeah. Well I guess, um, you know that’s, uh, also catches my attention, um, for lots of reasons (.) um, and uh, you know, um, some of, some of that has to do with the fact that you’ve actually in some ways managed to defy some of these, ah, traditions about who you should be
- Shannon: Hmm
- Michael: As men and women in a relationship with each other, and ah

(Page 21 - 22)

In this excerpt the therapist finds himself responding to Shannon’s pathologising of her mothering style by attempting to reframe her behaviour into something more positive (“loving”). Whilst reframing Shannon’s behaviour may be therapeutically useful, what is of greater importance is the therapist’s awareness of his intentions in reframing the behaviour.

It seems that, as the therapist becomes aware of this reaction in himself, he changes the direction of the conversation to explore the gender-stereotyped roles around how husbands and wives should be. This creates an opportunity to acknowledge how Kenny and Shannon seem to be finding alternative ways of being in marriage that do not conform to normative ideas of being a husband and wife. This moment in the therapeutic dialogue illustrates the value of the therapist's reflexivity in working with clients who may evoke strong reactions from the therapist.

4.2. Discourses of partnering and marriage

Given that the data are drawn from a Couples Therapy session, it is inevitable that discourses of partnering (heterosexual partnering in this case), and marriage will be evoked. Two themes emerged in the analysis of the text, each speaking to discourses that reflect ideas of partnering and marriage. The two discursive areas, namely discourses of courtship and romance, and discourses of divorce and difficulty in marriage, are discussed below.

4.2.1. Courtship and romance

Dominant cultural ideas of courtship, and marriage in particular, suggest that individuals should meet, experience an attraction of some kind to one another, come to know each other, grow to love each other and ultimately make a lifelong commitment to each other. In the following excerpt, Kenny speaks of meeting Shannon and his experience of feeling attracted to her:

- Kenny: Hmm hmm, yeah and I think that was the thing that attracted me to Shannon in the, the beginning was...
- Michael: Yeah
- Kenny: Just how, you know, friendly she was, how open she was with other people, how helping she was to her friends.
- Michael: Mmm
- Kenny: You know, and it was just that genuine type of friendship format that she had with her friends. I went "well, gee, you know, here's somebody that really understands the word friendship"
- Michael: Right
- Kenny: And that was a major attraction

Michael: Did you know this? (addressing Shannon)

(Page 24 - 25)

Kenny evokes a discourse of courtship by identifying Shannon as someone that he viewed as a friend and noting that this, for him, was a “major attraction”. In so doing he positions Shannon as the observed and himself as the observer. Whilst the excerpt does not discount the possibility of Shannon also being attracted to Kenny, Kenny draws on discursive ideas of attraction in courtship that suggest that men are *attracted*, whilst women are *attractive* (recipient of the man’s attraction). Kenny also acknowledges, however, the uniqueness of the “friendship format” that he witnessed in Shannon. He invites the therapist, at this point, to witness in retrospect the attraction that he felt for Shannon. By turning to Shannon to interview her on what Kenny has just said about his viewing of Shannon as a friend, the therapist invites Shannon to engage in the dialogical exploration of Kenny’s attraction to her. Shannon’s identity as a friend is acknowledged by both Kenny and the therapist, elevating it to a position of value and recognising that friendship is intentional. Shannon is no longer just *being* a friend, but is *enacting* friendship with others and in her relationship with Kenny.

Shannon’s response to the therapist’s enquiry is significant on two levels. First, her identity as a friend has been thickened. Her intentional enactment of friendship is shown to be recognised and appreciated by Kenny. Second, she names how she has, up to this point, positioned herself as a woman in heterosexual relationships, and how Kenny’s comments have opened the possibility for an alternative position for Shannon as a woman in relationships. Shannon explains that it feels to her as though she has been “hit with a truck” when realising that she has been valued by Kenny not singularly as an (observed) object of sexual desire, but multiply as someone whose attributes and qualities are valued.

Shannon: Umm, if the earth could open up and swallow me. I mean, really, I did not know this, I mean I didn’t know it. I didn’t know. Because I always had really, I don’t want to say bad relationships, but none of them were ever really good and they were only about sex usually.

Michael: Yeah

Shannon: So um, so, I never, I never had to cultivate a kind of friendship with men that I was involved with (.) so it’s a, I think that for me that’s part of struggling (.) the hard part for me in our relationship is that we’re developing this friendship. I didn’t know he always he wanted it - it’s something new for me.

Michael: What’s it like to know, to hear this from Ken?

- Shannon: Oh, I don't know, what's it like to hear this? It's like being hit with a truck. I never knew that he saw me as a friend.
- Michael: Is that a negative experience then, being hit?
- Shannon: No, I mean no, because it wakes you up.
- Michael: Right
- Shannon: I mean, that's a friendship. It's never entered my mind,

(Page 25)

The therapist engages Shannon by inviting her into the conversation, and then invites her to adopt a position on this discovery by asking her to identify how she experiences the discovery of Kenny's viewing her as a friend. In so doing, this discovery is not simply something that has happened in the therapeutic and relational space, but has also had personal significance for how Shannon constructs her identity. This interaction between Shannon and the therapist acknowledges and strengthens the alternative position of friend made available to her by the earlier dialogue between Kenny and the therapist. Furthermore, in making alternative positions available in discourses of attraction, Kenny and Shannon are, through their very *being* as a couple, resisting dominant discursive ideas of attraction and partnering. It is now evident that Kenny's attraction to Shannon was not based on a dominant discourse of male sexual objectification of women. Kenny evokes an alternative discourse of friendship in which his attraction to Shannon is based on her qualities as a friend. Kenny here is also resisting what Hollway (1984) sees as a widely used male sexual-drive discourse that positions men as driven primarily by sexual needs and desires, and women as the objects toward which this drive is directed. Kenny does not position Shannon in this discourse as a submissive sexual object, but rather acknowledges her as an active (and valued) friend.

4.2.2. Divorce and difficulty in marriage

Discourses of marriage hold significant power in terms of attributing roles to the partners in a marital relationship, in this case the husband and wife. In the interview the therapist speaks directly to how such discourses are "capturing" in that individuals can quickly find themselves defined and limited by dominant discursive ideas around how to be, as man and woman, in a marriage. Whilst there are suggestions in the data of discourses of marriage and how they come into play, it is also interesting to note the discourses of divorce and discourses around difficulties in marriage that are evoked. With dominant discourse of marriage placing

a certain (often negative) value on divorce, it is useful to consider how discourses of divorce inform a couple's decision to be in marriage.

Shannon references a divorce discourse when discussing difficulties that she and Kenny are experiencing with sex in their marriage, and has previously in the conversation identified money, sex and religion as three areas that cause problems in marriages. In the excerpt below the therapist has just begun to interview Shannon following a discussion with Kenny about what is working for them as a couple in dealing with problems of sex. With Kenny having identified that he values Shannon's openness and honesty, the therapist then turns to Shannon to explore what it is that is working for her in confronting the problems of sex in the relationship.

Michael: Right, ok, so, um, alright. So that helps me understand a little bit about what's working in terms of, um, ah, laying the groundwork to get towards the goal which you have. Um, what's working for you in, in, in, this? I mean, is this something about Ken's responses that ...

Shannon: All that real understanding

Michael: He's understanding

Shannon: Yes

Michael: Yeah

Shannon: Yes, he's very understanding, um

Michael: He's understanding?

Shannon: Yes, very understanding about the whole situation whereas you know I mean we have friends who we know, you know are having sex on a weekly basis and you know, for us, it's maybe monthly.

Michael: Mmm

Shannon: But, we also have friends who I know have gone through not the exact same situation we're in but they've had difficulty in their sexual lives and they can't resolve it.

Michael: Yeah

Shannon: In anyway, and so what they do is they get divorced...

Michael: Right

Shannon: You know, they just, and, and they tear apart their family.

(Page 14)

Shannon evokes dominant ideas of divorce as equal to failed marriage (in this case caused by “difficulty in their sexual lives”) and speaks of divorce as tearing families apart. In this way, divorce is discursively constructed as a negative outcome of marriage, having negative consequences for families, and illustrating failures in couples who are not able to resolve difficulties in marriage. There is little scope within such a discourse to consider other outcomes of divorce, such as potentially improved emotional wellness for partners and families. However, Shannon notes specifically how she and Kenny are resisting the supposed inevitability of divorce by addressing (if not resolving) the difficulties that they are experiencing in their sex lives. She speaks of Kenny’s “understanding” with relation to the struggles they are experience in their sexual relationship.

Whilst the difficulties with sex that Kenny and Shannon are experiencing have not been resolved (in the sense that they are still experiencing difficulties with sex), their marriage has not broken down due to these difficulties. It is apparent that Shannon and Kenny are stepping outside of a “capturing” discourse of problematic sex causing marital dysfunction and ultimately divorce. Rather than positioning themselves as captive in this discourse, Kenny positions Shannon as open and honest in that she discusses her discomforts and difficulties with sex. Similarly, Shannon positions Kenny as understanding and empathic in his response to her discomfort. The couple here evoke discourses of caring and understanding in their marriage making positions of understanding, empathy, honesty and openness available.

The therapist asks Shannon and Kenny to elaborate on what *is* working for them, rather than on the problems that they are experiencing. He does not allow himself to be “captured” in a conversation about the problems in Kenny and Shannon’s sex life. He rather guides the conversation away from the problem story (one of dissatisfaction in the sexual relationship), drawing the couple’s attention to the steps that they are taking in confronting these difficulties. The therapist works with the couple to excavate unique outcomes and the qualities in Kenny and Shannon that these unique outcomes illustrate. In the above excerpt, Kenny names openness and honesty as characteristics that Shannon demonstrates. Shannon also names “understanding” as an attribute that Kenny shows in their relationship. The therapist focuses on Kenny and Shannon’s ability to confront difficulties in their sexual lives, rather than the difficulties themselves. This allows the partners to thicken their alternative story of managing the difficulties in the marriage, as opposed to feeling captured by dominant discursive ideas around bad sex, failed marriage and divorce.

4.3. *Being in relationships*

People are seen to exercise choice and agency in how they think and act in relationship with their partner. *Being in relationship* is not just a statement of identity (Shannon and Kenny are in a relationship), but is also a statement of action and intention in a relationship (Shannon and Kenny *are* in a relationship). Four discursive themes emerged in the text relating to how partners *are* in relationships: discourses of male disengagement and female agenda; a 'worrying woman' discourse; discourses of communication and understanding; and discourses around sex in relationships.

4.3.1. Male disengagement and female agenda

Kenny and Shannon have found their way into a combined therapy context following, what is described as, Shannon's explosive anger resulting in her being medicated, hospitalised and claiming worker's compensation for stress. It is thus tempting for the couple to understand their current situation in terms of Shannon's 'illness' and Kenny's supporting her through this (a 'supportive husband' discourse). When the therapist invites the clients to identify what it is that they would like to talk about in the session, Kenny draws on this pattern of interaction, seemingly suggesting that the identified patient in the therapy process is Shannon.

The excerpt below is drawn from the beginning of the session. The therapist is interviewing Kenny and Shannon about what they would like to discuss, having spent a short time on introductions and orientation. He addresses both partners, asking what they might like to talk about.

- Michael: What you might like to talk about
- Shannon: Ah I'd thought of one thing. Did, had you thought of anything? (to Kenny)
- Kenny: No, I always come into these meetings with real open mind,
- Shannon: Yeah
- Kenny: Just of kind of see where it goes and then. But I didn't really come with an agenda of what I'd like. In fact, lot of times on purpose I would just clear my head beforehand, the day before and I'd just, until maybe 15 minutes before I leave, and then it's just basically get in the car and too much of a hurry then to think about anything.

(Page 3)

In his commentary on the film, Michael White (1994) spends some time discussing Kenny's response and notes that Kenny evokes a discourse of male disengagement. He describes

himself as coming to the session with an “open mind” as opposed to arriving with “an agenda”. In so doing Kenny positions himself as flexible and available for discussion and action, but avoids taking responsibility for the direction of this discussion or action in the therapy process. By contrast, Kenny positions Shannon as the identified patient who adopts an active posture in the process by arriving with an “agenda”, that is, a topic that she has given thought to beforehand and would like to explore in the session. Kenny later reinforces these positions by stating that he will often “look to Shannon to start with the talk”. Kenny invites Shannon and the therapist to adopt positions within this discourse of male disengagement by shifting accountability for movement in the therapy to Shannon (the ‘unwell’ participant/patient) and the therapist (the ‘expert’ participant/therapist). The discourse of male disengagement limits the possibilities for changes in how Shannon, Kenny and the therapist are positioned, and acts to perpetuate or reproduce the patterns of interaction with which the couple present. The therapist notes that Kenny has spoken of being led by Shannon in the conversation and queries whether this could be attributed to Kenny’s valuing of openness in how he and Shannon communicate. In response the therapist interviews Kenny about his commitment to “openness”, rather than allow himself to be positioned as an expert and interview Shannon on the role that she has played in the couple’s presenting for therapy.

Michael: So would you attribute it to more openness?

Kenny: Yeah, and I think it’s, uh (.) I, I can speak more honestly because it’s, it’s just what freshly comes up in my mind right at that moment and I can speak what’s on my mind. Instead of dwelling on something for a day or two thing (.) “what am I going to say tomorrow night” or what ,why, what, you know (.) that would be a main topic. So...

Michael: Is this something that you’ve always been able to do? Or is it something...

(Page 5)

Rather than accepting Kenny’s disengaged stance, the therapist makes light of this by asking Kenny about his intentions in adopting a stance of less active participation. Kenny agrees that he adopts this stance in line with his valuing of openness and honesty. This part of the discussion starts now to evoke an alternative discourse and presentation of Kenny’s self in which he takes responsibility for his participation in the therapy process by actively applying the principles of openness and honesty. By resisting Kenny’s initial invitation into a position of expert participant, the therapist allows for alternative presentations of self to be explored

for both Kenny and Shannon. The partners seem now to stand closer alongside each other in sharing responsibility for the discussion and movement in the therapy process. This has significant implications for how Shannon positions herself shortly hereafter (see below and discussion on 'Worrying woman').

As the discussion progresses Kenny, however, continues to draw on a discourse of a female agenda, seemingly positioning his disengaged stance as preferable to "dwell(ing)" on problems.

- Kenny: Yeah, yeah (.) because then it's fresh and it's like, 'ok well I didn't have to dwell on it or be upset beforehand' (.) and I usually find myself taking care of situations much easier and much better and having a better outcome because of it.
- Michael: Ah, it's quite a, ay, quite a skill to have and its one that's been with you most of your life?
- Kenny: Yeah, yeah. I think it's an approach that I've had for a long time and dealing with anything that I feel that I if I dwell on it too long I'm just going to get myself frustrated.
- Michael: Right
- Kenny: So, and it's not like I'm abandoning the whole thing but I know it's something I exert myself when I need to come down to do it.

(Page 7)

Shortly before the above excerpt, Kenny speaks about how he does experience worry (and speaks of "shared worries" with Shannon) but chooses not to dwell on the things that cause him worry. Kenny notes that he deals with these worries when he feels it is appropriate. Kenny suggests that having an "agenda" in some way prohibits a person's ability to freely engage with situations. He feels that the results of focussing on issues ("dwell(ing)") for any extended period of time might result in greater difficulty in resolving issues, achieving less desirable outcomes, and causing frustration. Given the referral information about Shannon's explosive temper, the positions of Shannon as 'unwell' and Kenny as supportive but disengaged are strengthened by the discourses of male disengagement and female agenda. Kenny invites the therapist to agree with his suggestion that a disengaged stance is preferable, reinforcing these subject positions. The therapist listens to Kenny, and then turns to Shannon, inviting her to join the dialogue. In this way the therapist honours Shannon's agency by asking her to share her thoughts on the conversation, rather than position Shannon as the identified and unwell patient, and himself as the expert who can treat her 'illness'.

Michael: And Shannon?

Shannon: Well that's really interesting for me. First I didn't know that we shared that, that we worried about anything together. Um, that's very interesting.

(Page 7)

It could be argued that the therapist has made a mistake here as he seems to abandon his efforts to excavate and thicken Kenny's alternative representation of self by shifting the talk to Shannon. However, this shift in dialogue seems not only to resist the recruitment of the therapist as an advocate of male disengagement, but also allows Shannon to express her views on the conversation. Shannon is given power in the conversation through the therapist's interviewing her and is not positioned as an unwell participant (identified patient) prohibited by an agenda. She is rather positioned by the therapist as a valuable contributor to the conversation. Her response signals significant movement in her representation of self in relation to Kenny as she remarks not on Kenny's disengaged posture or her apparent agenda, but on her surprise at discovering that Kenny shares worries with her. Shannon has become privy to an alternative position made available to her as a partner on an equal footing with Kenny ("shared worries") rather than a partner who is unwell, stressed and emotionally unstable. By repositioning herself, Shannon has also thickened the position of Kenny as an active participant in the therapy process and in the relationship, as he shares something with, and stands equal to, Shannon who has been identified as an active participant.

4.3.2. The worrying woman

During the same discussion as above, the therapist looks to thicken the alternative presentation of Kenny's self by asking how he has become able to employ these values in his interactions with others, and with Shannon in particular. Kenny responds by suggesting that he is not a "real worrier" but that he does have "shared worries with Shannon". The idea of Kenny as experiencing worry, and sharing worry with Shannon, speaks counter to his initial position of disengagement, as has been discussed. Shannon comments on the notion of sharing worry and the therapist interviews her about the significance of shared worries.

Michael: Why is it important for you to know that in fact Ken does worry but he just doesn't..

Shannon: Yeah, it's nice to know. I mean, it is nice to know. I mean, I know that he's been, I know that he (.) (I) was very surprised to hear him say the word worry

Michael: Yeah

Shannon: ...'cause that's sort of my. You know, that's sort of my job.

Michael: So it makes you feel a bit, what? a bit less alone? a bit less alone in worry?

Shannon: Yeah, maybe that's what it is. Maybe I'm not, 'cause I've always kind of seen myself as the only person at the house that does worry, you know. I'm the only person in the two families, his family and my family, you know (.) in different settings I seem to be the only one that ever really worries about anything. So I guess I need to figure it out.

(Page 9)

At this point in the discussion the therapist makes a decision to interview Shannon on the significance of 'shared worry' rather than interview Kenny on what it is specifically that he worries about. In so doing the therapist invites Shannon to explore the impact of shared worry on her identity as a wife and mother (the process), rather than focus on the issues that the couple are currently facing (the content). Until this point Shannon has positioned herself as a worrier (in fact, the only person in the extended family who seems to worry about things) and someone whose "job" it is to worry. She later speaks of Kenny as "carefree", positioning him as without worry. With the discourse of 'shared worry' having now been identified and explored, multiple alternative positions became available to both Kenny and Shannon. Kenny is someone who experiences worry and concern, and has mechanisms to intentionally manage worry in a manner that doesn't cause him undue stress. Shannon is no longer alone in her worry, as both she and Kenny adopt positions of shared worriers. The burden of worry is shared between the couple, as is the intentional participation of both Kenny and Shannon in the family and relationship. Furthermore, the alternative positions made available by the discourse of shared worry minimise the grip of singular uni-storied positions (such as Shannon being unwell and alone in her worry, and Kenny being disengaged but a supporting husband), previously adopted by the couple. By exploring the alternative positions made available (Kenny as engaged and sharing worry; Shannon as active and sharing worry) Kenny and Shannon are able to thicken alternative representations of themselves.

4.3.3. Communication and understanding

As previously discussed, normative judgements around how to communicate, and what makes communication 'healthy', place restrictions on the options available to individuals in terms of how they communicate and interact with one another in relationships. Ideas of communicating with and understanding one another are present throughout the interview. In the extract below Kenny articulates how he "understands" Shannon's position with regard to their sexual relationship. He suggests that Shannon allows open communication in the

relationship by discussing how she feels about where they stand on the issues of sex in the relationship. Kenny suggests further that he, in turn responds by adopting a position of understanding.

- Kenny: And it's fine I mean, she's telling me that ... she really wants it (sex) to come back
- Michael: Right, ok
- Kenny: And you know that's something I can just, I can understand.
- Michael: Right
- Kenny: In fact, you know, I'm not gonna worry about it.
- Michael: Ok, so what's working is that, what's actually, what's Shannon doing that's working for you? That Shannon's keeping you up with where she's at but also with her, her hopes or, or her, her goal or her, her thoughts about where it's going to go to? I mean what is it exactly that you think (inaudible) so much.
- Kenny: Well, it's, I mean, it is, her honesty
- Michael: Right
- Kenny: For the subject, and , I mean there's no, there's no threat. I mean I don't feel like, because we don't have that between us, it doesn't, you know, I don't feel the threat, that maybe she's gonna go look elsewhere. Because I don't feel that there's any kind of threat, or that is what the problem is...

(Page 13 - 14)

The therapist is invited by Kenny to applaud the partners on demonstrating good or healthy communication, but chooses not to. Were the therapist to applaud Kenny and Shannon he would be accepting this position (of objective and learned outsider), made available to him through a dominant discourse of healthy communication in relationships. Instead, the therapist acknowledges that Kenny and Shannon are doing some *thing* or *things* that enable communication. He opens up a space to explore how communication and understanding happen in their relationship. In doing so, the therapist acknowledges the partners' intentions in how they interact, rather than accept that they are simply able to communicate. Kenny responds by referencing Shannon's "honesty". This makes the position of 'honest' available to Shannon. Similarly, the position of not needing to feel threatened is made available to Kenny. He feels comfortable knowing that Shannon is honestly expressing her feelings about sex to him.

Whilst Kenny and Shannon don't seem to be confined by normative ideas of how to communicate, there are suggestions in the text that their patterns of communication are, to an

extent, informed by discourses of gender difference. Having explored with the partners what it is that is working in their patterns of communication, the therapist now explores *how* Kenny and Shannon communicate. He asks specifically who “would initiate the talking” to which Shannon responds that “Kenny does”, and Kenny suggests that this initiation occurs “through (a) hugging playful act” which creates an opportunity for Shannon to “address...her feelings.” This interaction draws on discourses of women being more verbally expressive of their emotions, and men hiding their emotions or addressing them indirectly. So whilst it may be acceptable for Shannon to acknowledge how she is feeling, Kenny needs to open the space to discuss feelings without directly articulating that this is what he wants to do. However, whilst the described interaction converges with dominant ideas of gender difference in communication, it does not seem that, by positioning themselves within these discourses, the partners are limiting the options for being and acting made available to them. More importantly, it seems evident that this pattern of communication works for the couple. The therapist acknowledges this:

- Kenny: Um like, ‘cause I know like directly it’s not going to be there verbally. I mean we wake up and I’ll reach over and give her a big hug and just hold onto her real tight. I mean it’s, it’s, it’s there for Shannon then to say you know ‘I’m not feeling well this morning’ or what not.
- Michael: Mmm, so
- Kenny: And then you know, know, I’ll back off or give a little distance.
- Michael: So so so, it’s also to do with, um, you said the honesty and also the expression, as Shannon putting, her, what she’s feeling, into words?

(Page 16)

Here the therapist does not excavate alternate options for communication between Kenny and Shannon and does not resist the dominant discourses of how men and women should communicate their feelings. What he does, rather, is name the value of honesty that has previously been referenced, giving it increased presence in the conversation (and thickening the alternative position of Shannon as honest).

4.3.4. Sex in relationships

Kenny and Shannon address issues of sex and difficulties with sex in their marriage throughout the interview. Though they did not identify sex as the main problem that they are currently negotiating, sex and sexual practice are key themes in the text. In the excerpt below

there is evidence for how Kenny and Shannon are stepping outside of dominant expectations in relation to sex, and how they are managing this as a couple. In other words, Kenny and Shannon are already exercising their agency in how they choose to position themselves in relation to dominant discourses of sex in relationships. Shannon articulates that she and Kenny have previously experienced difficulty in their sexual relationship stemming from a breakdown in communication.

Shannon: Is that the communication between us had really broken down.

Michael: Right

Kenny: But it wasn't in the, ah, sexual sense, it was more the breakdown was causing a breaking of the friendship that we had.

Shannon: Yeah, mmm.

Kenny: I mean, because, I mean, it wasn't that you know to me that such a sexual part at all as much as needing emphasis on a strong family relationship, you know.

Shannon: Yeah

Kenny: Daughter and wife to me, and when all of a sudden you find yourself being very unbearable to be able to share.

(Page 18 - 19)

As has been discussed above, Shannon and Kenny collaborate to resist ideas of difficulties with sex causing difficulties in other areas of the relationship. Rather than evoke a discourse of dissatisfaction with their sexual relationship, Kenny speaks to a discourse of family and the positions (husband and wife, father and mother) that he and Shannon adopt within this discourse. In so doing he rejects dominant discourses about difficulties with sex in relationships and the positions that he and Shannon may be invited into (frustrated, anxious, dissatisfied, heading toward divorce) within these discourses. Kenny positions himself as a husband and father, and Shannon as a wife and mother, by introducing the idea of a "strong family relationship". He then directly acknowledges that the difficulties experienced in their sexual relationship came second to his finding it "unbearable" not being able to share with his wife and daughter. He comments on the loss he experiences with the breakdown in communication, rather than the breakdown in the sexual relationship, with Shannon.

The excerpt below follows the conversation that Kenny and Shannon are having about sex in their relationship and the breakdown in communication that has occurred alongside the difficulties that they are experiencing with the sexual relationship. Shannon acknowledges

the role of the other therapists in assisting them in this regard (“David and Jennifer and Tad”). Shannon and Kenny then talk together about how openness and understanding have become integral in “every aspect” of their lives, and how these qualities have helped to create a “foundation” from which they can make changes in their relationship.

- Shannon: Well I think David and Jennifer and Tad have sort of ... would that be fair to say?
- Kenny: Yeah, o definitely, de, it's helped, I mean it's not, I've always wanted that rekindling and I think yeah, that was a major exercise on you turning around and being more open.
- Shannon: Mmm
- Kenny: And, you know, a little more understanding too, to situations. But not, it's not so much just on, you know, on our sexual lives.
- Shannon: No, it's on every aspect
- Kenny: It's more of a foundation
- Michael: Right, that has
- Kenny: And then...
- Michael: So you sort of in this process reclaimed your friendship and ah, got back into some sharing more generally

(Page 19)

Though Kenny and Shannon demonstrate how they are making alternative discourses and positions available in the marriage, they may not know how to thicken or appreciate the ways that they are exercising their agency in doing so. The role of therapy is to take what is already happening in the relationship (the unique outcomes) and help to make these more real and practicable. The therapist acknowledges that Shannon and Kenny have “reclaimed (their) friendship” and are practising “sharing” in their relationship. In so doing, he explicitly names the alternate discourse of ‘reclaimed friendship’ and the position that is made available to both partners (“sharing”). Though the conversation began with an acknowledgement of difficulties in their sexual relationship, the partners are not restricted by discourses of sex.

4.4. Friendship

Kenny and Shannon draw on discourses of friendship throughout the text. They do not identify themselves singularly as husband and wife to each other, and also adopt positions in an important friendship that they share. Discourses of friendship that are evoked in the text do not directly speak to gender difference. They are relevant to discuss in this analysis,

however, as the discourses of friendship that Kenny and Shannon reference offer alternatives to discourses of gender (such as those that have already been discussed).

At this point in the interview the therapist engages with Shannon and Kenny to excavate how they have come to learn about friendship in marriage, and to recruit outsider witnesses into the conversation to thicken the story of Shannon and Kenny's reclaiming their friendship. Shannon suggests that she is not sure whether her parents experienced friendship in their marriage and wonders about the social pressures (and normative judgements) that saw them decide to get married.

Shannon: I'm not really, I mean, I know enough about their background history now that I think that they're they were two souls that, they so desperately wanted to appear normal to the outside world that they'd married each other.

Michael: Right

Shannon: Um, ah, it's very, it's, my mother and I have had some interesting talks as of late, you know, and she says stuff to me like " I wouldn't ever have married your dad, it would've been better if I hadn't" and it's like, "well I don't feel that way".

Michael: Yeah

Shannon: I don't feel that way at all. So, but, the, I. So I don't have the same example that he grew up with. He, Well, I do in a way. I guess I could go back to my grandparents, I knew my grandparents were friends. Basically I guess they were friends. So, um,

(Page 31)

Shannon challenges dominant ideas of marriage as the "next step" or "normal" thing to do by suggesting that her parents' decision to get married was based on wanting to "appear normal". It is a courageous position for her to take in that it leads her then to question her parents' marriage, and also to critically reflect on and disagree with her mother's view of the marriage as having been a mistake (this in itself resists a dominant discourse of how children should view their parents). To be married outside of friendship is not sufficient for Shannon. This position of seeking and nurturing friendship in marriage speaks counter to discourses of marriage in which men and women hold different positions of power. Kenny and Shannon resist widely-held dominant patriarchal discourses around male dominance and female submissiveness in relationships by adopting an alternative discourse of friendship. Shannon's decision to get married was not based on wanting to appear "normal" and she is resisting 'normal'(ising) judgements around how men and women should interact in marriage with one another. Shannon references the discourses of marriage and friendship as complementary,

rather than opposite. This makes alternative positions available, as Shannon can be both friend and wife in marriage without necessarily adopting the positions traditionally associated with wifehood. She notes that she didn't have the same example of friendship in marriage that Kenny witnessed in his parents, but re-members her grandparents and the friendship that she witnessed between them. In this way, Shannon has made multiple new positions available to herself: friend, independent daughter and grand-daughter, equal partner in marriage and wife (not defined by dominant patriarchal discourses). Kenny has already spoken of his identity as a friend in the marriage. Shannon invites him here to strengthen this position, and support her from an equal standing in his position as husband.

In this excerpt the therapist has not played an active talking role in excavating Shannon's ideas around friendship and marriage, as Shannon does this herself through her talk. However, in leading the discussion toward a re-remembering conversation, the therapist creates an opportunity for Shannon and Kenny to explore how they have come to construct their identities in marriage and friendship through what they have learned from and witnessed in significant others in their lives. Because identity construction is understood as a social and interactive activity, it is useful that the therapist has directed the discussion to consider Kenny's parents and Shannon's parents and grandparents. Kenny and Shannon have an opportunity here to reflect on how they know about friendship in marriage, and who they would like to recruit, literally and metaphorically, into witnessing the alternative positions they have made available and maintained in their marriage.

4.5. Concluding comments

The analysis has demonstrated how discourses of gender and gender difference may come into play in a Narrative Couples Therapy context, but also illustrates how normalising discourses produce the subjectivities and representations of self that people bring to therapy. In the therapy session analysed, Michael White as the therapist remains acutely aware of the dominant discourses that emerge, and seeks to explore with the partners the impacts of these discourses on their options for being. The therapist's activities in the session render visible the relations of power inherent in dominant therapy discourses, and he seeks to resist being recruited into these discourses by not adopting the expert position that he is invited into by Shannon and Kenny. Similarly, the therapist explores the impacts of normalising discourses of gender difference (such as discourses of parenthood, coupling, marriage, divorce and sex)

on Shannon and Kenny's identities and the options for being in a couple that these make available to them. The therapist, throughout the session, thickens the partners' alternate representations of self by acknowledging what they *are* doing that is working for them, rather than focus on the areas that they have identified as problematic. To this extent an alternative discourse of friendship is uncovered, and the therapist invites Kenny and Shannon to thicken their positions as friends.

5. Discussion and Conclusion

The analysis delivered five main findings: (1) Discourses of gender, and gender difference, are prevalent in heterosexual Narrative Couples Therapy; (2) Relations of power permeate the therapeutic context and the therapist needs to constantly reflect on and negotiate these power relations; (3) The therapist is neither neutral nor objective, and by adopting a position of “not-knowing” the therapist may conceal relations of power in the therapeutic relationship. The therapist endeavours, rather, to work transparently; (4) Clients recruit therapists into dominant discourses which may or may not be therapeutically useful. The therapist must transparently acknowledge his position in relation to these discourses; (5) Alternative discourses and subject positions are therapeutically useful in that they offer clients an opportunity to find ways of addressing difficulties that are already known to them but may be concealed by dominant problem narratives.

5.1. Deconstructing discourses of gender difference

Discourses of gender difference are constructed by broader cultural and social ideas of how men and women should be (Hollway, 1984). Whilst these discourses present noticeably in the context of (heterosexual) Couples Therapy, issues of gender and gender difference may also present in individual therapy (given that identity is socially and culturally constructed). It is thus important for Narrative therapists to closely consider how such discourses may be influencing how a client presents for therapy, how a client interacts in the therapy context, and the options for being that these discourses make available to clients.

Similar to the proposals of Hollway (1984) and Hare-Mustin (1994), this research suggests that discourses of gender difference play a significant role in how individuals construct their identities and how they interact, particularly in the context of a heterosexual married couple. The analysis showed that discourses of gender difference are prescriptive of differing roles for men and women with relation to parenthood and raising children, household duties and responsibilities, ways of communicating with one another, the balance of stress and worry assumed by spouses, managing conflict and difficulties in relationships, levels of engagement in processes (for example, therapy and the religious upbringing of children) and sexual relationships. At moments in the therapy when a discourse of gender difference presents itself the therapist endeavours to explore the impact of the discourse on the partners and the positions made available to them in relation to the discourse. The partners are encouraged to

explore how they have come to learn what they know about how to be a man and a woman and, more importantly, how they feel about the positions they are offered by these discourses. In so doing, the therapist and partners effectively deconstruct discourses of gender difference to map their relative influence, and consider options for future action in light of having explored the influence of discourses of gender on their lives.

An interesting finding in the analysis is that the partners in the couple are continually negotiating their positions in discourses of gender difference without the explicit involvement of the therapist. So, for example, whilst women may be called into a more active role in the upbringing of their children and men are encouraged to provide financial stability for their families (Hare-Mustin, 1994), the partners in this couple have drawn strongly on a discourse of friendship (that is not limited by ideas of gender difference) that has made alternative positions available.

5.2. Power in the therapy context

This research highlights how therapy is constructed as a 'powered' situation in which therapist and clients are aligned by dominant therapeutic discourses to speak and act in particular ways in therapy. This is in agreement with a number of authors (e.g. Guilfoyle, 2003, 2005; Hare-Mustin, 1994; Kaye, 1999, Monk, 1997; Parker, 1999) who suggest that therapeutic professions are often drawn, through dominant ideas of health and illness, to identify 'objective' standards by which behaviour can be assessed. The analysis has demonstrated the significance of therapist reflexivity in this regard. At a moment in the session the therapist is invited by Kenny to applaud apparently 'healthy communication' between the participants to endorse, from his expert position, the way that the partners are communicating with one another. Rather than place a value judgement on how the partners are communicating, the therapist resists adopting the position of expert by acknowledging that the partners are communicating, and exploring *how* they are doing this. The focus here is on thickening a story of what is working for the couple in terms of how they communicate with one another. The therapist also remains sensitive to his own beliefs and assumptions about parenthood and remains reflexive at moments when he finds himself reacting to Shannon's pathologising of her mothering style. These two examples illustrate how the Narrative therapist attempts to resist endorsing the "correct or 'objective' standards" that Monk (1997, p. 8) references. The Narrative therapist is acutely aware of such objective

standards as arising out of discourses and explores the impact of such discourses rather than adopt them in the therapy context.

It is important to also consider what possibilities, outside of the therapy context, are realistically made available to resist discourses that support cultural, historical or social ideologies of power. The analysis shows that, even though such discourses can be 'capturing' in their effects, clients have agency to explore their positions within these discourses, the impacts of these discourses on their ways of being and the availability of alternatives. Given that power is transient and is something that is "exercised" by people in society (Guilfoyle, 2001, p. 154), Narrative Therapy seeks to render the effects of power visible to deconstruct its capturing effects. This research has illustrated how the partners in a couple, who are produced by dominant discursive ideas of how to be a husband and wife, are able to explore alternative positions in a discourse of friendship. The partners have not abandoned their positions as husband and wife, but now also have the position of friend made available to them. The Narrative therapist then works with the couple to thicken this alternative story by 're-membering' significant others in the partners' lives (White, 2007).

5.3. The difficulties of "not-knowing"

In the session Shannon references a "mommy machine" discourse. The therapist responds by enquiring what this means for Shannon. This interaction seems to illustrate a position of "not-knowing". However, in his commentary Michael White (1994) acknowledges that he finds himself reacting to Shannon's use of a pathologising discourse. This research contests Anderson's (1997) assertion that the therapist's position of "not-knowing" overcomes the power differentials that present between therapist and client. It is suggested rather that any attempts by the therapist to exclude this power dynamic from the therapeutic relationship render it concealed but still present. In the session, the therapist works reflexively in responding to the "mommy machine" discourse. He acknowledges that the discourse has evoked a personal response and, rather than be recruited into a pathologising discourse (in which Shannon positions him as the expert who can assist her ill self), the therapist seeks to excavate the skills that the partners are demonstrating in resisting gender-stereotyped roles. In his work on therapy as a form of resistance, Guilfoyle (2005) elaborates that, even though the therapist may refuse adopting the position of 'expert', this does not necessarily stop the therapist from *being positioned* as an expert by therapeutic discourse and clients (Guilfoyle,

2005). In line with Guilfoyle's (2005) work, the research supports the therapist's transparency in working with clients to render power differentials visible.

At any moment during the therapy, the therapist directs where the talk goes. This is not a neutral act, in that it is largely dependent on the therapist's beliefs or, at minimum, the training that he or she has undergone. The therapist does not simply follow the discussion and ask questions at random, but is rather filtering the interaction and talk through a lens that is unique and particular to him- or herself, and offering comments and questions in light of this filtering. The research demonstrates that therapist neutrality and objectivity are not possible. In the analysis the therapist is called to examine his assumptions about motherhood, as well as his assumptions about the so-called 'capturing' effects of discourses of marriage, for example. Rather than conceal the impact of these assumptions on the dialogue, the therapist explores these discourses with the partners, inviting them to scrutinize the impacts of such discourses on their lives, and the positions that they adopt in relation to these discourses. Whilst Anderson (1997) suggests that the therapist adopts a "position of multipartiality" (p. 95), it is the contention of this research that multipartiality alone is not sufficient in addressing the influence of the therapist's culture, history and beliefs on the therapy process. It is crucial that the therapist remains closely aware of his or her beliefs and assumptions, and acknowledges these in the way that he or she interacts with clients. The therapist is also called to explicitly make these assumptions known by adopting a position of transparency (Guilfoyle, 2005).

5.4. Being recruited by clients

The analysis illustrates White's (2009) assertion that the therapist's participation in Narrative Couples Therapy is vulnerable to broader cultural assumptions and expectations about therapy, couples and causes of problems in relationships, for example. By exploring how these cultural assumptions may place restrictions on a client's identity and options for action, the importance of negotiating these discourses becomes apparent. The therapist is called to maintain his or her therapeutic alliance with the partners (and importantly *not* a position of neutrality) whilst at the same time shielding against being recruited into dominant discourses that can be counter-productive or restrictive. In accordance with Drewery and Winslade's (1997) suggestion, this is demonstrated in the analysis in the way that the therapist attends closely to the language that the clients use to describe their thoughts, feelings and actions,

and then interviews the partners about the significance of what they are saying about their lives.

At moments in the session the therapist is invited to be a 'co-conspirator' in discourses of gender difference that prescribe different roles for mothers and fathers, wives and husbands. This idea is supported by Freedman and Combs (2002) who warn that Couples Therapy may create a context in which therapist and client are called to collude with dominant ideas of 'couplehood'. The therapist employs different strategies in an effort to resist being recruited into discourses of gender difference. When invited to understand Shannon's talk about the "mommy machine", he adopts a position of enquiry to explore what she means by this, and the impacts that it has on her identity and her relationship with Kenny. The therapist also resists being recruited into discourses of what isn't working for the partners in the relationship, but rather seeks to explore with them what *is* working (focussing on this unique outcome to thicken the alternative story). The therapist also remains critically aware of being invited into a dominant therapy discourse that positions Shannon as the identified patient. Rather than drawing attention to the 'unwell' position that Shannon is called into by the referral information, the therapist calls both Shannon and Kenny into positions of active engagement in the therapy process.

5.5. The therapeutic value of alternative subject positions

Narrative Therapy theory and practice is focussed largely on excavating alternative stories, making them known to clients and thickening these stories so that they may become preferred ways of being for clients (e.g., White, 2007; 2009; White & Epston, 1990). Relatively little has been written, however, about how subjects may be positioned by dominant discourses or position themselves and others in relation to dominant discourses, and how this may be useful in Narrative Therapy practice. This research concurs with Parker's (2002) assertion that the concept of 'subject positions' better facilitates an understanding of the functions of discourse and power both in therapy and in the wider social context. By inviting the clients to explore their positions in relation to discourse, the therapist renders the impacts of discourse and power visible. Further, by excavating and naming the alternative positions made available to clients by alternative discourses, the therapist works with clients to discover new options for being and thickens these new stories. The analysis illustrates how, for example, the position of 'friend' makes new possibilities for identity available to Shannon as a woman in a sexual

relationship. Her enactment of friendship is shown to be valued by Kenny, who was not attracted to her for her potential as a sexual object, but rather for the qualities of friendship that he admired in her.

The notion of subject position is also useful for the Narrative therapist who is called to work transparently and reflexively. An understanding of discourses of therapy, as well as broader cultural discourses that produce the clients who present for therapy, are enhanced by the therapist's exploration of how he or she is positioned in relation to these discourses, and the power differentials that may arise as a result of this. This research agrees with the assertion that couples therapists should continuously question what they know about gender and couplehood (Prouty Lyness & Lyness, 2007) and remain sensitive to how they are positioned in relation to normalising discourses of therapy and gender difference. It is argued that the therapist should be encouraged to adopt a dialogical stance in therapy, reflexively exploring his or her assumptions and making these explicitly known to clients.

5.6. Implications for therapy theory and practice

The findings lend support to an already existing body of literature that acknowledges therapy talk as constructed contextually (e.g.: Avdi & Georgaca, 2007; Kogan & Gale, 1997). Furthermore, the research highlights the therapy process itself as a construction and, as Guilfoyle (2005) acknowledges, that therapy itself is "productive of effects" (p. 103). This is evident in the analysis with the therapist being invited into the position of expert, for example. These findings have important implications for the theory and practice of Narrative Therapy. Simply by naming therapy as such, certain assumptions are made by and about therapists, clients and researchers alike. As a result, therapists and researchers are called to not only recognise the therapy context as a moment-by-moment construction, but to expressly acknowledge this in both research and practice.

As has been discussed, the findings also illustrate the unavoidable presence of power in the therapeutic relationship and the need for the therapist to work reflexively throughout the therapy process, seeking to explicitly acknowledge his influence on the production of client subjectivities.

5.7. Future areas of research

This research has focussed on a single Couples Therapy session to explore the influence of the therapist's activities on clients' subject positions, looking particularly at gender relations. The partners interviewed in the session form a married heterosexual couple. Future research could explore subject positioning with relation to gender in other kinds of relationship, such as homosexual relationships, relationships with multiple partners, or couples that are not married, for example. The literature reviewed suggests that discourses of gender do not only present in the context of couples work, and it would thus also be useful to explore the influence of such discourses in individual therapy work and client's identity construction.

The analysis rendered discourses other than discourses of gender visible, such as discourses of religion, family and friendship, for example. Future research in Couples Therapy work could investigate such discourses, without focussing specifically on discourses of gender or gender difference.

Future research might also explore beyond the therapy context, to investigate how therapeutic change (specifically with relation to alternate discourse and subject positions) translates into everyday life. Whilst this research advocates that clients do have agency to adopt alternate subject positions, there is scope to study the extent to which change in the therapy context is generalisable to the broader social, historical, political and cultural contexts. Furthermore, this research acknowledges that clients have agency but does not explore where this agency comes from. Avdi and Georgaca (2007) recognise the theoretical tensions around the idea of personal agency and therapy as a space in which agency is negotiated. Further research might examine this tension and explore the therapist's activities in relation to personal agency in therapy.

The current research acknowledges the influence of the therapist's beliefs and assumptions on the therapy context (the relationship developed with clients, and the direction of the dialogue, for example). Whilst this research has explored the influence of the therapist's activities on clients' subject positioning in therapy, future research might explore more closely the therapist's unique beliefs and assumptions and the part that these may play in the therapy context.

5.8. Limitations of the study

Whilst this research is presented with the acknowledgement of the subjective nature of qualitative research, there are limitations of the study that need to be explicitly noted.

This study has drawn on Parker's (2002) definition of discourse, a criterion of which is that discourses are discoverable in all texts and are not restricted to spoken or written forms of communication only. In this regard, how people speak, dress and their body language are all texts through which discourse is discoverable. The study has focussed on the spoken text of the Couples Therapy session and, moreover, on the language only (that is, not on the changes in tone, volume or speed). This has reduced the text to one format only and it is acknowledged that the dress, body language and talking styles of the participants (all of which illustrate discourse) have not been included for analysis. It would be valuable for future research to investigate other discursive texts that present in the therapy context, as well as to draw the therapist's attention to texts other than the spoken language in his or her therapeutic practice.

Given that the research draws on qualitative methodology of a single session, the generalisability of the findings are limited. In acknowledging this, the researcher has attempted to make clear the methodological steps taken in the analysis phase. The analysis is presented as one possible interpretation of the data as a whole. Furthermore, the analysis and discussion chapters have been presented tentatively to suggest guidelines and areas for consideration for the Narrative therapist, rather than objective and factual findings.

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