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"RE-AUTHORING PROBLEM IDENTITIES: SMALL VICTORIES WITH YOUNG PERSONS CAPTURED BY SUBSTANCE MISUSE." (1997)

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Re-Authoring Problem Identities

SMALL VICTORIES WITH YOUNG PERSONS CAPTURED BY SUBSTANCE MISUSE

COLIN SANDERS

(1997)

Peak House is a program of the Pacific Youth and Family Services Society, Vancouver, British Columbia, Canada. Peak House is a nonprofit, government-funded program. It was started in 1988 as a traditional chemical dependence treatment program, and has evolved in a narrative direction since that time. The program is voluntary, coed, and residential; lasts for 8 weeks; and takes clients aged 13–19.

In my work at Peak House, all too often I find that young persons and family members enter the program under the influence of a variety of problem discourses. In effect, their experience and relationships, and their dreams of future possibilities, have been colonized by the problems. Commensurate with this is a kind of overwhelming of their lives by a cadre of well-meaning problem solvers, consisting of various members of the helping professions (be they therapists, psychologists, psychiatrists, social workers, or teachers). Among the problem discourses that have successfully entered into the lives and relationships of many of these young persons, I would include such descriptions as "addict," "alcoholic," "manic–depressive," "depressed," and "anorexic/bulimic." In

addition, many families describe themselves as being "dysfunctional" and "multiproblemed." Within the predominant sociopolitical context, the presenting problem has become identified as one of "substance abuse." Accordingly, many of the young persons have a sense of their identity as being represented by the label "addict/alcoholic."

Within the lived experience of most of the young persons with whom I have collaborated, substance misuse becomes problematic within the context of their lives and relationships. At Peak House, we imagine our work with young persons and their families as entailing a collaborative adventure intent upon dissolving the impoverishment that occurs when people are oppressed or overwhelmed by difficulties, dilemmas, and discord within their lives.

I have written elsewhere (Sanders & Thomson, 1994; Sanders, 1994, 1995) of the evolution of our ongoing attempts to co-create with clients counterpractices to traditional drug and alcohol interventions within the lives of young persons and families. Significantly, the practices we engage in and utilize are practices young persons themselves have had a hand in creating. We consider these practices to be more effective than practices that omit such collaboration. Our practices are not imposed from above, but instead reflect ideas, solution knowledges, and wisdom evolving out of consultation with those seeking our services. Increasingly, this way of working has made more sense, has been less coercive, and has assisted many more clients in becoming liberated from the oppression of substance misuse and the restraints associated with particular diagnoses and labels.

For the purposes of this chapter, it may be useful to be aware of the following points, as contained within our program brochure:

Peak House Program Philosophy:

- We believe that *the problem* of substance misuse can disappear when young persons, together with their families and other concerned persons, join in creating solutions.
- We believe that young persons can rediscover stories about their lives that challenge the story that they have defective identities.
- We believe that change is inevitable, and that making change to create a difference in one's life is hard work.

Our Approach:

- We collaborate with young persons, families, and other concerned persons in assisting to separate clients from *the problem of substance misuse.*
- How we assist depends upon the uniqueness of the young per-

son, but our focus is always on moving forward with wisdom, knowledge, abilities, and strengths the young person has.

- In consulting with former clients, we have learned that working toward change with young persons without regard to family, care providers, and other community support is most often ineffective.

DEFICIT IDENTITIES AND THERAPEUTIC VIOLENCE[1]

For many of the young persons with whom we consult, there are innumerable pressures, expectations, and desires contending for, and shaping, their attention. In addition to family members', educators', and peers' expectations, there are complex sociocultural discourses. For example, a predominant psychological discourse insists that young persons should have achieved certain milestones at specific points or stages in their lives. This thinking is perhaps best exemplified in the work of Erik Erikson (1963). Based upon conversations with many young persons and families, my own thought is that this kind of sociocultural discourse can create a sense of inadequacy within a young person, and that this sense may hook up with all kinds of other problems to influence the young person into thinking of herself/himself as incompetent, unworthy, less than others, and so on. The sense of inadequacy can also have an enormous impact upon the thinking and behavior of the young person's mother and father, who may start to doubt their parenting abilities, or become convinced by the problem that they should come down hard on the young person.

Another example of this occurs with many clients (young persons and adults alike) who have informed me that they have "addictive personalities."[2] Having been entered into by this sort of identity descrip-

[1]For the importance of an ethical therapeutic practice, see the distinction between therapeutic violence and therapeutic love—an original idea of Maturana and Varela (1987), as developed by Tomm (1990a).

[2]Rachel T. Hare-Mustin and Jeanne Marecek (1996) have recently added their voices to those critiquing formal diagnostic labels as debilitating of persons' purposes in life, and as serving "to mystify everyday experience." The "anti-psychiatrist" Thomas Szasz (1970, p. 203) was one of the first to speak against these practices of therapeutic violence, when he wrote: "The diagnostic label imparts a defective personal identity to the patient; it will henceforth identify him [*sic*] to others and will govern their conduct toward him, and his toward them. The psychiatric nosologist thus not only describes his [*sic*] patient's so-called illness, but also prescribes his future conduct." The ramifications of this kind of therapeutic violence have been horrifying for many persons who have experienced the debilitating and totalizing effects of diagnostic labels in terms of self-blame, self-loathing, and intense self-monitoring. See also Tomm (1990b).

tion, many people experience a kind of paralysis or immobilization when considering alternative possibilities for making a difference in their lives. Many people begin to think that there are biological reasons why they cannot make changes in their lives, and that their "personalities" have been predetermined genetically. In such situations, personal agency becomes subjugated and oppressed. Self-doubt often becomes a lingering presence within these persons' experience, casting aspersions on their ability to evade or ignore denigrating voices.

For a young person captured by the lifestyle substances offer, there is always a possibility that in seeking assistance against the influence of substances, the young person (and the family) may become pathologized. Although this is not always the case, it is a situation that occurs often enough. I recall a conversation with a young woman who at 17 years of age had experienced a number of candidate identities. At certain points in time, influenced by experiences of violence and by engendered and internalized "bad girl" and "unworthy person" thoughts, she was often overtaken by the thought that she could never be anything but an "alcoholic/addict." In the course of several conversations with her, I expressed an interest in how she accounted for her ability sometimes to step outside of this identity, and to speak out and stand up to the "negative voices" that attempted to confuse her and convince her she was condemned. Within the narrative of her life at a certain point in time, this identity became the totality of her experience; yet there persisted a barely audible[3] voice within her that persevered in its attempt to keep alive the possibility that there were alternative, and preferred, ways to be in the world. Within the collaborative context of Peak House, she rediscovered a safe, trustworthy space in which she could enter into dialogue with this other, barely audible voice, imagining aloud *worthy* ways of being, and making meaningful connections with others in the world.

I often find that when a young person enters Peak House, there exists a monologic relationship between the person and the problem. That is, the problem's voice and influence have come to dominate and oppress the person, placing severe constraints upon the person's ability to relate to others and to access his/her own knowledge and wisdom. The

[3]Mary Catherine Bateson (1994, p. 64) writes,

> Within the framework of Western assumptions, we begin to know a little about how the self is differentiated from others, how it takes shape for males and females, the kind of resilience associated with it. A wide range of pathologies have been associated with flawed attitudes toward the self: lack of self-esteem on the one hand and narcissism on the other. Physical violence and sexual abuse deform the sense of self, or split it into multiples. So do insult and bigotry. *So does invisibility or the realization that in a given context one is inaudible.* (Emphasis added)

problem has left no space for the possibility of alternative, barely audible voices to break through. This monologic relationship is hierarchical and imposing, and is representative of the problem's power over the person. This way of being is both subjugating[4] and disqualifying of the person's courage, determination, commitment, and solution knowledges. If the problem is substance misuse, and the person has become subjugated to the intentions of the problem, the effects are often detrimental and sometimes lethal.

RESTRAINING BELIEFS AND LIBERATING EXPERIENCES

As mentioned above, at Peak House many young persons enter into the program heavily influenced with previously constructed identities as "alcoholics" or "addicts." Often enough, these diagnoses have served to provide a form of identity to them, complete with a belief system and guidelines for personal conduct (e.g., the Twelve Steps of Alcoholics Anonymous [AA]). In a respectful fashion, our practice is to wonder how the persons were initially invited or recruited into such an identity, and whether or not this particular way of understanding themselves works for or against their purposes in life. In conversation with the young persons and their families, I will wonder who initiated or assisted in the composition and storying of such an identity, and just what the real effects of this identity have been upon the persons relative to actions they can or cannot accept as their own, thoughts they can or cannot accept as their own, and so on. I am always curious regarding the rules or guidelines associated with these manufactured identities, and will ask questions such as these: "With whose authority do these rules speak? How is it that you have sometimes questioned the authority of these rules in reclaiming your life from substance misuse? When you have re-

[4]Michel Foucault (1980, p. 81) wrote of the liberating re-visioning of the histories of medical and penal practices that occurred with the "*insurrection of subjugated knowledges*" (emphasis in original). He referred to these knowledges and histories as "disqualified," "marginal," "low-ranking knowledges" (1980, p. 82). Inspired by the work of Epston and White in this area (see Madigan, 1992, for an explication of White's utilization of Foucault's ideas), many of us have taken to referring to aspects of our work as involving the documentation of alternative, "subjugated" knowledges and wisdoms, as witnessed through the conversations and actions of clients. Recently, consumers of substance misuse services in British Columbia have compiled documentation from their own youth-initiated project as to what kinds of services are effective and what sorts of services are required (see Caputi & Mullins, 1995).

claimed moments of your life, and have a sense of increased confidence in yourself, do drugs start a more intensive campaign to get you back again?"

My intention in such conversations is to bring forth an externalization of the restraining aspects of the identity, while at the same time internalizing a sense of personal agency (Tomm, 1989). In other words, what is it the persons have done for themselves—alone or in conjunction with others—that has liberated them from restraining thoughts and behavioral patterns, and has expanded the horizon of their experience in the world? In my experience, I encounter many young persons for whom the AA philosophy has become unacceptable as an effective way of addressing the problem of substance misuse. For such persons, we have found the following questions to be useful in testing the authority and truth claims offered up by acceptance of such opinions, and in opening entry points for alternative stories involving intentionality, empowerment, and personal agency.

- Who helped you begin to think of yourself as an "alcoholic" and/or "addict"?
- What meaning is there in these words for an understanding of your life?
- Do you imagine this to be hereditary identity, or did some members of your (extended) family refuse this identity?
- Do others in your life know you as an "alcoholic/addict," or as someone else?
- Does this identity hold you back from certain thoughts, desires, values, and actions?
- What intentions does this identity have for your life?
- Do you have other intentions for the paths your life could take?
- Do your own intentions sometimes get clouded or overshadowed by the intentions that follow from this identity?

Many young persons believe that being an "alcoholic" or an "addict" involves a lifelong experience of being "in recovery." This can be an overwhelming prospect, suggesting that no matter what else changes within the context of their lives, they will never be in a position to practice moderation in their substance use. This prospect makes no sense to the majority of young persons with whom I have worked.

Many young persons do not have their lives and relations taken over by substances because they are possessed by so-called "addictive personalities"; nor is such colonization explained by theoretical perspectives arguing for a genetic predisposition or for family-of-origin trans-

mission. Increasingly, in conversation with young persons, I am informed that substances have infiltrated their lives in contexts where there has been a history of exploitation, whether emotional, physical, or sexual; where there has been a history of oppression relative to the effects of racism and ethnic bigotry; and where there has been a struggle against homophobia. In such instances, chronic and severe substance misuse arises not out of a biological and genetic etiology, but out of a sociocultural and sociopolitical context of human relations. The desire to misuse substances to obliterate pain and suffering associated with exploitative lived experiences is a comprehensible one.

SITUATING THE "ALCOHOLIC/ADDICT" SELF WITHIN THE SOCIOPOLITICAL CONTEXT OF ADDICTION MYTHOLOGY

Acceptance of the dominant identity "alcoholic/addict" becomes problematic for some young persons, in that it limits the range of alternative possibilities in their lives. For some, it situates them as victims of an illness or disease. As such, this may restrain not only their thinking in relation to themselves, but the ways they are viewed by others, such as peers and family members. For example, Kaminer (1992, p. 28), in her investigation of the recovery movement, found a "pervasive fascination with victimhood as a primary source of identity"; she suggests that the recovery movement is yet another example of that peculiarly North American penchant for "personal development fashions" (p. 27). Delving into psychology's wealth of "developmental" theories[5] providing the intellectual presuppositions behind such fashions, Kaminer (1992, p. 59) especially highlights Maslow's "rhetoric about individual wholeness and autonomy," and the effects this ideology has upon persons as they struggle in pursuit of culturally manufactured ideals specifying current norms representative of "perfection," "beauty," "status," "intelligence," and so on.[6]

Situating this rhetoric historically, Cushman (1995, p. 224) writes

[5]Examples include theories such as Erik Erikson's (1963) psychosocial stages of human development, and Kohlberg's (1969) stages of moral development. For engaging critiques of these and other theories, see Gilligan (1982), Flax (1990), Dickerson, Zimmerman, and Berndt (1994), Weingarten (1992), and Hare-Mustin and Marecek (1994, 1996).

[6]David Epston has done much to deconstruct the often harmful and destructive thoughts that enter into young persons' lives as they attempt to "measure up" to great sociocultural expectations and ambitions. Questions David has asked that I find particularly useful are ones like these: "How long have you lived under the curse of perfection?" and "What ef-

that in the United States, "Youthfulness, expressiveness, personal entitlement, self-centeredness, acquisitiveness, self-confidence, optimism [were] some of the qualities that describe[d] the new developing spirit of the postwar era." Cushman suggests that humanistic psychology promoted "a preoccupation with 'the self,' its natural qualities, its growth, its 'potential,' *abstracted out of and removed from the sociopolitical*" (p. 240 emphasis added). Accordingly, "the self of humanistic psychology was subjective, often antitraditional, ahistorical, and preoccupied with individualist concerns such as personal choice, self-realization, and the apolitical development of personal potential" (p. 243).

For many young persons, substance misuse is not the problem; the problem has much to do with socially constructed contexts related to experiences surrounding their gender, race, class, culture, sexuality,[7] and so on. Based upon this shared knowledge, I propose that serious, chronic substance misuse arises as an effect of socioeconomic, sociocultural politics of experience, often compounded by existentialist dilemmas[8] contributing to impoverished lives. As such, the suffering associated with substance misuse does not arise, or continue to exist, within a vacuum; it is founded upon lived experiences and relations with others.

SITES OF COLLABORATIVE ENGAGEMENT

This more collaborative way of engaging with young persons and families against the problem's influence represents a respectful, compassionate way of being with others. This is counter to traditional, coercive, confrontative approaches that couch their practices in language that speaks with so-called "scientific" validity and authority—a language suggesting "truthful" expert opinion and assuming theoretical impar-

fects have you suffered in life under this curse?" Michael White (1995b) has also critiqued humanistic psychologies that suggest we can always achieve more: "Many of us are relatively successful at torturing ourselves into a state of 'authenticity' and, in so doing, reproducing the 'individuality' that is so venerated in this culture" (p. 140).

[7]See Michael White (1995a, p. 4): "The culture of therapy is not exempt from the politics of gender, race, class, age, ethnicity, sexual preference, etc.,"; "The culture of therapy is not exempt from the structures and ideologies of dominant culture."

[8]In a future paper, I would like to further develop Levinas's (1995) accounting of Heidegger's "analysis of 'anguish' as the fundamental mood of our existence. Heidegger brilliantly described how this existential mood . . . revealed the way in which we were attuned to Being. Human moods, such as guilt, fear, anxiety, joy or dread, are no longer considered as mere physiological sensations or psychological emotions, but are now recognized as the ontological ways in which we feel and find our being-in-the-world, our being-there" (p. 181).

tiality. Michael White (1995b) has been specific regarding the narrative metaphor's position on the dangerous myth of therapeutic neutrality. He writes:

> Rather than trafficking in those metaphors that encourage therapists to assume objectivity, and to step into a formal vocabulary of language that emphasises a posture of therapist spectatorship and impartiality, the metaphor of narrative emphasises the constitutive nature, or the life-shaping nature, of all interactions. This discourages us from entertaining the illusion of neutrality, and from proposing an innocent bystander status for ourselves. (P. 218)

In addition to the kinds of conversations and questions outlined above, such collaboration can take a variety of other forms. For example, in a recent teaching experience, I invited a number of young persons to come and share their thoughts in regard to ways they had come to "escape" problem identities in their own lives. Following the consultation, one of the participant therapists, also a university professor of family therapy, exclaimed, "Wow! It's never occurred to me to have some young persons come into class and assist in teaching. I always deferred to the parents in terms of whether the therapy was useful or not."

In other public contexts, I continue to learn from young persons about ways in which their experiences have been disqualified, minimized, and marginalized. Recently Sarah, 19 years old, who had escaped a problem lifestyle ("junkie" and "slut"), co-presented a narrative therapy and substance misuse workshop with myself and other counselors from Peak House. According to Sarah, age has much to do with ways in which youth knowledge becomes disqualified by experts. In Sarah's experience with some professionals, there had been an unspoken yet distinct hierarchical relationship. During one such encounter, the counselor (a psychiatrist), following 20 minutes of questioning, had labeled Sarah with a diagnosis of "borderline."

Jana, also 19, co-presenting at the same workshop, spoke of her experiences of being "patronized" by various professionals because of her age, but also described how she had been affected by their "judgmental" attitudes toward her use of narcotic drugs. For Jana, the marginalization she experienced in the therapy was explained by a professional attitude that "there must be something wrong" with her, in order to explain why substances had infiltrated her life. For Jana, her misuse of substances had more to do with wanting to erase the memories of sexual exploitation and violence she had experienced within her family. Jana, whose father was East Indian (i.e., *from India*) and whose mother was First Na-

tions, also spoke of racism's effects on her as she was growing up in an isolated rural community of British Columbia.

IN MEMORY OF EDWIN[9]

Edwin was a Chinese man whose parents had immigrated to Canada; he entered Peak House struggling with a variety of complex dilemmas, which included serious heroin misuse. The first time I spoke with Edwin, he had come for a visit to Peak House to gain some understanding of the program and to see whether it was the kind of place he might be comfortable talking about the "troubles" affecting him. That first afternoon Edwin came with his mother, and as he and I spoke he translated from English into Cantonese, as neither his mother nor his father spoke English.

A significant part of Edwin's struggle to exist was bound up with his attempt to straddle two very different cultural landscapes—his parents' strong traditional Chinese values and beliefs, and the norms of Vancouver's predominant (white, middle-class) culture. In a number of conversations, Edwin spoke of the distress (and sometimes despair) he suffered in attempting to combine and reconcile these two diverse cultures within his life. Edwin spoke of the racist attitudes, and lack of knowledge regarding other cultures, that he often encountered within the predominant culture. Edwin also spoke of the hostility he sometimes faced from members of this culture, especially peers.

Edwin spoke eloquently regarding the effects of "loneliness" within his life. According to Edwin, loneliness spoke the loudest when "misunderstanding" infiltrated his life, driving a wedge between himself and his parents and siblings. The effects arising from misunderstanding were particularly disconcerting and confusing for Edwin.

Approximately 1 year following this conversation, Edwin died. For those of us who were inspired by his courage and humor, we will never know exactly what forces conspired against him. From the fragments we have been able to learn about his final few weeks, we understand that heroin did make an intense comeback in his life. It is entirely possible that heroin successfully recruited misunderstanding and loneliness in its efforts to erase Edwin's commitment to life.

[9]Edwin, (a pseudonym), was an integral part of, and one of the principal organizers of, Vancouver's Drug Awareness Week in 1995. Edwin worked tirelessly on this project, bringing his enthusiasm and humor into a hectic organizing schedule. Edwin was known, well liked, and respected by many. The 1996 Drug Awareness Week in Vancouver was dedicated to his memory.

COLIN: Edwin, what were some of the promises that heroin made to you?

EDWIN: Heroin promised me, "No pain, no loneliness, no frustration."

COLIN: Was heroin able to keep any of these promises?

EDWIN: Not after a while. After a while, heroin seemed to have fooled me.

COLIN: At that point, how did you begin to think about heroin's promises to you?

EDWIN: I began to think that heroin had tricked me into a lifestyle that could end with death.

COLIN: What is different for you these days?

EDWIN: I seem more capable of resisting heroin's influence in my life. There is a mutual trust and honesty between my parents and myself. Now we talk more openly and honestly with one another. Before, under heroin's influence, I could be in the house with everyone home, and I would feel so lonely. That's when heroin would call.[10]

COLIN: Where is heroin today? Is it close by?

EDWIN: No. Today it's far away! (*Laughing, looking outside the window*)

COLIN: If heroin could hear our conversation—if heroin were to listen to and experience your resistance, and witness our celebration of your escape from its grasp—what do you imagine heroin would say?

EDWIN: (*Long, thoughtful pause*) I don't think heroin would be too happy. Heroin would probably be thinking of sneakier ways to get me back.[11]

COLIN: So it's not really going to give up, and you have to be mindful of its vigilance and trickery?

EDWIN: Yes.

[10]Edwin adopted this way of externalizing heroin's influence as a result of being initiated into a new vocabulary—an "anti-language," as David Epston might say—countering other theoretical perspectives tending to locate problems within persons.

[11]Quite often, young persons with whom I work have informed us that in their experience substances are always "waiting in the wings" for moments where they can "move in" and take advantage of contexts of vulnerability and confusion. I think it is useful to ask this kind of question in order to evoke or imagine an understanding of the extent to which the problem may exert its presence, in order once again to become the dominant narrative within a person's life.

SHELLEY'S STANCE AGAINST LONELINESS AND DEPRESSION

In the following conversation, Shelley,[12] a 14-year-old First Nations woman, recounted some of the ways in which her experience in the world had been entered into by the problem of substance misuse. Shelley spoke of ways she discovered to diminish alcohol's influence within her life and relationships. In the larger sociocultural landscape of Shelley's experience, her identity was also being informed by conditions of abject poverty, crowded living conditions, and a lack of safety and protection from male violence, including sexual exploitation.

Before I relate her conversation, it is important to note that the Peak House program accepts clients from all areas of British Columbia, and that Shelley lived (and continues to live) in a small town in the interior of the province. Her community is severely socioeconomically affected by a lack of employment opportunities, particularly for young persons. For First Nations persons, regardless of age, the lack of employment opportunities is even more pronounced. This situation has its roots in the history of colonization and the way in which "Indian reserves" were established as isolated communities. In the reserves, a paternalistic dependence upon the Canadian state was fostered, with reliance upon social assistance and with forced re-education of young native persons in residential schools, totally disconnected from their extended families and communities of origin. Today, considerable racial tension exists between the white, dominant culture and the First Nations people in Shelley's community. In other conversations, Shelley spoke of how she experienced this tension through being verbally abused, shunned at school, and monitored by shopkeepers.

COLIN: Shelley, if you were alcohol, would you take particular advantage of certain situations within a person's life?[13]

SHELLEY: Mostly when they are lonely, or when someone is feeling hopeless. Like, that's what it does to them.

COLIN: Uh-huh.

SHELLEY: And once you're addicted, you lose your self-respect.

[12]This and all other client names used in this chapter are pseudonyms.

[13]In my work, I often ask persons to imagine what the problem's intentions for their lives are, and to adopt the problem's perspective in accounting for ways to undermine the intentions they may have for their own lives (cf. Roth & Epston, 1996; Dickerson & Zimmerman, 1996).

COLIN: So then, a heavy-drinking lifestyle involves a loss of self-respect, and alcohol would continue to take advantage of that . . . and so would hopelessness?

SHELLEY: Yup . . . and also depression.[14]

COLIN: Yeah . . . could you say something about that, the relationship between hopelessness and depression?

SHELLEY: Well, when I felt alone, and all my friends were out doing something else, I would have a drink; and when I felt bad, because I was just so used to taking it [alcohol], that brought me up. . . . You'd have a good time, and you'd try to get that feeling again, and you'd keep taking it and taking it.

COLIN: What kinds of things did alcohol suggest it could help you with, in terms of those feelings or situations involving loneliness and depression?

SHELLEY: (*Brief laugh*) It seemed like it thought that alcohol could take all the loneliness and depression away, and bring you into a whole different world, away from reality.

Voice from the group: Did it?

SHELLEY: Never! Like, as much as it may seem it could have, or would have, it brought you down lower.

COLIN: It just took further advantage of you?

SHELLEY: Yeah, like your self-respect—when you're drinking, it [alcohol] chips away at your self-respect!

COLIN: What kinds of things did you do to challenge alcohol . . . apart from coming to Peak House, which was a very courageous thing to do? What other little things did you do to challenge alcohol?[15]

[14]Shelley had been diagnosed by a mental health counselor as being "depressed." For me, this diagnosis ignored the sociopolitical and socioeconomic conditions of Shelley's lived experience; it represented a point at which a label entered into her experience. When the diagnosis was made, she commenced to understand herself through "depression's" eyes and mind, with the problem now officially situated within herself. This may be viewed as yet another example of therapeutic violence. An alternative way of understanding Shelley's despair would be related to the impoverished material and spiritual conditions in which she was attempting to survive and struggle toward a sense of connection and belonging (Waldegrave, 1990; Waldegrave & Tamasese, 1993).

[15]I said "little things" because, at times, the small victories against the problem's influence may not be realized or acknowledged; yet these unique moments (White & Epston, 1990) can become pathways to re-authoring accounts of one's life. From a solution-focused perspective, Berg and Miller (1992) have discussed the importance of punctuating the small initial actions persons take toward dissolving seemingly enormous dilemmas, especially in the domain of substance misuse.

SHELLEY: Like, I started out with just staying away from it as much as I could; then it started getting harder and harder to stay away. So I talked to a friend of mine, and she suggested going to AA with her.[16]

COLIN: Yeah.

SHELLEY: I was ready to go out and have a drink, and she said, "There's an AA meeting tonight," and I walked in, and it just blew me away! What they were all talking about was *exactly* what I was going through.

COLIN: So then, having that community of others around you of people who'd experienced what you had also experienced enabled you to . . .

SHELLEY: Yeah, like I thought I was the only one going through all this . . .

COLIN: You're kidding!

SHELLEY: . . . but it turns out I wasn't alone at all (*smiles*).

COLIN: Do you think alcohol wanted you to feel isolated and alone, so that it could "get you"?

SHELLEY: (*Pause*) Yeah.

COLIN: Do you think that's a common strategy with all drugs? The drug wants you to think you're alone, and has you compare yourself with others, suggesting, "I'm not a worthy person, I'm less than others"?

SHELLEY: Yeah, probably.

Voices in the group: Yeah . . .

COLIN: So you took that experience of being involved in the AA group, and how did that experience work for you when you went back into your life again?

SHELLEY: Oh, it was scary. Like, the last meeting I went to, I found that

[16]Our program philosophy and practices do not negate the useful fit with a person's experience of AA. As mentioned above, only when persons feel further impoverished, or restrained, by their experiences with the AA program do we pursue a line of inquiry as reflected in some questions described earlier in this chapter. For example, some clients have suggested that, for them, it is oppressive to think that they have "defects of character" or that they are "powerless" over certain areas of their lives. In remaining respectful and honoring of each client's point of view in this regard, we choose to accept Erickson's (1954) notion of "utilization"—a notion that promotes listening to, and carefully attending to, an understanding of the words and worldview that make sense and provide meaning to the client.

AA helped me. I went uptown, and noticed myself standing up to my friends. . . . Like, they looked down [at me] and said, "Oh, do you want to go and have a couple of drinks . . ."

COLIN: (*Interrupting*) Sorry, you were *standing up* to them?!!

SHELLEY: Yeah. I said, "No, I'm not really that interested right now."

COLIN: Good for you . . . was that tough?

SHELLEY: Yeah. It *was* tough!

COLIN: Shelley, do you think that alcohol is quite a weak thing, given that it wants to take from people like yourself, who are quite strong?

SHELLEY: Yeah, in a way . . .

COLIN: You know what I mean—that it would take advantage of your sadness and loneliness, and try to keep you isolated . . . that's not very fair . . .

SHELLEY: Not at all.

COLIN: Alcohol wasn't being very fair, or cooperative.

SHELLEY: Like, all the other drugs basically make you feel great, right? Alcohol just takes you down the hill, and you'll never be the same after that one drink.

COLIN: How do you, or how did you, get back up the hill?

SHELLEY: Yeah, I spent some time by myself and all that. I'd be depressed, and I would see if I could stand up to it [alcohol]. It was a risky thing to do. It was a scary thing to try. But I was strong enough to do it.

COLIN: And what does that tell you about yourself as a person, that you were strong enough to do all that?

SHELLEY: Well . . . basically . . .

COLIN: Yeah, what is it you know about yourself now?

SHELLEY: That if I put my mind to something, I can, if I really want to, follow through with it.

COLIN: So then, if you're mindful, and aware of what you are up to, you can stay on that other sort of path you've discovered for yourself?

SHELLEY: Yeah.

COLIN: (*Smiling*) How old are you now?

SHELLEY: (*Smiling*) I'm turning 15.

COLIN: Shelley, I wondering what's it like in terms of being in your particular community. Are there lots of opportunities for alcohol to make a comeback in your life?

SHELLEY: Oh, yeah. Most of the adults are already sober, but there are a few who aren't. Most of the young people drink. There's not a lot to do. Most adults don't find work all the time; it's seasonal.

COLIN: What are some of the solutions that you've thought of to get young people away from alcohol's influence?

SHELLEY: Oh, basically, focus on other interests, like playing pool. I was very athletic before I got into alcohol, and when I was in it I didn't want to do anything. Now that I'm out of it, I feel kind of energetic all the time!

COLIN: So alcohol robbed you of your athleticism?

SHELLEY: Oh, yeah!

COLIN: Seems it's a real ripoff, doesn't it?

SHELLEY: Yeah, even though it didn't [originally] feel like it, though.

COLIN: And yet, when you get some distance from its grasp, it seems exploitative of you?

SHELLEY: Yeah.

COLIN: Do you think alcohol is only happy when people are kept down, oppressed?

SHELLEY: Oh, yeah!

ALLY'S STORY OF DETERMINATION

My final illustration of a re-storying conversation involves a young woman who, after a time, reclaimed her desire to live and to move forward toward a career that held meaning and purpose. Ally has also copresented at workshops with me. Most recently she gave birth to her second child, a son, and is raising him with her partner of the past couple of years. These new developments contradict the old, dominant story that others had created about her.

Ally had been living in an abandoned downtown Vancouver "squat" with some "punks." She and her acquaintances were living off social assistance and misusing a variety of substances, including "angel dust" (phencyclidine, or PCP) and "acid" (LSD).

At some point in her career as a street person, Ally formed a con-

nection with a street youth worker from a substance misuse day program. Over time, as their connection became established, he suggested Peak House to her. Ally came for a brief visit one day, and several months later decided to enter the program.

The dominant story in Ally's life represented her as an "uncaring, selfish person," an "irresponsible person," an "unfit mother" to her first child, a "slut," and a "person who would never love anyone." This dominant story had been co-authored by various professionals, including teachers, social workers, court mediators, judges, and others.

In an early conversation, I asked Ally (then aged 17) what her dream for a preferred future life would be. Her response to this question spoke against the version of her life created by others.

COLIN: Ally, could you tell me about your dream for the future?

ALLY: Yeah. I want to work overseas, maybe with CUSO [Canadian University Services Overseas].

COLIN: Great! What type of work would this involve you in?

ALLY: Working with people who have less. Maybe working especially with children.

COLIN: Has this possibility been a dream of yours for some time?

ALLY: Yeah. For a couple of years now.

COLIN: With everything that has gone on during the rough moments of the past year, how is it you've been able to hang onto this dream?

ALLY: I don't know . . . I just have.

COLIN: Sounds to me like an extremely caring, giving thing to want to do. Who else do you think is aware of this quality you have, this caring, giving quality?

ALLY: (*Pause*) I think my mother knows this about me, even though right now she thinks that I'm selfish and irresponsible. That's why she has Teresa [Ally's 2-year-old daughter, entrusted to her mother's care, through a legal agreement in which the courts had deemed Ally "not responsible enough" to care for Teresa].

COLIN: Is it possible this aspect of yourself—this caring, giving quality—is merely something that your mother has lost sight of in the past year?

ALLY: Yeah, but I never thought about it like that before.[17]

[17]I think that Ally's reflection, "I never thought about it like that before," is indicative of how therapy might offer a client a new understanding of how there are times when the problem's intentions for the person conspire against others' seeing, or realizing, the abili-

COLIN: With some of the confusion that's been coming between yourself and your mom, do you imagine it's possible confusion was successful in "disappearing" these other qualities of yours?

ALLY: Yeah. With everything that was going on, I think she could have easily forgotten.

COLIN: Your mom described you, at various times over the past couple of years, as being dominated by a pathetic confusion; is this a description with which you would agree?

ALLY: At times, yeah.

COLIN: Is it possible, then, that pathetic confusion was directing your life toward demeaning behaviors and practices? Do you think that pathetic confusion was on a campaign to have you hurt yourself, or for some harm to come your way?

ALLY: Yeah. I felt scared to change, scared to leave. I thought I was comfortable with Teresa's dad, even though he used "roids" [anabolic steroids], and we would fight. It was pathetic, especially for Teresa to hear.[18]

COLIN: With your situation being influenced by pathetic confusion, I wonder how you became able to challenge or resist its influence in your life?

ALLY: Well (*laughing*), I got pretty fucked up!

COLIN: Yet you never gave up.

ALLY: Well . . . (*pause*) . . . I had faith, I guess.

COLIN: What kind of faith? Faith in yourself, in your courage?

ties and qualities that are immanent within the "troubled" person. In this sense, others become "blinded" to "peripheral vision," as Mary Catherine Bateson (1994) might put it. Yet this "blinding" also has the effect of causing important persons to "disappear" from the wider audience within the client's life, thereby contributing to the strengthening of the problem's grasp on the person through further isolation, comparison against others' expectations and achievements, and so on. Unfortunately, in scenarios such as this, substances are always "waiting in the wings," preparing to misguide the person's life.

[18]In other conversations, Ally described the history of her relationship with Teresa's father. His misuse of various substances, especially steroids, had exacerbated conflict within their relationship and eventually resulted in his violence against her. As is the situation for many women in this culture, Ally had been reluctant to leave for socioeconomic reasons. At the time Ally entered Peak House, her former partner was in jail. Ally maintained some contact with him through letters and phone calls. Ultimately, Ally considered that it might be a good idea to have her mother provide the primary care for Teresa. This reasonable decision was not arrived at in a carefree manner, and for Ally there was considerable anguish involved. For Ally, making this decision amounted to a re-visioning of many of the values within which she had been socialized.

ALLY: Yeah, in myself. I knew I could be strong-willed, stubborn! I knew I was a rebel.[19]

COLIN: Was this part of that fierce Irish determination we've spoken of before?

ALLY: Probably. Also, conformity. There came a time when I knew I didn't want to conform.

COLIN: Conform to what, or to whom?

ALLY: Conform to the way some people wanted me to act. The way Ryan [her stepfather] wanted me to act, and the way some teachers wanted me to act.

COLIN: How did Ryan want you to act?

ALLY: Like his little girl![20]

At this point there ensued some discussion of male, patriarchal attitudes toward women, particularly in regard to some men's struggles concerning entitlement when their daughters begin to develop interest in males outside of the family.

SUMMARY

In this chapter, I have discussed some of the ways young persons find themselves entered into or captured by problem identities, especially those relating to the problem of substance misuse. It has been mentioned that young persons in North American culture face a complex of demands, expectations, and contending "voices" vying for their attention. Some discussion has taken place into ways in which young persons may construe themselves as representing the problem, and ways in which members of the helping professions may assist in constructing such an identification.

A narrative, re-storying way of collaborating with young persons and families has been introduced as a means of engaging with clients

[19]At this juncture, I remembered an even earlier conversation between myself, Ally, and Mary (Ally's mother) regarding the important relationship between Ally and her maternal grandfather. Ally spoke affectionately and respectfully of her consideration for her grandfather. There had developed within their family mythology considerable mystery related to the grandfather's activities as an Irish Catholic volunteer against the occupation of Northern Ireland by the British army. Mary was active in British Columbian labor union political activities, and was shop steward in her own local. The thread of "rebellion" was a powerful alternative story to obedience and submission.

[20]See Elliott (1996) for a feminist, narrative account of ways of situating oneself as a therapist in a deconstruction of engendered relations.

against the negative influence and often oppressive reign of the problem. This particular way of thinking about problems, problem discourse, and the ways identity is shaped and constructed is a heartening therapy that works with clients toward evoking future possibilities.

EDITORIAL QUESTIONS

Q: *(DN) Colin, your work with young persons captured by substance misuse is impressive! I see your work as quite revolutionary and in stark contrast with traditional recovery models. To offer an alternative framework in the area of substance misuse is challenging, given the hegemony of the medical/recovery model. Bravo on introducing these ideas at Peak House! It must have taken a great deal of passion, commitment, and energy to influence Peak House to adopt narratively informed ideas. I imagine that in your journey, Colin, you have had to interface with professionals who are informed by traditional recovery models of substance misuse. Do you have any guidance for therapists who are interested in practicing narratively in traditional recovery models?*

A: I am not entirely convinced that it *is* possible to practice narratively within the domain of traditional recovery facilities. The so-called narrative metaphor in therapy represents a radical break with traditional chemical dependence approaches to working with persons suffering from substance misuse; it promotes a language of personal agency and empowerment, not one of dependence and powerlessness.

Having stated this, I do think that therapists within traditional facilities can begin to speak with clients about areas of their lives over which they think they *do* have some personal agency, even if they acknowledge that substance use is not one of these areas. In this case, it is still possible to arrive at new understandings of conditions and experiences that eventuated in substance misuse's becoming a predominant narrative in the clients' lives, and in continuing a search for alternative and preferred future paths.

Q: *(DN) In your chapter, you argue that narrative practices help counter traditional, internalizing language that subjects persons to professional substance abuse discourse. Instead, narrative work encourages the persons to reclaim their own local knowledges to defeat substance misuse. Do you ever work with persons who find AA helpful? If so, how do you integrate such tenets of AA as "I am powerless over alcohol" with narrative ideas about personal agency?*

A: I have worked with a considerable number of persons of all ages who have found both AA and Narcotics Anonymous (NA) useful to

their purposes. What many people tell me is that they have come to utilize the fellowship of these support programs to assist them in maintaining drug-free, abstinent lifestyles. Many of these people have informed me that they do not, or no longer, believe that they "have a disease"; they caution others not to develop "too strong" a reliance upon AA or NA, and stress the importance of "getting a life!" Speaking narratively, it is possible to envisage these kinds of groups as communities of concern.

With persons who have some sort of absolute belief in the efficacy of AA or NA, I will respectfully support this choice in their lives, and speak with them of new developments and futures they imagine for themselves within the realm of substance-free possibilities.

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REFERENCES

Bateson, M. C. (1994). *Peripheral visions: Learning along the way.* New York: HarperCollins.

Berg, I. K., & Miller, S. (1992). *Working with the problem drinker.* New York: Norton.

Caputi, M., & Mullins, J. (1995). *Teens in recovery: Consumer feedback.* New Westminster, B.C.: Nisha Children's Society (Astra Program).

Cushman, P. (1995). *Constructing the self, constructing America: A cultural history of psychotherapy.* Reading, MA: Addison-Wesley.

Dickerson, V., Zimmerman, J., & Berndt, L. (1994). Challenging developmental truths: Separating from separation. *Dulwich Centre Newsletter,* No. 4, 2–12.

Elliot, H. (1997). Engendering distinctions: Postmodernism, narrative, and feminism in the practice of family therapy. *Gecko: A Journal of Deconstruction of Narrative Ideas in Therapeutic Practice, 1,* 52–71.

Erickson, M. H. (1954). Special techniques of brief hypnotherapy. *Journal of Clinical and Experimental Hypnosis, 2,* 109–129.

Erikson, E. H. (1963). *Childhood and society* (2nd ed.). New York: Norton.

Flax, J. (1990). *Thinking fragments: Psychoanalysis, feminism, and postmodernism in the contemporary West.* Berkeley: University of California Press.

Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings, 1972–1977.* New York: Pantheon Books.

Gilligan, C. (1982). *In a different voice.* Cambridge, MA: Harvard University Press.

Hare-Mustin, R. T., & Marecek, J. (1994). Feminism and postmodernism: Dilemmas and points of resistance. *Dulwich Centre Newsletter,* No. 4, 13–19.

Hare-Mustin, R. T., & Marecek, J. (1996). Abnormal and clinical psychology: The politics of madness. In D. Fox & I. Prilleltensky (Eds.), *Critical psychology: An introductory handbook.*

Kaminer, W. (1992). *I'm dysfunctional, you're dysfunctional: The recovery movement and other self-help fashions.* Reading, MA: Addison-Wesley.

Kohlberg, L. (1969). *Stages in the development of moral thought.* New York: Holt, Rinehart, and Winston.

Levinas, E. (1995). Ethics of the infinite. In R. Kearney (Ed.), *States of mind: Dialogues with contemporary thinkers.* New York: New York University Press.

Madigan, S. (1992). The application of Michel Foucault's philosophy in the problem externalizing discourse of Michael White. *Journal of Family Therapy, 14,* 265–279.

Maturana, H. R., & Varela, F. J. (1992). *The tree of "Knowledge": The biological roots of human understanding* (rev. ed.). Boston: Shambhala.

Roth, S., & Epston, D. (1996). Developing externalizing conversations: An exercise. *Journal of Systemic Therapies, 15*(1), 5–12.

Sanders, C. (1994). Workshop notes: Deconstructing addiction mythology. *The Calgary Participator, 4*(1), 25–28.

Sanders, C. (1995). Narrative imagination in evoking a language of mind. *The Calgary Participator, 5*(2), 44–49.

Sanders, C., & Thomson, G. (1994). Opening space: Towards dialogue and discovery. *Journal of Child and Youth Care, 9*(2), 1–11.

Szasz, T. (1970). *Ideology and insanity.* Garden City, NY: Doubleday/Anchor.

Tomm, K. (1989). Externalizing the problem and internalizing personal agency. *Journal of Strategic and Systemic Therapies, 8*(1), 54–59.

Tomm, K. (1990a, June). *Ethical postures in family therapy.* Paper presented at the annual meeting of the American Association for Marriage and Family Therapy, Philadelphia.

Tomm, K. (1990b). A critique of the DSM. *Dulwich Centre Newsletter,* No. 3, 5–8.

Waldegrave, C. (1990). Just therapy. *Dulwich Centre Newsletter,* No. 1, pp. 5–46.

Waldegrave, C., & Tamasese, K. (1993). Some central ideas in the "just therapy" approach. *Australian and New Zealand Journal of Family Therapy, 14*(1), 1–8.

Weingarten, K. (1992). A consideration of intimate and non-intimate interactions in therapy. *Family Process, 31,* 45–59.

White, M. (1995a, September). Workshop handout, "Power and culture of therapy." Seattle, WA.

White, M. (1995b). *Re-authoring lives: Interviews and essays.* Adelaide: Dulwich Centre Publications.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends.* New York: Norton.

Zimmerman, J. L. & Dickerson, V. C. (1996). *If problems talked-Narrative Therapy in Action.* New York-Guilford.