

Narrative maps of practice:

Proposals for the Deconstructing Addiction League

by
Anthony C.¹

This paper invites therapists to consider establishing community resources informed by narrative practices as a way of challenging the culture of consumption and assisting those trying to revise their use of substances. The paper also discusses a range of specific proposals as to how various narrative maps of practice can be used to deconstruct addiction. This paper was given as a keynote address at Dulwich Centre's inaugural Summer School of Narrative Practice, in Adelaide, South Australia, in November 2003. It was heralded by those present as both a call to action and a creative engagement with narrative ideas. The presentation has been adapted slightly for publication here.

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Before I begin, I would like to acknowledge those of you who are reading this paper whose lives have been affected by excessive consumption and/or addiction. Many losses and much suffering has taken place in relation to substance use either directly or indirectly and, in any audience, it is highly likely that a number of our lives have been touched by these issues.

Taking it back practice

Several years ago, I was looking to revise my relationship with substances, so I phoned the Dulwich Centre and was put in touch with David Denborough. I told David that I was in a jam with substances and that I was looking for a resource informed by narrative practice that could help me re-claim my life. David listened with great interest and informed me of the recent developments in the field of narrative practice, as it had been years since I had attended a workshop with Michael White. After a lively discussion of the possibilities, David sent me a number of writings, including the Dulwich Centre Newsletter titled 'New perspectives on addiction' (1997).

My first reaction was to comb through this journal to see if I could find anything definitive about abstinence and moderation. As you can imagine, this is often the first thing somebody in my shoes might think about. What I gathered was that within the narrative therapy literature there was no definitive opinion on this topic. I must have scowled for a minute, because the thought of leaving all substances behind was not my preference at that time. I will return to this topic of abstinence and moderation later in this piece. The reason I wish to tell this story here is that I hope to give an appreciation of the effects that pieces of writing can have on the lives of persons like me.

When I read Michael White's article, 'Challenging the culture of consumption' (1997a), I was looking for any statements that might denounce the practices associated with the twelve steps of Alcoholics Anonymous (AA), or the culture of AA, but luckily I did not find any. Although Michael mentioned that there were many differences in perspective between AA and what is known as narrative therapy, he nonetheless acknowledged, amongst other things, the notion of conscious purpose, rites of passage, a buddy system and practices of witness which all characterise the work of Alcoholics Anonymous. Due to my respect and appreciation for Michael as a thinker ... I am being careful

not to applaud here ... I was able at a later date to engage in the practices associated with the twelve steps. Had Michael ripped these practices apart, this would have solidified my case against the program of AA, and there is a very good chance I would be dead now.

To clarify, I did not go to AA because Michael gave it a sparkling review, I went because it is really the only community-based resource available. Since it was a matter of life and death, I chose to engage in 'the program', with the hope of holding on to some of my cherished understandings of life. Finding a way to engage in the foundationalist thought practices of AA, while my preference is for post-structuralist practices, has been challenging, and I believe I have learned a great deal in the process. In this paper, I would like to share with you some of these learnings.

For starters, I have learned not to situate post-structuralism at a level of higher moral ground. I have learned to make any critique of existing practices relational and in response to lived concerns, and not at the level of theory where certain practices are considered to be more correct than others. Juxtaposing the openings, possibilities and proposals for life, along with the limitations and potential hazards, enables me to employ what is useful about any given practice, and to avoid and give voice to what is dangerous. This strategic and ethical relation to thought and action is very much in sync with what I have come to understand as post-structuralism. Keeping this in mind, I would like to discuss in this paper, the narrative proposals for life, and how narrative practices can thicken and contribute to the already existing responses to excessive consumption and/or addiction, or in some cases provide a viable alternative.

At the end of the article, 'Challenging the culture of consumption', Michael states: 'The need for organised community responses is urgent' and he then poses the question of how can we join together in the development of such community approaches. I believe this question to be the origin of the Deconstructing Addiction League and, with the help of David Denborough and others, I took it as an invitation to get the ball rolling. So much so, that the development of a deconstructing addiction league has now become a calling which speaks to me.

Before I discuss specific proposals as to how some of the narrative maps can be used to deconstruct addiction, I would first like to convey why I believe the establishment of a community resource can present a challenge to the culture of consumption.

Reclaiming joy and celebration

The brighter side of the culture of consumption of alcohol and other substances is that it often promotes acts of celebration, joy, pleasure, transgression, hospitality, laughter, creativity, and much more. These are things that I treasure about life, that I wish to preserve and to honour.

I am interested in dissolving the idea that fun and good times and intensity of pleasure can only be achieved through the use of substances! When people get together to celebrate and play without alcohol and other drugs at the centre, they are challenging the culture of consumption and thereby deconstructing addiction. It is my understanding that acts such as these can be considered acts of transgression.

So, while I believe that a community resource needs to involve contexts in which narrative maps can be put to work on deconstructing addiction, I also believe we need to collectively create outlets for reclaiming joy and celebration within a context of self-care.

Developing a community resource in which knowledges and know-how of creativity, transgression, hospitality and laughter are pooled, can make a huge difference. It can enable persons to take conscious action toward creating a beautiful life; a life that includes an exploration into the joys of living and pleasures in life that fit for each and every person. These aesthetics of existence can restore a sense of beauty and hope to one's life. The linking of lives through such shared purposes and interests is vital. Creating communities that play together, that provide networks of practices that bring joy in one's own community, can greatly reduce the incitement to excessive consumption and/or addiction.

Deconstruction

This is only one aspect of the utility and practice of deconstruction. Through critical reflection, deconstruction also allows us to locate the problem of excessive consumption and/or addiction in a social, historical, political, cultural and personal context (Raven 1997), as well as in fields of power. This multiplies the number of possible sites of resistance to the problem and therefore increases the number of possible responses. Furthermore, it enables us to question what is taken for granted and to take action at a number of different sites. Deconstruction in narrative therapy refers to the process of externalising the internalised discourse (Epston & White

1990, White 1995a). Such externalisation allows us to challenge, when strategically appropriate, the internalising of deficit-centred language and pathology and the tendency towards thin description which is so readily available in the culture of 'recovery'. The positing of a new discourse, one that views the person as separate from the problem and/or disease, offers many possibilities as it is a radical shift in perspective. This facilitates the teaming up against the problem - not the person - and privileges notions of transparency as well as accountability.

Examining power relations

Narrative practice has a long-standing history of examining the effects of power relations in the therapeutic context (White 1991, 1995a; Russell & Carey 2003a). This is a tradition that offers many possibilities, especially since the intervention, treatment and incarceration of persons referred to as 'addicts' and alcoholics' provides us with such extremely clear examples of the totalising, individualising, normalising and disciplinary effects of modern power. A thorough context-setting of the limitations and hazards of these practices is crucial, as it is easy to reproduce them in the therapeutic context. A critical reflection can greatly minimise our participation in the imposition of global knowledge claims, the application of disciplinary technologies, practices of normalising and moral judgement, and other procedures that facilitate social control and relations of domination. For anyone who is interested in working in the realm of 'addiction', an understanding of these technologies of power is vital.²

Counter-practice

When I think of all those I know who are currently in institutions for reasons related to substance use, I can at times feel despairing. And yet, there are some narrative practices that can perhaps modify some of the negative effects of the normalising and moral judgement that occurs within these 'treatment' regimes; the first of which is called 'returning the gaze' (White 1995b).

To turn the gaze back on itself, the idea is for an inpatient client to research the ward rounds, and to find out who is in charge and to observe the institutional power relations. The process includes determining who is authorised to speak and under what conditions. These 'researching' acts can be empowering and perhaps make the staff more

accountable to the clients. It also draws attention to the fact that everyone is potentially under surveillance at all times.

A second technique is called 'questions of embodiment' (White 1995b). This practice can help persons in a one-down position to question the global knowledge claims that are often imposed in the treatment context. The client can ask these questions to a counsellor, a doctor, an interventionist or anyone who is prescribing how this person 'should' live his/her life. The idea is to situate the speaker's opinions and truth claims in the context of their purposes, lived experience, and location in the social world. Questions might sound like this:

- *How does your opinion fit with your overall plan for my life?*
- *Could you please share some of your life experiences that have contributed to the formulation of this opinion, this way I could determine whether this is a good fit for me?*
- *Also, in what circles are these opinions shared, and where might they differ?*

Down the track, I believe it will be necessary to create contexts so that clients who have been treated unethically can write letters of protest, and to find a mediating body to register complaints and to make treatment institutions accountable for their actions when they are unethical. Presently in the USA there is no such place to register a complaint. I believe it is in the best interest of the Deconstructing Addiction League to be one step removed from this type of political action, as it could arouse opposition that could potentially undermine the league, but it is important to help others find outlets to express their outrage at some of the injustices that routinely occur.

Revising relationships with substances

There are many ways in which narrative maps and perspectives may be helpful to persons who are revising their relationships with substances, and I find these possibilities extremely exciting. I have already mentioned the use of deconstruction and the possibility of externalising the conversation about the problem. This involves inviting persons into a slight shift in language that has far reaching implications. For me personally, shifting the terms of the disease discourse has opened up many possibilities. Rather than defining the 'disease of addiction' as a biological phenomenon intrinsic to who I am, I prefer to view the disease as a metaphor, and as a separate entity whose tactics I see myself in relation to. Separating my identity from the

identity of the problem, allows me to distance enough from my immediate experience with 'addiction', to discern and unmask the drug thinking that can be so capturing.

In working with others who see their use as a disease, I believe it is best not to enter into a debate about whether the disease is a metaphor or a biological phenomenon; debates around this topic can be divisive and dangerous for some.

Externalising exercises can be useful in a community or individual context, however they are not necessarily the place that I would start when talking to someone about their substance use. Instead, I believe exploring what is 'absent but implicit' in a person's substance use is often a key starting point.

Applying the absent but implicit

Social experts often attempt to psychologise one's motive for action. An example of this would be to declare that a person drinks because they have low self-esteem; or that they are trying to escape from something; or it's because of peer pressure that they use drugs. An absent but implicit approach takes a different perspective entirely (see White 2000a).

The absent but implicit perspective allows persons to articulate what it is about their use of substances that has been, and may still be, important to them. It is a way of honouring a person's past without judgement, and finding out what the person values in life.

If a person's use of substances is a key aspect of their life, then it is safe to assume that the use of substances, at least at some stage, has been linked to various purposes, hopes and values that the person holds. Finding ways to articulate these, and to richly describe them, may provide the basis for a new storyline, and for re-authoring conversations. Examples of questions may include:

- *When you first began using, how was this substance use helpful to you in your life?*
- *What does this say about what is important to you?*
- *What purposes has it served and what has it enabled you to do that you value?*

It is important to check-in with the person to see how these questions are experienced and to make sure these questions are not setting off a cycle of craving.

A further question might be: *What does this say about how you wish to relate to yourself and to others?* This sort of question is intended to draw attention to the person's preferred ways of being in the world that may have nothing to do with the use of substances.

- *Is there anything that the substance gives you that you feel you just can't live without?*
- *If you were to decide to leave substances behind, is there anything you feel that you might miss?*

The absent but implicit perspective seeks to elicit a range of intentional state understandings (see White 2001) that clearly describe what makes people tick. Separating what makes the person tick as far apart from the substance as possible can prove to be extremely valuable. Examples of some responses are:

- *Substances stimulate my imagination and spontaneity.*
- *I couldn't live without the camaraderie.*
- *Alcohol makes me loose and outgoing.*
- *I need it to stand up to my husband.*
- *It gives me a sense of peace.*
- *It makes a terrible world more tolerable.*
- *I couldn't live without the euphoria.*

These types of responses give voice to what the person stands for, and to what is important to them. It also provides an opening to separate or distance from the substance identity, which is an identity relation that is often fixed. Further questions may include:

- *What is this spontaneity an emblem of?*
- *What does taking a stand against your husband's acts of abuse say about your views on social justice?*

These conversations can be uplifting, especially when they are focused on hopes, dreams and aspirations. They might lead to the discovery of a history of stalled initiatives, a number of unique outcomes, or to the lives of others with whom they are linked through similar purposes.

In my opinion, it is problematic to lead the person in a direction toward abstinence. This would be holding the ball out in front, and it implies that the therapist has decided ahead of time that what a person needs is abstinence. This will make impossible a stance of genuine curiosity. To honestly not know what is best for the person is important, because it is likely that the person will realise if you have a set opinion, and this will often be experienced as an imposition.

Seeking out what is absent but implicit in a person's substance use can provide the means for people to identify what is important in their lives, and this can be the first step in engaging with a sense of personal agency in relation to their substance use.

Personal ethics and Pagan forms of self-evaluation

A key question in this work involves how to determine when one's substance use is and isn't problematic – for oneself and for others. Developing forms of self-assessment, independent of pathology, and to the concern of the person seeking consultation, is of critical importance. Current models of assessment invariably link the person's life and substance use to a theory of alcoholism, and to continuums of 'normal' versus 'abnormal' use. This takes the assessment out of the realm of the person's lived experience and into the domain of categorisation and normalising judgement.

Similarly, the evaluation of right and wrong action according to a universal moral code of conduct is limiting because it does not take into account the specificity or the context of each action. From my understanding, the method of self-evaluation that develops within the context of certain practices of Christianity, posits the origin of intentions - which is interior to action - as the primary site for self-evaluation. From this perspective, the self is seen in relation to one's interiority. In other words, it is one's relationship to one's self in isolation that is important. The inner world, separate from the social world, becomes the key to self-understanding. The reflection sounds something like this: 'Why did I do this? What is at the root of or behind what I did? Where was I coming from when I did this? And what did I really mean when I did that?' According to certain Christian hermeneutics of self, one's conscience, where the voice of God can be heard, is the instrumental element in 'knowing thyself'. The origin of desire, intention and motive is brought to the surface as the critical point of what becomes a self-interrogation in order to find the truth in one's self. Historically speaking, this marks the disappearance of a self in relation and the shift from a civic to a private human being (Foucault 1986; Shapiro 1995).

I am interested in developing alternative forms of self-evaluation. I believe that the notion of personal ethics and Pagan forms of self-evaluation can provide a framework for understanding the consequences and the particularity of our actions, independent of pathology, and outside the realm of moral and normalising judgement. Ethical assessments are relational and in response to lived concerns. For example: 'You did this and what happened? What were the real effects on oneself, on your identity conclusions, on others, on their identity conclusions?'

The reflection here is on the outcome of action. The self is seen in relation to events and others: I do this, the world shifts, and I act again. All action is seen as contingent. In other words, everything said and done has multiple effects and operates outside the control of one's will. According to the Pagan worldview, it is in the field of social relations that one makes an ethical assessment of one's self.

A Pagan model of self-evaluation incorporating one's personal ethics and preferred identity, will allow persons to determine a style of living that is appropriate for them. According to the Pagan model, if the outcome of one's action is problematic, it is best to continue to change the action until the preferred outcome is produced. This does not specify what action a person is to take.

The statement of position map within narrative practice (see Carey & Russell 2002) provides some clues as to these sorts of self-evaluation. I am interested in how the Deconstructing Addiction League can specifically adapt these in relation to evaluating the effects of substance use.

Scaffolding skills in discernment

When you are under the powerful influence of substances, and when your identity has become subsumed with drug use, it can become virtually impossible to discern what are life-preserving actions and what are life-threatening actions, and in many instances life-threatening actions seem more appealing. This can lead people to make decisions that appear illogical and destructive to others.

It is this confusion that leads some of the dominant practices within the drug recovery field to assume that all persons seeking consultation are 'addicts', and furthermore are in denial and must be shown the truth and nature of their malady and disposition. Challenging the person on his/her denial is patronising, and it takes the primary authorship of their life away from this person. It puts the interviewer in an expert position of authority in the person's life, which is a place of disembodiment. Expert pronouncements such as: 'You are in denial', or, 'You are an alcoholic'; take responsibility away from the person concerned, and blur the distinctions around self-assessment and personal agency. Further action that implies that a person lacks clarity is an act of imposition and is often met with a severe backlash.

An alternative posture involves the interviewer remaining de-centred and influential and assisting the person to develop skills in discernment. The scaffolding of skills in

discernment around the use of substances, right and wrong action, and the effects of substance use, is of primary importance. Externalising questions that enable the person to distance from their immediate experience and to separate from the duplicitous voice of the substance and the substance identity can assist persons in this area.

Once some space has been created between a person's identity and the use of substances, a number of effects questions can be asked. These questions include material and physical effects questions that pertain to the consequences of action (West 2003): *How has the substance use affected one's career, significant relationships, and bodily health? Has the substance use brought trouble into the person's life? How has the substance use affected one's hopes, dreams, aspirations and direction in life?*

In time, skills in discerning unique outcomes can also be developed and inquiries into the effects of preferred story-lines can take place: *Do you think speaking with your friend was a significant event? Why? How did speaking with your friend in that way fit with 'self-care'? What effect did the conversation have, on you, on them?*

Or: *The joy that you spoke about that did not involve using, is this a new type of joy? What sort of effects did it have on you then? What sort of effect does it have on you thinking about it now?*

Rites of passage

Once a person has decided for him/herself an experience-near definition of the problem (see Carey & Russell 2002), it is then possible to invoke the rite of passage metaphor in relation to a particular substance, way of life, or identity. It is important that a person has defined their use as problematic before beginning this process.

The rite of passage metaphor is a useful guide to persons breaking their lives from the use of substances (Epston & White 1990; Smith & Winslade 1997). It enables persons to prepare for a journey into unknown territories of life, which can be confusing, disorientating and painful for an extended period of time. This map allows persons to plot their journey into three phases: the phase of separation, the liminal or between phase, and the phase of re-incorporation.

The locating of one's immediate experience in the context of a rite of passage or a migration of identity allows a person to prepare for and to persevere through the often difficult and turbulent times that lie ahead. Practices for persons

who are stepping into this journey might include interviewing others or listening to the stories of others who have been through similar migrations. This will enable persons to identify what they may be up against, and to practice the skill of reaching out. What is helpful about the migration of identity map is that it describes the phase of liminality so clearly that persons who might have been discouraged by feeling worse at six weeks from last use, compared to feeling rather elated at two weeks, now have the opportunity to construe this as progress rather than regress. If the liminal phase is not clearly understood, persons will often feel at times that they were better off under the thrall of addiction. For persons who have 'turned back', the map instils hope to persevere and try once again in the revision of one's relationship with substances, without the added pressure of blame, the construction of failure and the deficit-centred discourse of relapse. Externalising exercises such as interviewing 'relapse', or interviewing 'craving', could also be helpful for persons who have made the commitment to go on the journey (see Roth & Epston 1996).

Talking about harm reduction

At this juncture I want to make a quick mention of harm reduction and the care that is required in talking about these issues. Within this paper, as I have been describing the use of narrative practices with those changing their relationships to substance use, I am primarily thinking of those who are seeking a life of abstinence from substance use.

Some people, however, choose a path of moderation. If the person has taken up skills in discernment, self-evaluation, and has explored the absent but implicit of substance use, they will be able to monitor their future actions in relation to their own concerns. If they test the waters and get off track they might return with a commitment to abstinence. Making information about harm reduction available to people, could make the difference in keeping a person alive.

For persons who are able to moderate their use and to achieve success in a style of living that includes the use of substances, my hat is off to you. I simply know that it is dangerous for me to entertain such possibilities, as I have exhausted the trial and error process and have been in harm's way one too many times.

The fact is that, for some of us, even considering using substances again is literally a risk to our lives and this brings ethical responsibilities to the ways in which we talk about substance use, about abstinence, moderation and harm reduction.

I am not saying that it is not possible to develop a resource around moderation or to help persons in private practice. I am saying that any conversation around these issues has to be done carefully and with respect to the ethical dimension. My understanding of narrative practice is not that anything goes; it is that nothing goes unquestioned.

How can we ensure that the ways in which we talk, write and act in this area do not increase people's cravings, and do not contribute to adding risk to people's lives?

I wish now to briefly mention the possibilities associated with definitional ceremony, re-membering practices, and therapeutic documents.

Definitional Ceremony

We are soon to begin the first Deconstructing Addiction League group in Florida and structuring these meetings according to the definitional ceremony metaphor is a very exciting proposition. This features the thickening of the alternative story through tellings and re-tellings, and practices of witness (see White 1995d, 2000b; Russell & Carey 2003b). The re-negotiation of identity within a community of concern, the re-authoring of and the linking of lives through shared commitments, purposes and so on, will provide the sustenance of these meetings. The person at the centre of the definitional ceremony can be interviewed on anything from the absent but implicit, conscious purpose and intentional states, to rites of passage, and more. The structuring of the outsider-witness responses will guard against the possibility of normalising judgement and global truth claims. I believe this practice to be highly acknowledging and I am looking forward to structuring our meetings as definitional ceremonies.

Re-membering conversations

The application of re-membering conversations (White 1997c; Russell & Carey 2002b) also offers a number of exciting possibilities. The club of life metaphor is pertinent for those who are revising their relationship with substances. For instance, I have revoked the membership of all mood-altering substances to my life, and have downgraded relationships with persons to whom I feel my only connection was through substances. This does not mean that I don't associate with persons who use alcohol and other drugs; in fact many of the significant people in my life do drink alcohol. The elevation of memberships and a continual

development of a club of life provides me with a whole network of support. An important factor here is that I am putting a community of concern between a drug and myself.

I have also included a guardian spirit in my club of life, which is important because there is not always going to be someone present. At times of crisis I can evoke the presence of my guardian spirit and this makes an enormous difference. To encourage persons to find a figure from one's life, whose presence can be evoked, especially at difficult times, can be a lifesaver. This figure might be an imaginary friend, a literary figure, a higher power, a deity, a deceased loved one, a former teacher, or any figure that will fit for the person. I cannot stress enough how important this can be.

Therapeutic documents

Finally, I would like to speak about how the use of therapeutic documents is essential for the deconstructing addiction league (Epston & White 1990; White 1995e; Fox 2003). To begin the process, a migration of identity map or chart will allow members to plot their journey on a graph that can sit alongside the journeys of others (White 1995c). This can serve as a reminder of the hazards of the liminal phase, especially if a person has the experience of feeling worse over time. Other therapeutic documents may include carrying cards, which are to be kept with the person at all times. Carrying cards can be a reminder of one's commitment, and may be useful when a person is dispossessed of their knowledgeable and overwhelmed by craving.

Letters of concern from loved ones to the person who is using, situating their concern for the person's well-being in the context of their purposes, lived experience and location in the social world, and therefore embodying their concerns, will be extremely valuable. This could be an alternative to some of the dominant practices of intervention that are often demeaning and hurtful. This could also provide an antidote to the disconnection that is sometimes created by notions of co-dependence and 'tough love' which currently dominate many treatment programs. I am confident we can find ways of engaging with family members and loved ones that can assist in the process of altering relations with substances, and that at the same time can provide a forum for loved ones to take meaningful action where they often feel hopeless and helpless.

A final map that I have not considered here in any detail, and yet believe has significant implications, is the failure conversations map (White 2002). This map provides scaffolding

for a refusal of modern power, and offers a platform for alternative identity projects. I look forward to working with this map in the future, as I believe it can help reconstitute politics as an ethics of freedom and contribute to the fashioning of identity as a continual creation that is multi-storied.

Last words (for now)

In this paper, I have tried to convey my commitment to the creation of organised community responses in relation to addiction that are informed by narrative practice. I believe these resources will not only deconstruct addiction through conversations and groups but also through promoting acts of celebration, joy, pleasure, transgression, hospitality, laughter and creativity. I have described the influence of modern power on the lives of those who use substances and how the practices of returning the gaze and questions of embodiment are helpful counter-practices. I have described how narrative practices can assist us in revising relationships with substances, through externalising conversations and by engaging with what is absent but implicit in a person's use of substances. I have also tried to describe the importance of moving away from a model of confrontation towards a model in which we create a context for people to develop their own skills of evaluation and discernment. And finally, I have considered the importance of the rite of passage metaphor, definitional ceremony, re-membering conversations, therapeutic documents, and the failure conversations map.

The process of developing the Deconstructing Addiction League will not be easy and so I would like to invite any of you to whom these issues are important to become involved – whether this is via email, via phone, or by setting up a local group where you live. The Deconstructing Addiction League looks forward to hearing from you!

Notes

1. In order to respect the AA tradition of anonymity, which states that AA members maintain personal anonymity at the level of press radio and film, Anthony has chosen not to publish his surname. Anthony C. lives in Florida, USA. He is the founder of the Deconstructing Addiction League. Information about the Deconstructing Addiction League, and a range of relevant articles, can be found on the Dulwich Centre website: www.dulwichcentre.com.au Anthony can be contacted c/o dulwich@senet.com.au

2. I believe that a particular examination of what is known as 'bio-power' is particularly relevant to this work (Foucault 1984; Shapiro 1994). Bio-power has to do with the manufacturing of human beings according to the laws and truths of human nature. Thus social experts since the eighteenth century have been concerned with the layout of housing, moral instruction through public education, and the moulding of the soul through counsellors, teachers, doctors, sexologists, criminologists, etc. Psychological discourse is a current example of the way configurations of power/knowledge shape norms regarding the proper way to be a human being. True discourses connected to social institutions help to create a disciplinary society, one that corrects and punishes us. The work of addiction therapy occurs within the context of these true discourses. Acknowledging this can be a first step in trying to develop practices that limit our participation in such discourses of truth.

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