

From Narrative Reflections to Narrative Practice

by Paul Abels

Narratives published in this journal often illustrate the importance of the authors assuming an attitude of "reflective practitioner." The authors share with the readers their thinking about the work, actually doing the work, and then thinking about it again. The reflective practitioner thinks not only about the process and the results, but about the consequences of actions for those worked with and for him/her self. This type of reflection can lead to an enlightened and enhanced practice.

Alean Al-Krenawi's article struck an important cord with us, not only because it is a vital and powerful example of how a practitioner's reflections led to important consequences for himself and his clients, but because it illustrated the need to examine the doctrines underlying our practice. Dr. Al-Krenawi was educated at an Israeli school of social work in what he calls the western social work tradition. As a Bedouin he reflected on whether traditional social work (at least as interpreted by the author) had relevance for a cultural group with as vastly a differing cultural lifestyle as the Bedouin group. Like most of us, while initially accepting and appreciating the approaches he was taught, then finding that they didn't always work, he began to seek ways to improve his

practice. Many of his Bedouin clients played an important part in helping him change his practice. It was a perfect example of using clients as your consultants.

While his paper raises issues which many of us have thought about and have had to deal with, the editors were ab-



sorbed by how close the expectations of the clients, their traditional expectations of the helper, and the subsequent actions Dr. Al-Krenawi began to take were congruent with emerging post-modern approaches to helping. There was a particular verisimilitude between what the "natural" Bedouin healers saw and did and some of the healing actions of Narrative therapy. While a review of the approach is impossible here, reference to a few similarities will illustrate the point.

Michael White, one of the developers of Narrative Helping, suggests that the person is not the problem, the problem is the problem, and so he helps the client externalize the problem. The reasoning here is that internalized problems lead to clients' feelings of guilt and blame. The externalizing theme is demonstrated by some of Dr. Al-Krenawi's clients who say they are being invaded by evil spirits, which reflects their cultural orientation to certain personal troubling behaviors. Traditional therapists might tend to ignore and even change that client view of what ails him/her. They often see such thinking as dangerous, and at times might assign a psychiatric label to the experience. A Narrative Therapist might accept that explanation, realizing that often clients' life narratives and ways of seeing the world are culturally defined. The worker might ask what the spirits are doing? How might they have come to take over? What do they say? How does the client deal with these spirits? Has the client ever been able to get rid of or ignore these spirits? Other steps, such as medical treatment might be suggested or called for. While the Bedouin healer might not ask those questions, the Bedouin healers "took care to assure the patients their illness wasn't of their own making, but something that came upon them from the outside, whether directly

from God or evil spirits or through the agency of sorcery or the evil eye."

Other approaches used by the healers involve all family members in examining the impact of the problem. This is an important theme in narrative practice, which White refers to as "mapping the problem." Encouraging the person to use natural healers is a way to inform the client that you (the worker) are not an "expert," that you accept other views and do not disparage the client's own beliefs. The use of rituals and celebrations, fundamental to the narrative approach, tends to support the group's own customs as valuable, no less or more valuable than "western" social work. Making sessions more like conversations rather than interviews is characteristic of current helping approaches, and is reflected in Al-Krenawi's narrative. He states, "With male patients I removed some of the patient-therapist barriers. I chatted with them in the waiting room."

Narrative Therapists try to make use of the community as much as they can. They also use a reflecting team, which helps the client get others' views on any attempts to change (See also Lowery's article "American Indian Narratives" on this issue). They often ask the client how others in the community would react to the client's change. Dr. Al-Krenawi notes how, at times, "treatment was carried out in front of everyone around. . . I watched."

Of course there are differences, and it is important to

note them because often they are related to cultural differences. Dr. Al-Krenawi believes it is important to give his clients instructions, because that is what they expect. That would be done more judiciously in Narrative Practice, and at times clients might be asked to examine where some of the rules they live by came from, and whether the rules are part of the problem the client wants to deal with. At the heart of Narrative practice is a strong commitment to treat the client with the utmost respect, to minimize assessments, and to relate to the life of the client. Yet, if the cultural mandates are oppressive to the client, the worker might discuss his/her own views with the client.

The idea of worker as expert is being seriously questioned in many of the current reconstructive approaches to helping. The fact is that the "outsider" can rarely understand another person's culture and its impact on that person. This may be particularly true when that person is a minority or involved with other cultures which may strongly control or shape his/her life. This is something we in social work can appreciate. Bertha Reynolds wrote about it in 1935 in a classic sensitivity raising article, "A Way of Understanding: An Approach with Negro Families."

Franz Fanon spoke of it in Algeria in the early 1950s when Algeria was still a French colony. As a psychiatrist trained in the west, he attempted to make his helping relevant to the Algerian people. Our profession has taken leadership in ac-

knowledging the importance of cross-cultural sensitivity, but we have not yet evolved the practice that complements our understanding. Much of our practice is still expert oriented with emphasis on the clinical to the deterrence of social change. There is only a minimal attempt to formulate helping approaches which recognize the value of mutual aid.

Dr. Al-Krenawi's article expresses some of the inner conversations many of us have had. He has found a way to start to answer some of his internal discourse. He has managed to combine old and new wisdom in a way that makes sense for him and his clients. We have some of the old wisdom... "all people should be treated with respect and dignity... start where the client is." Each of us can contribute new wisdom. We are an experiment in mutual aid—that's what this journal is all about. May we all walk with the wind. □

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