

Exploring the Benefits of Storytelling for Women in the Therapeutic Relationship

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Abstract

Various counselling interventions can help women navigate difficulties. However, storytelling in and of itself, may be uniquely useful as a process through which women understand themselves. Throughout time, people have used different kinds of storytelling from oral, written, and dramatic traditions to make sense of experience, connect, and heal. For example, both First Nations and African American communities have a tradition of oral storytelling as a curative experience. Talk therapy itself is based on the hypothesis that speaking with another person, un-silencing, has intrinsic therapeutic value. However, those whose stories do not fit in with the dominant narrative, a narrative that prizes speed, power, and external achievement, may feel pressured to conform. Consequently, such groups may experience silencing in the therapeutic process. "Storytelling has always held particular importance for women and other "silenced" minority groups who have had to rely on oral traditions to transmit knowledge, establish continuity, and share information, sometimes even dangerous or subversive information" (Goering, 1996p. 1). As counsellors are increasingly pressured to work under tight time and budgetary constraints the healing value of simply listening may be lost. This narrative literature review aims to increase counsellor's knowledge by exploring benefits of female oral storytelling in the therapeutic relationship from a feminist perspective.

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CHAPTER 1: INTRODUCTION

My interest in exploring the benefits of storytelling comes from growing up listening to my Oma's stories of World War II. The term "Oma" is the German word for grandma. My Oma's stories shaped my view of humankind, my need to question authority, and compassion for others. As I listened to her, she was able to construct new meanings, reinterpreting her stories in the retellings, revealing more or less to both me, the avid listener, and to herself, in the decades of telling. Over the years as our relationship developed and she perhaps perceived me as better able to accept more parts of her story. At the kitchen table, living room couch, drinking tea, grandmother and granddaughter, her stories would unspool- connecting us within a simple, ancient, cyclical process. Counsellors, too, are listeners, a healing audience for those wishing to be heard.

Rationale

Storytelling, with its focus on the teller and their personal sense making process, may offer a unique opportunity for women to discover narratives of healing, reclamation and empowerment. At the core of this thesis, is the question: how can counsellors use storytelling in therapeutic relationships with women? This question reveals other avenues of relevant exploration. From a feminist perspective, social, political, and historical contexts influence people (Brown, 2010; Hooks, 2000; Miller, 1986) in demonstrable ways. Women are still learning how to bridge the gap between their historically sanctioned roles as caretakers to positions of power in the "real world" (Miller, 1986-several pages). How does the dominant story, the story that holds women in restricted socially supported roles, come into play, through the counsellor and client, restricting or expanding possibilities? How have other groups who may have experienced marginalization use storytelling? What are some possible therapeutic

tasks that emerge through storytelling? Alternatively, what does storytelling accomplish? This study briefly explores kinds of storytelling and their use by other groups to draw out themes relevant in the use of storytelling with women in therapeutic contexts.

In this chapter, I give a brief historical grounding of storytelling followed by descriptions of written and dramatic storytelling. I then conclude with an introduction to the focus of this thesis: oral storytelling. The next sections describe the functions of storytelling within African American and Indigenous cultures, ending with a brief discussion on how these functions may be similar or different in women's cultures. The following section gives definitions for particular words used throughout the research paper. I discuss the study's conceptual framework as well as the significance in terms of professional application and social change. This chapter closes with an introduction to the literature review.

Storytelling in Historical Context

Somewhere in our evolution, human beings began to talk. We told each other where to find the best hunting and the sweetest berries. We shared information vital to our survival, teaching generation after generation how best to live in the natural world. We learned to contort another's perception of reality through storytelling and so told our first lies (Neimeyer, 1998). However, we also began to speak to each other of our deepest yearnings, fears, and dreams. At the end of the day, our minds played out stories working to make sense of out of the intricate complexities of living. We drummed our stories. We danced our stories. We scratched our stories on cave walls reaching for understanding by future descendants. Listening to the stories of our ancestors, we shared the thrill of their bravery, the near misses of danger averted, and found the courage to face our own challenges. Instead of suffering in silence, we reached out to

others for comfort. Throughout time, people have used oral, dramatic and written stories to make sense of experience, connect to each other, and heal.

Writing as Storytelling Therapy

For thousands of years people have used writing to make sense of their thoughts, connect with themselves in the midst of trouble, and leave behind something of their own stories for future children. Written stories, both fiction and nonfiction, have often been a way to speak the unspoken, a method of healing for both author and the audience, even when the audience is the self.

Journal writing as a therapeutic practice offers several benefits. Some of the benefits of journal writing include being able to explore personal thoughts, feelings, and images in private (Wright, 2009). Writing about feelings related to life stressors, such as starting university, can support coping mechanisms leading to better mental health outcomes (Pennebaker, Colder, & Sharp, 1990). Journal writing may encourage increased self-efficacy apart from the counselling relationship in supporting persons to develop a clearer line of communication with themselves (Bolton, 1998; Wright, 2009). In the pages of a journal, a person can begin to engage with their own voice, their own dreams, through the cacophony of the demands of others. Differing voices may be battling it out within the mind. Journal writing may offer a rare opportunity to explore these voices in a protected space (Bolton, 1998). Thus, paper and pen may be mighty tools to help a person speak their truth.

Researcher Jennie Wright (2009) found support for the therapeutic use of journal writing in her case study with a female client "Jane". Dialogical journal writing is a writing style in which a person writes out conversations between different aspects of their personality. Jane used

dialogical journal writing as part of a one-year therapeutic process to work through challenges of depression and anxiety. Two vital therapeutic themes emerged: a) in the journal space, she could "anchor" (Wright, 2009, p. 238), and connect to her own needs rather than simply acquiescing to others; and b) in the journal space, she could relate to herself with love and compassion. The journal in the example improved Jane's life by helping her cope with life's difficulties by developing a personal way to work through them. She deepened her connections to her own voice. Here, this particular storytelling modality as a semi-structured writing exercise supported freedom of expression and compassion.

Even brief journal writing offers therapeutic benefit. In a preliminary randomized controlled trial, researchers asked military husbands and wives to write for three 15-minute sessions separated by 10-minute breaks in a single day (Baddeley & Pennebaker, 2011). Researchers instructed the couples to write either about their relationship or about random trivial matters. Specifically, when the soldiers wrote about their relationships, they reported higher levels of marital satisfaction a month later. The researchers provide no information regarding the specific content of the soldier's journals. However, I speculate that the act of writing helped these soldiers make contact with thoughts and feelings that would be too difficult to verbalize. Even this brief journal writing was an opportunity to speak without fear of judgement or another's interpretation. The participating soldiers were predominantly male identified who presumably may have felt the pressure to live out a patriarchal role of tough individualism. They may have experienced the need to marginalize their own thoughts and feelings in order to function as soldiers. Writing in this instance perhaps offered a rare chance to connect and hear the self.

Drama as Storytelling Therapy

Renee Emunah (1999) describes drama therapy as a "creative approach to psychotherapy in which dramatic processes are used to facilitate therapeutic growth and change" (p. 99). A person in therapy can play out new roles within the therapeutic encounter in real or imagined scenarios. For example, some therapists may use role play as a way to rehearse for a dreaded task such as leaving a job. Others may use role play for imagined events, such as a conversation with a deceased loved one. Here language, both spoken and physical, are used to play with new roles. These roles may then be integrated into a person's real life (Neimeyer, 1998). Drama therapy may incorporate a variety of expressive formats from psychodramatic role-playing, scripted scenes, to various kinds of storytelling. Regardless of the type of expression used, all aspects of drama therapy share a sense of playfulness that is not only joyful. The therapist places safe boundaries around the play. However, this playfulness is still present focused and imaginative. Therefore, even dark materials may rise to the surface for engagement. Anything is possible in the play space; yet because it is make-believe, a client may drop their habitual acts and engage with problems in a fresh way. Emunah (1999) notes some drama therapists, such as David Read Johnson, find there is no need to engage in interpretation. The playing is therapeutic in and of itself, a freeing experience for the participant. In other words, perhaps we do not always need to know what it means, just that the experience is therapeutic. In the same way that playing in the surf, or dancing barefoot, or shouting in your car may simply feel good. The curative is not in the analysis but in the experience.

Researcher Ivy Chang (2005) suggests other possibilities for "therapeutic theatre" (Chang, 2005, p. 285) through a research project with children survivors of an earthquake.

Chang describes the work as strongly influenced by Gestalt therapy in which psychological distress is conceptualized as a kind of "blockage" (p. 286) or trapped energy. When a person can access this energy and free it, finding their own voice, they may find that blockage is released. Psychodrama, as created by Joseph Levy Moreno was the second influence in the therapeutic theatre project. Psychodrama and Gestalt therapy are often used together. Both are rooted in concepts of here and now, using experiential learning as the moving path through difficulties. The difference between psychodrama and gestalt appears to be a very fine one. Gestalt providing a theoretical basis and psychodrama providing technique, the actable tools of the theory. Psychodrama uses dramatic techniques including improvisation and role play. Psychodrama also appears to be specifically related to the dramatic elements of the encounter between therapist and client. Using specific drama techniques, a person can re-engage with issues that do not make sense and explore new meanings, new more adaptive stories. The term "Gestalt" describes the therapeutic approach. Gestalt, as used in this project, appears to be the foundation of the approach in seeking to place the client at the center of their experience, with the therapist acting as a kind of empathetic "director" (p. 287). In Chang's research project, Gestalt and psychodramatic storytelling techniques are used to help the child integrate their trauma in ways that help them move on with life.

Chang's (2005) work further suggests that therapeutic theatre is a valuable and transformative experience. The participants in the study could face their fears, role play powerful selves, and express complex feelings. The children created plays in which they could confront their fears and fantasize about being powerful in the face of the most overwhelming circumstances. For example, in a play they created around an earthquake, children could defeat

the “Earthquake Monster”, something not possible in the real world. Through theatre, they could satisfy the need to feel some sense of control over events that otherwise seem utterly meaningless. Part of their healing involved recreating an experience in which they could control the outcome. From a therapeutic view, such an opportunity may be essential in regaining some sense of hope. Although there are many elements uncontrollable in life, they may have been able to make contact with a feeling of empowerment despite these realities.

Other dramatic storytelling techniques included an “empty chair” exercise. Here children could speak to people in their lives and express their true feelings in the container of play. In fact, children are perhaps more comfortable expressing difficult, possibly marginalized feelings in acted out scenarios. This is a space outside of normal rules. Given their stage of development, Chang suggests children may have difficulty verbally expressing complex, conflicting feelings: joy at being alive, fear, anger, guilt and in one instance, relief at the death of an abuser. For some experiences, there are perhaps no adequate words that can synthesize these at first impenetrable and then potentially overwhelming masses of emotion. Chang speaks of the resistance by schools and families to the children engaging in the therapeutic project, creating further marginalization. Such resistance perhaps reflects society's fear of dealing with grief, death, and meaning. The grief of a child, a person with little power, may be unbearable to witness by even the most compassionate person. We want to protect children and those overcome by circumstances. Therefore, seeing a child in grief may invoke a kind of shame and disabling sense of powerlessness, even for those who might wish to be helpful. Therefore, the theatrical format serves as a safe conduit to deal with difficult feelings. Rather than talking about their thoughts and fears directly, play-acting creates a world of make-believe, a story time space of possibility less restricted by the rules of direct talk. Chang's study suggests therapeutic

theatre can help people work through pain and trauma because it is an imaginative space for the client to actively explore their feelings.

“Storytelling” –What is it? What if?

Storytelling may be many things. It can be the life story passed on over tea between grandmother and granddaughter. It can be a fable, a parable, a lived story, or a piece of ancestry, shared with a supportive audience (Edwards, 2009). In fact, each counselling session begins with a story. In some form, the person as client tells the story of what has brought them in to seek counsel (Howard, 1991). There is a heroine’s story—a story of a person seeking to overcome demons or find redemption through connection with another person. A story is a silken thread delicate but powerful. Storytelling comes out in many forms through writing, drama, or oral traditions. All formats may help free the distressing or conflicting thoughts and feelings that can flutter restlessly against the mind's glass jar (Bolton, 1998).

In all forms of storytelling, there is a teller and a listener, regardless if the teller shares with an audience of hundreds, a counsellor, or the self. Storytelling decentralizes the counsellor and places the teller at the centre. The teller is the narrator of his or her own experience, the protagonist hero. As described by therapist Ruthellen Josselson (2004) in her work with a client described as a young female: “therapy exposed Heidi to my master narrative that values inner connection and felt connection to others. I refrained from interpretation...instead I asked her lots of questions about her inner experience, her feelings, her wishes.” (p. 117).) The therapist here was willing to give up some of her own power in order to make space for Heidi’s power. Persons as clients are the sense maker engaged in the live and lively process of speaking, finding the words to describe something that is still vague to themselves. The therapist is the audience, the listener, the witness, the one who journeys with the teller, and provides nourishment along

the way. The therapist applauds parts of the story in which the client experiences their strength in overcoming problems. They also empathize with the teller, as they recount parts of the story that reveal pain and struggle. The process is personal, intimate, and uniquely individual. There is no pathologizing language, only the language of living it, struggling with it, becoming stuck and unstuck; life as it is and what is wished for. The counsellor, freed of the pressure to label, fix or intervene, the therapeutic encounter can be more about listening, empathizing, and joining with: "the work between client and therapist [which] can be seen as life-story elaboration, adjustment, or repair" (Howard, 1991, p. 194). As the researcher-learner, I am primarily curious about storytelling as a personal way to make sense of experience and reflect on possibilities in connection with a supportive audience (Edwards, 2009).

African American Storytelling Tradition

African American communities have developed a rich oral tradition to heal, make sense of, and resist a dominant narrative, which historically has operated to silence their experiences. These traditions use storytelling to connect the present to, and root it to, a past. African American storytelling is relational in building community and affirming cultural identity (Banks-Wallace, 2002). Even today, oral storytelling groups come together to reframe painful experiences and experience community. In a sense, storytelling becomes an act of capacity building by exploring the obstacles in the way of full access to life and the skills that open the access to life. Storytelling becomes a way of celebrating the successful resistance to harmful ideas and practices in a joyful, spirited, creative way. The very tools used to create or tell a story are the very tools useful in living well despite harmful cultural messages.

Edwards (2009) suggests African-American storytelling is an act of joyful resistance, a strengthening activity in that storytelling “serves the transformative function of creating or renewing counter-narratives that serve as a source of resistance to Eurocentric metanarratives”(Edwards, 2009, p. 4). Telling a story presents the opportunity to feel, hear and sense the self. Although dominant cultural messages may obscure the images, history, and experiences of non-dominant groups, persons continue to strive towards building an internal foundation. Much of African American storytelling provides an opportunity to recall the experiences of ancestors to help restore some sense of rootedness, a felt connection to existing in a place in time and space: a sense of being real. For many years, dominant culture played with images of African Americans in ways best suited to justifying their marginalization through depersonalization. Depersonalization is particularly difficult to identify against the backdrop of socially sanctioned positivist, neutral frameworks. Edwards (2009) describes African American storytelling as both a personally dignifying act of self-love and connection back into real world relationship: a loving relationship to self and ancestors strong enough to survive the erosion of physical, mental, and spiritual health. These relationships need replenishment through the connective, umbilical tissue of story, this linking experience that connects to other persons who have struggled both in the past and in present times.

Further highlighting the relational aspects of storytelling, Edwards (2009) describes their research project conducted with 15 participants in a semi-circle around the tellers. Some participants used existing fables to relay a message or told stories of African ancestors. Others wrote their own personal stories around reclaiming personal power despite experiences of racism. Edwards suggests the stories connected people in the face of oppressive experience generating solidarity and a better ability to cope. Call and response elicited the audience

member's active engagement with the storyteller. The use of repetition generated connection with the audience, the calling back and forth the auditory equivalent of the somatic back and forth motion of a mother rocking her child.¹ Here, storytelling is a relational activity invoking emotion in audience members. In Edwards's project, the performance aspects of this particular project seem to support healing relationships through increasing connection between the teller and the audience.

In Edwards research project, the teller is the centre of attention and the audience witnesses, supports, shouts out loud, applauding the teller and their story. The audience actively engages with the teller, without overpowering the teller, who still commands the performance of their story. Storytelling may be a way to get in relationship and feel less alone in confronting issues.

The final theme analysis revealed that the storytelling process was an act of resistance to dominant narratives, reclamation of self, and the chance to experience self-love. Edwards goes on to suggest these are recurring themes in all African American oral storytelling.

Aboriginal/Indigenous Storytelling

Oral storytelling within Aboriginal/Indigenous cultures serves to pass on messages and revitalize connections to cultural history (Saskatchewan Libraries website, n.d.; Corn tassel, 2009). Many Indigenous cultures have "designated" (Saskatchewan Libraries website, n.d.) a word for storytelling, suggesting its importance within Indigenous cultures. Oral storytelling may be instructive (Hodge, Pasqua, Marquez, & Geishirt-Cantrell, 2002) or even empowering in resisting a colonial version of history (Corn tassel, 2009).

¹An area of further research might be around Attachment theory and storytelling-how storytelling might repair unhealthy attachment.

In the counselling field, some might argue there is a growing trend towards scientific methodologies to help people cope with life's difficulties and inevitable injustices, both social and spiritual. Researcher McCabe (2008) from the University of Manitoba, questions whether only empiricist, rational methods are useful for working with people in therapeutic contexts. McCabe describes a practice informed by Aboriginal aspects of storytelling. The telling of stories on their own serve as healing work without the need for much intervention or interpretation by the counsellor: "the healing was the story" (p. 147). McCabe further describes this style as "de-colonizing qualitative inquiry"(p. 127) working with Aboriginal communities. McCabe suggests de-colonizing qualitative inquiry accepts persons as knowledgeable about their experience and healing possibilities. There is a growing movement within the social sciences to practice de-colonizing qualitative inquiry as a humane, non-positivist approach to developing a deeper understanding of persons and their environments. The purpose of de-colonizing qualitative inquiry is to make visible the impact of colonization on health and well-being while supporting those persons in "reclaiming their distinctive cultural legacies, strengths, and institutions" (Smith, 1999 in Wendt & Gone, 2011). How can counsellors develop the empathy and knowledge to work with persons in which socially sanctioned oppression are so deeply woven into their stories, both passed down and lived, as to be almost invisible? By telling a story fully, rather than in pieces because of the interjection of others, a person as counselling client begins to understand their experience, through their own lens and not the lens of dominant culture. The lens of dominant culture may blur the effect of history, leaving clients disoriented and shamed about their inability to cope with life. This inquiring position generates a greater possibility for "thick description" (Wendt & Gone, 2011, p. 169) of the person's experience, cultural influences, history, and relationship to power through time. Counsellors perhaps cannot

avoid being representatives of dominant culture. Therefore, a stage in which counsellor's de-dominant and de-centralize themselves, may be an essential part of the therapeutic process when working with marginalized persons.

Gone (2011) provides further insight into the use of storytelling as part of healing with this quote from a person-client in a First Nations treatment centre: "sometimes I would speak, and she wouldn't cut me off. Some counsellors do that. You never get to finish your story, and after awhile, you don't want to talk no more. She wasn't like that..." (p. 191). The quote highlights the value of placing the person-client in the primary role as speaker and sense-maker of their experience. Gone (2011) goes on to describe the integration of First Nations cultural practices into the treatment programs at a substance abuse recovery program in Canada. Gone continues by describing the process as "healing discourse" (Gone, 2011, p. 195) which supports release of deep, historical pain. Talking offers the opportunity for catharsis, unburdening painful emotions and past issues. These burdens may be especially heavy for those who have experienced marginalization. The possibility of healing occurs in speaking of the pain rather than stoically dealing with it alone. In the process of telling the stories, the teller can engage in active self reflection. Gone's research project supports the use of storytelling as a way to unburden, achieve catharsis and begin to connect to the self and the possibilities of "self transformation"(Gone, 2011, p. 196).

The Connecting Thread

Here I suggest that the thread connecting these cultures together are similar experiences of marginalization. All three cultures have, as part of their stories, institutionalized restricted access to economic self-sufficiency and societally supported degradation of aspects of cultural

or gender identities. What I notice about storytelling, as used by African American and Indigenous cultures, are its functions as relational (Edwards, 2009), self empowering (Banks-Wallace, 2002), and sense making activities (McCabe, 2008). Therefore, I suggest these functions of storytelling may also serve women in a way unique to a storytelling approach.

Definitions

Marginalization

The Penguin Dictionary of Psychology (Reber, Allen, & Reber, 2009) describes marginalization as failure by people to link themselves to a group. The writers suggest immigrants or those with those a distinct, peculiar belief may be particularly prone to marginalization.

The Macmillan online dictionary (Macmillan Publishers Limited, 2009-2014) offers a definition related to the operation of marginalization. Marginalization is the action of deeming someone un-important.

In "Thinking about Marginalization, What, Who and Why", Jenson (2000) conceptualizes marginalization from an economic standpoint specifically as exclusion from the workforce. The poorest face the highest degree of marginalization, in terms of diminished opportunities for housing, health-care and education. Perhaps historically, African American, Indigenous, and women cultures have been particularly vulnerable to this kind of economic marginalization.

I find the first definition of marginalization confusing because it appears to place the onus for marginalization on the individual. I feel uncomfortable with the suggestion that people are ultimately responsible for rejection by society. The definition to me suggests that by making choices considered outside of what is explicitly permissible by society, a person has chosen to

live on the fringes. There is a hint of critique of the individual and none of society. Persons are responsible for their own isolation and the definition offers no suggestion that society might play a role in “marginalization”. At the same time, the definition is suggestive of the dangerous nature of differentness from even socially constructed dominant ideas of what is normal. I feel one of the challenges of democracy is opening discursive spaces for multiple, diverse voices while at the same time making choices within this field of diversity. Trying to hear voices of those who seem so different can be terribly frustrating. I personally have felt so deeply correct, that considering another’s idea takes all my self-restraint and compassion. Therefore, I have to balance my own voice, with voices of others, because even though democracy is tough, I still make choices. Even apparently small choices², can marginalize and compromise people or generate new possibilities and connections, helping to shake up ideas of normality when they become too rigid. People do not come in one- size fits all. The last two descriptions which include the contextual factors and purpose of marginalization, are the primary meanings attached to the word as used in the current research project.

“Dominant Culture” or “Why This Thesis is not a Poem”

Dominant culture is sometimes referred to as consisting of Euro-centric, heterosexual, and middle-class cultural norms (Edwards, 2009; Brown, 2010). The ensuing narrative on what is normal or acceptable, impacts all spheres of life lived in North America. For example in the therapeutic field, the normative standard may privilege rational, empirical approaches to solving life's problems (Howard, 1991; Johnston, 2000; McCabe, 2008). This thesis must still follow guidelines of rational, empiricist traditions demonstrating subject mastery through clearly

²I appreciate when persons have prefaced themselves by acknowledging we are on unceded Coast Salish territories. I feel like it reminds that I owe something, that I have some choices to make in this part of the bigger story.

supported arguments (Belenky, Clinchy, Goldberger, & Tarule, 1986). This thesis is not a poem. Such Western approaches may be completely valid and effective. However, conforming to dominant mental health culture norms and expectations without acknowledging the impact of marginalization and unique cultural practices of persons, may result in silencing (Brown, 2010; Edwards, 2009; Howard, 1991; McCabe, 2008). “For several decades, however, behavioural health professionals and researchers have observed that “main-stream” psychosocial treatments—offered by mainstream (non-Native) providers—are not well suited for a Native clientele” (Gone, 2011, p. 188). The sensitivity to power differentials, brought about by experiences of marginalization, may influence the stories people are comfortable telling in therapeutic contexts (Banks-Wallace, 2002). The counselling space is ideally an area where vulnerable persons can un-silence themselves in safety.

For the purpose of this thesis, I refer to dominant culture as the group that has the most power in determining which values, beliefs, and preferred identities are acceptable. These ideas make up the big story in which counsellors and clients live. Readers, the clients, and I, may be trying to live their lives negotiating through a variety of dominant culture messages and structures on both micro and macro levels.

Assumptions/Conceptual Framework

The conceptual framework for this thesis is rooted in feminism (Corey, 2013). The foundational feminist principles framing this research project are as follows (Corey, 2013):

1. Person interacts within a social/political context
2. Aim for change
3. Value voices of women

4. Focus on strengths not pathology
5. Many groups and persons face oppression
6. Develop awareness of power differentials.

Feminist researchers question the possibility of obtaining a purely objective, neutral stance in research production (Brown, 2010; England, 1994; Lyons, 2006). “We are differently positioned subjects with different biographies; we are not dematerialized, disembodied entities” (England, 1994, p. 248). Therefore, how I perceive myself interacting in the contexts I live and work informs this learning project. Feminist informed research practice asks me to analyze how I might engage in a way “that reinforces patterns of domination” (England, 1994, p. 242). I may interpret the research of others in ways they did not intend. Even though I am not working with live subjects, how do I ethically go forward without speaking for others, translating their research to prove my own bias? Since I must begin the thesis with a pre-formulated research question, is it even possible or desirable for me not to seek research that supports my research questions? I do not have the ability to consult personally with those whose work I am accessing. Therefore, I acknowledge a fair degree of power within the context of this paper as the subjective interpreter of the research used in this study. The reader must engage in their own reflexive process in order to come to their own conclusions or explore questions they may find useful in their own contexts.

Furthermore, the thesis writing experience parallels the counselling experience by offering the opportunity to explore power differentials and how they influence what is said and what is held. I may perceive that there are institutions functioning as gatekeepers to my desired goal: graduation. I myself in the work of this thesis am engaging with representatives of power. Similar to the counselling client, I may reveal more or less depending on my own felt sense of

empowerment and vulnerability. I am both powerful and powerless-I can make an infinite variety of choices if I am willing to accept the consequences. For those with less privilege than I, the consequences of even seemingly minor choices can be harsh. For example, if I was arrested for marijuana possession, I would experience unpleasant consequences but I would be able to return a level of privilege without too much difficulty. If I were a First Nations youth, this act might permanently move me down a level in socio-economic status.

In accordance with a feminist method, I am interested in considering the larger themes in the lives of those who may have experienced marginalization. I work to ground the thesis in a feminist perspective, acknowledging social realities as they affect the themes and issues faced by women (Ironstone-Catterall et al., 2011). Furthermore, feminist research engages in a process of "de-mystification" (Ironstone-Catterall et al., 2011, p. 40) in looking at the perhaps understudied areas of women's healthy development.

Significance of the Study

This thesis attempts to introduce counsellors to storytelling and its uses for women in therapeutic contexts. As a thesis project, I am, as the researcher, engaged simultaneously in the learning process. In the process of learning through the work of others, what I learn will influence my counselling practice. Specifically, this work is personally significant to my own practice approach. I hope to develop a greater understanding of feminist principles and their application in work with persons who may have histories of marginalization. Furthermore, this research project questions more intervention based, strategic approaches to counselling.

Although I believe these approaches are valuable, I wonder if the counselling literature fully explores the activity of talking or un-un-silencing in counselling those with experiences of

marginalization. Finally, on a social level, my hope is that the questions posed in this project will generate further discussion on women's health and development. Given that women, in addition, may have been a part of a marginalized culture, are their issues therefore better suited to a storytelling approach? One that aims for emancipation?

The following Chapter comprises a literature review, which explores in greater depth how storytelling might be uniquely therapeutically useful in supporting women's health.

Chapter 2: Literature Review

There are many benefits to storytelling within therapeutic contexts unique to groups who have a history of silencing. These benefits may include connection, empowerment, and the opportunity to make sense of life's most painful moments.

For thousands of years humans have used oral storytelling to make sense of their experience by relating to another human being (Banks-Wallace, 2002; Belenky, Clinchy, Goldberger, & Tarule, 1986), thereby achieving insight and fellowship. Storytelling has provided the opportunity for empowerment in that “the story emphasizes the value placed on believing in oneself, looking inside oneself for insight, and finding the strength there to cure illness (Hodge, Pasqua, Marquez, & Geishirt-Cantrell, 2002, p. 6). When life falls apart, telling stories may help clients imagine new plotlines when the old plot no longer works (Goering, 1996), creating possibility where there was once only a tragic ending. Storytelling does not need to follow rational guidelines and creates room for creativity on the part of the client to speak their story and re-imagine for themselves where it may lead (Johnston, 2000). When working with women, by opening up more of the therapeutic arena (Josselson, 2004), counsellors may hear “women’s stories in their totality...and how their wellbeing was impacted by a variety of factors” (Rolls, 2010, p. 111), generating greater clarity and empathy in the counsellor. In this

section, I begin with a brief examination of the therapeutic value of storytelling in general before focusing on its application to counselling women.

Therapeutic Value of Storytelling

Researchers have found that talking about distressing events is emotionally healthier than not talking about it. This finding perhaps comes as no surprise to counsellors who use talk therapy to improve clients' lives. In one study (2000), 256 undergraduates viewed a 14-minute presentation on the Holocaust. They were then assigned to either a "no talk control group" a "talk alone" group or a "talk to a validating confederate or invalidating confederate group" immediately after viewing (Lepore, Ragan, & Jones, 2000). Two days later, when participants watched the video again, they noted the number of times during the previous 48 hours they experienced intrusive thoughts. Researchers found those who spoke with the "validating confederate" had the lowest stress levels after re-exposure compared to those who did not talk to anyone. What is interesting about this particular study is the finding that even those who spoke aloud to themselves still experienced relief from distress. The study suggests speaking uninterrupted alone can ease distressing emotions.

In another study (1991), 102 male and female students either wrote or talked about troublesome events over the course of 4 days. Researchers measured mood before and after each session and conducted a follow-up 3 months later. Researchers describe the instruction given to the therapist for the talk group as follows "the role of the therapist was to reflect and reframe the emotional content of these descriptions back to the subject in a warm, empathic manner." (Donnelly & Murray, 1991, p. 337) At the end of the experiment, both groups who either wrote or talked about the traumatic event experienced range that is more emotional and self-esteem than the group that only wrote about trivial matters. To summarize, whether participants wrote

or talked about their concerns, by the end of the 4 days they felt better overall. The only difference was those in the talk group had no increase in negative mood at any point in the 4 days. Those who wrote alone about their painful memory did have some increase in negative feeling during the 4 days. Researchers suggest that talking to an understanding person makes the difficult process of dealing with trauma less unpleasant and painful. Given our social nature as human beings, talking to someone simply feels good or at least better than dealing with a problem alone. Their research suggests that there is something uniquely beneficial about speaking a story and even more specifically, speaking a story to another understanding person.

Other researchers have also found evidence within the brain suggesting the value of storytelling as potentially palliative. One research article charts the course of painful experiences in the brain. When a person speaks about a traumatic experience in a safe context, the memory can move forward into “verbally accessible memory” (Brewin, 2001, p. 381) under the protective domain of the pre-frontal cortex. The pre-frontal cortex serves as a psychological bodyguard, inhibiting conditioned fear responses due to trauma. Once safely housed in the protective dome of the pre-frontal cortex, the person can heal by weaving the story into their understanding. In contrast, unexamined, unspoken traumatic events remain in “situationally accessible memory” (Brewin, 2001, p. 381) further back in the limbic system. The pain is separate from a person’s coherent account of themselves and their experience. This unspoken story is a potential psychological land mine. Left unspoken and therefore unprotected by the pre-frontal cortex, the memory is sensitized to environmental cues, which may reawaken the emotional and physical pain. The research by Brewin (2001) supports talking about traumatic events in order to rewire into the pre-frontal cortex, protecting a person from automatically responding to the pain of the memory. The body needs to physically dissolve and integrate the memory into its

machinery for the body to work most effectively. Without the narrative process, the body may automatically react to environmental cues with symptoms such as heart palpitations, sweating, stomach pain, cramps, nausea, and weakness.

Additional studies provide further potential support for storytelling as a therapeutic action with physical health benefits. One such study by researchers at the University of California (2006) compared three groups: those who talked into a recorder, thought about, or wrote about a traumatic experience for 15 minutes a day over three days. Those who just thought about it had the poorest health out of the three groups. The study did not have participants speak to an understanding person. Instead, they spoke into a machine. Yet this was still enough to produce some perceivable benefit. Although the machine could provide no human response, its presence as a witness, a recorder, and infallible listener still gave comfort.

These studies suggest the possibility that telling the story of pain, actively generates a coherent composite of events that may otherwise seem frustratingly meaningless. The memory may become a troublesome knot, which, left on the cognitive floor of rumination, becomes a mental chew toy. Until the brain can digest the memory, integrate it into the physical hardwiring of the limbic system, the traumatic event has the power to affect the body's health.

Benefits of Storytelling for Women

Storytelling, with its emphasis on the client speaking about their own experience may offer unique benefits to women in three ways:

1) Storytelling may help women create a new self-valuing story of themselves within a dominate culture which prizes “key social-psychological guidelines and values that are not really applicable to women” (Miller, 1986, location 272) encouraging a greater sense of empowerment.

2) Storytelling may re-focus on the client as the sense maker of their experience rather than the therapist necessarily needing to offer interpretations (McCabe, 2008).

3) Women may safely explore the importance of relationships in their lives in a supportive environment.

Several counsellors note the value of empowerment, sense making, and relationships in women's lives and I will share research in those areas in the following section. To place the value of these areas in context, I will consider the role of the counsellor as both the listener and potential co-creator in these stories

The Influence of Dominant Stories in Therapy

Within the counselling field as in dominant culture, therapists may privilege individualism (Enns, 1991), goal setting (Wood, 2007), and the use of “power” over language. The dominant culture transmits powerful messages on what is normal and acceptable (Oakley, 1981) making it difficult to resist absorbing the story. Counsellors work with vulnerable women of all backgrounds. Therefore, reflecting on the story of sexism in our culture may be particularly valuable in order not to re-enact negating patriarchal notions of wellness (Hooks, 2000). Storytelling may offer benefits particularly for those who may have experienced the challenge of finding the voice to speak their personal stories within devaluing contexts. Within the dominant narrative, women may continue to experience silencing when their stories do not fit with cultural expectations (Brown, 2010, location 553). Therefore, taking the time to allow stories “to unfold” (Josselson, 2004) and allow the telling to “become an expression of healing in itself” (McCabe, 2008, p. 147) may create a non-directed space in which women can express themselves more freely.

Possible Therapeutic Tasks for Women

In the next section, I will explore research on themes of empowerment, sense making, and relational needs as related to storytelling and their direct value in improving women's lives.

Empowerment

Several researchers note the recurrence of empowerment themes in women's stories placing empowerment as one of the foundational goals of feminist therapy (Brown, 2010). Some suggest empowerment for women is not meant “in the usual sense of control of other humans and/or resources” (Brown, 210, ch. 3) but rather relates to a kind of self-determination that works to maintain the web of connection with others. Brown elucidates the meaning of power as a combination of awareness and ability to make the best choices based on this level of consciousness. Such a woman in power knows her social and personal history. This woman understands the interplay of social, historical, political contexts of the time she lives in and the story that came before. She is able to use this knowledge base to make informed choices for her own well-being and those of others. This woman is not only the receiver (Belenky, et al; 1986) of dominant cultural messages but is also a reflexive agent, able to distinguish what is hers and what is not. Empowerment in the feminine sense encompasses the active struggle to balance the needs of others with the needs of the self (Miller, 1986). Jean Baker Miller, one of the developers of Relational-Cultural Theory, speaks about women’s struggle to enact power in ways that are cooperative rather than hierarchal (Miller, 1986) supporting personal achievement without subordinating other people. Given women’s long story as caretakers, women may feel guilt when putting their own needs first. They may still possibly be more comfortable working in supportive roles rather than risk relationships if they become too outwardly empowered (Enns, 1991).

For women, there may be key points in their lives in which it may be helpful to examine their relationship to power in a safe, supportive environment. In fact, women may be coming to counselling at just those points when they are in conflict with power: in their relationships, in attempts to gain economic leverage or when moving in a different direction from socially sanctioned norms. How to enact empowerment in ways that feel healthiest may be a theme that comes up consistently in women's stories.

Several counsellors have observed the benefit of empowerment in their work with women in a variety of contexts. Holly Loveday (Loveday, 2009), a domestic violence counsellor, notes the importance of considering power when working with women. In her group work with women dealing with domestic abuse, women may experience the underlying frustration of therapists when they consistently return to their abusive partners rather than leave. Efforts to empower women to leave may set women up to fail and feel further dis-empowered. Loveday found that by highlighting the parts of their story in which they were resourceful, clever, and still enacted their values, increased their feelings of empowerment. The women in the group continued to engage with counselling services and made plans for emergencies. She argues for a more complex exercise of empowerment in which counsellors support women to “find a safe place from where she can speak about the violence without being defined by it” (p. 7). Although this process may take more time and less visible progress, this stance on the part of the counsellor allowed stories to unfold in which the women could reconnect to personal power in the midst of dis-empowering circumstances.

Storytelling may further help women resist societal pressure to conform and feel empowered enough to express their own values. Jane S. Grassley and Tommie P. Nelms, (2009) performed a secondary analysis of breastfeeding stories from 13 women. Lactation consultants

collected stories from 2002 to 2004 in one-on-one interviews using two open-ended questions. The researchers describe the storytelling process as “emancipatory, as women are invited to be active participants in the identification of inequitable social and cultural structures and in planning needed changes” (Grassley & Nelms, 2009, p. 2448). Here the term “emancipatory” is arguably interchangeable with “empowering” in seeking to encourage a sense of personal authority and questioning of social authority. The researchers noted through the invitation to tell their stories with no interjection on the part of the lactation consultant, women appeared to open up about their frustration at the pressure to breastfeed in particular ways (Grassley & Nelms, 2009). Those in perceived positions of authority expressed these expectations through subtle or not so subtle criticism. Workplaces often did not support working mothers with childcare or places to pump while community members, friends, and family could appear judgemental about the choice to breastfeed. At the same time, healthcare providers did not give them enough information about the facts of breastfeeding and some women expressed feeling inadequate when they found breastfeeding challenging.

In this project, these mothers had to make a choice about how engage with power in their roles as caretakers. According to the study, the women came up against a confusing “storyline” (p. 2451) which goes like this: a) women should naturally know how to breastfeed and therefore breastfeeding should be easy b) if breastfeeding is not easy the mother may be flawed in some essential way c) if the mother is flawed she may need more instruction from experts d) experts lack information e) breastfeeding should be kept out of the public eye. Some might argue that this process is a private decision. Yet because women are involved, there may be a sense that society is entitled to decision-making power. The breast as a source of food may make some uncomfortable who might prefer to retain the breast as a sexualized object apart from its full

sensuality. Once they were able to speak and later execute their own values regarding this personal act of mothering, participants reported relief and growing sense of validation. In this example, researchers elicited rich stories with just two questions, perhaps supporting women in talking through and discovering their own wisdom. With little interjection on the part of the consultant, women were able to connect with their empowerment and resist pressure to conform to ways that did not work for them.

Another researcher (Goering, 1996) also found that by encouraging women to share their stories, women discovered a greater sense of empowerment not just on a personal level but also on a social scale. Through interviews with women from seven different global Rhett organizations, Elizabeth Goering (1996) explored how storytelling helped mothers of daughters with Rhett syndrome empower themselves to advocate for change. Rhett syndrome is a rare condition affecting only girls that causes severe mental and physical impairment during infancy. Goering describes the experience of the women as “empowering through the act of storytelling” (Goering, 1996, p. 3). In the act of sharing stories, women were able to celebrate their competence, connect with other women dealing with the same issues, and share elusive information on how to advocate for their children. In a sense, their research is a good example of capacity building form of empowerment, in which community members share skills and information to advocate for a shared goal (Wendt & Gone, 2011). The women of these Rhett organizations often had little knowledge on how to access resources on this rare condition. By telling their stories to each other, they were able to assess their successes while empowering others with the knowledge they gained. These women created a new history, a knowledge resource that other women could turn to for guidance. Goering's (1996) interviews provide

further evidence of the potential of storytelling to benefit women in achieving empowerment for themselves and others.

Storytelling as a Sense Making Experience

Stories connect the listener and the one being listened to, creating a “common experience between teller and listener” (Banks-Wallace, 2002, p. 411). The teller shares the burden with another. Even if the listener is silent, only responding with body language, the encounter still becomes a dialogue, a reflection. Without this opportunity, the experience may remain a ruminating monologue rather than a story of “an evolving self with history” (Josselson, 2004, p. 120). Storytelling can have unexpected benefits even in contexts in which therapy was not the goal. Julia Vadja (2007), a researcher conducting interviews with Hungarian Shoah survivors, noted a therapeutic effect on one of her interviewees. Vadja interviewed a woman sterilized in Auschwitz who for years held in painful memories. The woman reported relief and requested more of the “technology” (Vadja, 2007, p. 92) used in the interview. The technology was the narrative biographic interview technique. In this style, the interviewee inhabits the primary speaking role with the interviewer acting primarily as listener. After many years of holding her story in, sharing her story relatively unimpeded, helped her make some meaning of a horrendous past. Storytelling may therefore be especially useful for giving the space to the client to make sense of the pieces of their story while letting go of any shame.

Other therapeutic workers/researchers use myths, stories, and metaphors in their work with women to help women get in touch with their intuitive sense making process. Anita A. Johnston (2000) used folktales to illustrate teachings to support women in redefining the role of food in their lives. The folktales use the language of metaphor, a kind of poetry rather than a rational, pathologizing language, guiding women into a deeper intuitive relationship with what

their hunger represents. Hunger for food may be a hunger for love, compassion, self-respect and so forth. Johnston's research suggests women can learn by listening or reading stories and then reflecting on them in order to make sense of their own experience.

Relationships and Connection

“A woman's life stories, in other words, are concerned less with "what I have done, what has happened to me," than with how, with whom, and under what circumstances she has successfully sustained "life," as in bodily and emotional well-being—her own but also that of past and present kinfolk, friends, and fellow residents of her tiko” (Gengenbach, 2006, paragraph 13). “Tiko” is a term related to both the earth and the people on it, and considers that communities are not just human but animal, mineral, and plant. Honouring these interconnections keep us each and all alive.

One of our cultures most soul destroying, barbaric punishments is solitary confinement. Our culture understands the damaging psychological effects of isolation while advocating for increasing detachment from others in our tiko. Jean Baker Miller and Irene Pierce Stiver (1993) suggest, "women are more often searching to participate in connection to others" (p 425) perhaps given their socially supported historical roles as caretakers of children and families. Women learned to cultivate relationships and seek independence cautiously. The struggle towards independence has often meant isolation, from children, partners, and other women. This legacy is still alive today in the struggle of many contemporary women. Women understand the value of relationships and still struggle to balance relationships with attempts to access greater socio-economic freedom. Real barriers to achieving this balance are apparent in the astonishing reality that few companies offer support for women who may wish to care for their children while developing economic stability. In a world that is increasingly experiencing the negative effects

of narcissistic , destructive "I in dependence", the "I" constantly in search of the elusive "more", at the cost of connection with other human beings, women's development may provide useful cues for how to balance these strivings. Therefore, the opportunity for women to tell their stories in therapy may provide the emotional space for dependence: a state currently pathologized as, at minimum, a state of foolishness, at worst, indicative of mental and psychological deficiency needing treatment.

The therapeutic benefits of connection with others and the dangers of isolation are well documented in the mental health field. Historically, researchers view women as particularly reliant on relationships as a source of strength and support. Several researchers have observed the recurring theme of connection in their work with women (Belenky et al., 1986; Miller & Stiver, 1993; Brown, 2010; Enns, 1991; Gilligan, 1982; Johnston, 2000). Women's wellness is not just about personal achievement but interconnected with the quality of their relationships (Enns, 1991). Potential listeners may ignore women's deep relational needs when trying to conform to an artificially produced ideal of fierce independence (Miller & Stiver, 1993). Counsellors may view "embeddedness in relationships as dependency" (Enns, 1991) when looking through a cultural lens which places individuation at the pinnacle of mental health and dependency as the pinnacle of mental dis-ease. The part of the story in which relationships are a source of sustenance may be lost. Ever increasing webs of healthy dependence are more likely to be supportive. In the following section, I will explore research on the role of relationships in women's stories of themselves.

Considering the role of relationships in women's stories of themselves and their attempts to make sense of dilemmas may be vital in fully understanding women's experiences. For example, had Carol Gilligan (1982) accepted Lawrence Kohlberg's framework for identifying

stages of moral development, in which the ability to reason was the primary indicator of advanced morality, women today could potentially be viewed as morally under-developed. However, in their landmark study of moral development in children, Gilligan observed that girls appeared to wrestle with how any particular decision would affect the relationships in the scenario rather than taking a more distanced approach. Gilligan noted, “her world is a world of relationships and psychological truths where an awareness of the connection between people gives rise to recognition of responsibility for one another, a perception of the need for response” (Gilligan, 1982, p. 30).

In the moral dilemma, interviewers asked children if the husband should steal a drug in order to save his wife. Although the boys in the study tended to answer “yes” or “no” appropriate to the binary style of the question, the girls struggled. Gilligan hypothesized the girls seemed to work through the problem in terms of the relationships rather than as an exercise in justice. Stealing the drug might help the wife in the short time, but Heinz would probably go to jail and they would suffer the pain of separation. The druggist may have missed an opportunity to engage in a relationship in which he becomes someone's hero. By setting aside the dominant framework, Gilligan was able to hear this non-pathologizing story and tune in to the value of relationships in the girls' attempts to solve a complex problem. Gilligan's probing research suggests by listening for the value of relationships in women's stories, even when they seem irrelevant, develops a richer understanding of how women deal with the dilemmas they face.

In a variety of therapeutic contexts, counsellors observed the power of relationships in women's stories (Loveday, 2009; Rolls, 2010; Williams & Taylor, 2004). Two of these researchers, Rachel Williams and Janette Y. Taylor, worked with a group of nine incarcerated women and used collages to start a storytelling process about relationships. Used as “narrative

aid in the storytelling” (Williams & Taylor, p. 50), the collages freed participants from artistic self-consciousness while supporting women in the process of revealing the operation of relationships in their choices. For some, painful histories of abuse by others directly led to women making choices that ultimately landed them in jail. Although the authors do not go into detail, the article suggests the women were able to analyze how their relationships were supportive or detrimental. By actively reflecting on these relationships, perhaps the women gained the knowledge to make different choices in the future, while developing compassion for them given their often-painful experiences of relationship. The research of Williams and Taylor supports the value of storytelling in revealing the impact of relationships in women's life course.

For women, telling the stories about their relationships to each other in a safe environment can provide relief through fellowship with other women. Researcher Judith A. Rolls (2010) worked with five focus groups with three to five participants. The purpose of the study was to discover the major factors in determining what helped women get over breakups with relative ease and what factors made breakups more difficult. The primary purpose was not therapeutic. They eased the pain of losing one relationships by building relationships with other women. Each session guided only by five questions, women had time to share their stories. . The article describes the relief women expressed in being able to connect with other women going through similar situations. In a group space, they are able to reach out to each other, give advice, and openly express emotion. In this kind of storytelling format, women created a larger story, a story connected to the stories of other women in similar struggles.

Summary

Storytelling, with its open-ended approach rather than intervention focus may offer a unique “technology” (Vadja, 2007, p. 92) focused on listening. The focus is on the interviewer

listening, seeking to empathize with the teller's experience rather than necessarily actively interpreting or strategizing solutions. The research literature suggests storytelling on its own may offer unique curative benefits for women in a variety of therapeutic contexts (Ali, 2014; Goering, 1996; Grassley & Nelms, 2009; Hodge, Pasqua, Marquez, & Geishirt-Cantrell, 2002; Janette, 2004; Josselson, 2004; Loveday, 2009; Rolls, 2010; Vajda, 2007). As Afra Kavanaugh (2010) writes, of the authors in her introduction to *Women in/and Storytelling*, "all affirm the connection between women and storytelling and recommend the ethical use of storytelling in a variety of settings or situations as both a learning and healing tool" (p. 91). Women may experience greater freedom to speak on body and health issues (Goering, 1996; Grassley & Nelms, 2009) without the pressure to conform to societal expectations. Marginalized women find the voice to tell and retell their stories of pain to supportive others (Janette, 2004; Loveday, 2009), or come together to work through relationship endings (Rolls, 2010).

Storytelling is an ideal method for opening the therapeutic space to a sense making process (Vadja, 2007), while at the same time allowing women to explore the impact of relationships and empowerment in their lives (Belenky et al., 1986; Enns, 1991; Miller, 1986; Miller & Stiver, 1993). Dismissing the importance of relationships in a woman's life may lead to a failure to acknowledge a woman's deepest needs for connectedness. Despite gains in economic and societal power, many women across the globe still experience the vulnerability of financial dependence, the pressure of cultural norms, and the risk of sexual shaming or assault. Living in a cultural story, which dis-empowers women, women's stories, may nevertheless still consistently speak of the alternate struggle towards empowerment and fulfilling, supportive relationships.

When working with women and their stories, it is also valuable to reflect on the stories put out by the dominant culture. Counsellors live in the cultural story just like clients and therefore may absorb andocentric themes, which prize vigorous self-reliance, reason, and power. Even those in helping professions may still tend to view needing others as a weakness, non-rational, creative methods of sense making as suspect, and tentative engagement with power as timidity. Women may still be working to “claim the power of their own minds and voices” (Belenky et al., 1986, Introduction section). The research suggests examining one's own role in bringing a story of the dominant culture into the room (Hooks, 2000) as a vital practice to clear the space for the themes relevant to women. Listening skills rather than interventions may be exceptionally useful when working with women.

Most of the research (Goering, 1996; Grassley& Nelms, 2009; Loveday, 2009; Vадja, 2007) is primarily qualitative giving narrative descriptions of women's experience with storytelling. I could find no quantitative studies or mixed methods studies comparing the efficacy of an open-ended storytelling approach to a more directive approach when working with women. In fact, much of the literature relates stories of the researchers own subjective understandings of how women benefited from a storytelling process. These stories provide layered descriptions and suggested ways in which storytelling elements can enrich women’s experience in therapeutic contexts.

The research area of women and storytelling may benefit through some quantitative/ mixed methods research comparing the benefits of storytelling with other approaches such as CBT. I could find no other studies comparing the experience of women receiving therapies such as CBT, Solution Focused, versus a more non-directed approach that facilitates storytelling. A second area to study might be what aspects of storytelling are particularly beneficial to people

who have experienced institutionalized oppression. Supposing that dominant ideas may colonize the therapeutic space with set ideas about mental health, how does storytelling serve the client? Finally, what more can we learn about this "technology" of listening and how can counsellors skilfully listen in ways most helpful to the women they serve?

Chapter 3: Methodology

The following section describes the use of the narrative literature review as the methodology for my primary research topic on oral storytelling in therapeutic contexts with women. I offer a brief definition of a generic literature review before discussing its purpose as a research project. I then describe some of the key features of a narrative literature review in contrast to a systematic literature review. An overview of the databases and keywords used in the search is given followed by a discussion on my role as researcher.

Definition of a Literature Review

A literature review surveys current research in a field and provides a summary to the reader (Cronin, Ryan, & Coughlan, 2008). The gathered research is then framed within a social/historical context (Green, Johnson, & Adams, 2006). A variety of contemporary research, (Cronin, Ryan, & Coughlan, 2008) drawn from multiple sources, is brought together in one cohesive document (Baumeister & Leary, 1997). The challenge of writing a useful literature review is the lack of a definitive guide on how to do so successfully (Baumeister & Leary, 1997; Boote & Beile, 2005; Green, Johnson, & Adams, 2006). However, there are some guidelines for writing a useful review. According to Boote and Beile (2005), a literature review performs key functions: it covers, synthesizes, reveals, recognizes, and clarifies. The review covers the chosen area of inquiry based on variables that the researcher has decided are relevant to the research question. The researcher synthesizes by placing the issue under study in "the broader scholarly

literature" (p. 7) and "historical context of the field" (p. 7). The reviewer pays attention to the methodology used in the research referenced, recognizing how they affect the researcher's conclusions. For example, randomized clinical trials versus case studies may be given different degrees of empirical power and may impact what conclusions can be supported (Cronin et al., 2008) based on the research. The reviewer helps the reader follow the argument. Ideally, the reader can travel a clear path from the research questions through the field of presented research to the interpretation of the researcher (Green et al., 2006). The end of the literature review should discuss specific implications for the field being studied (Baumeister & Leary, 1997), offering the question, what might we do now?

Why a Literature Review

There are five primary purposes to a narrative literature review: theory development, theory evaluation, knowledge survey, problem identification, or historical account (Baumeister & Leary, 1997). The primary research question is, "how might counsellors use storytelling with women in therapeutic contexts?" This question is at the hub of the wheel of inquiry, from which there are many possible spokes. The spokes I follow along are the sub-questions: How have groups who may have experienced marginalization use storytelling? How does the dominant story come into play? What are some possible therapeutic tasks that emerge through storytelling? These curiosities underlie the primary question and may add complexity (or confusion) to the review. Impelled by these curiosities, I survey the knowledge from the feminist perspective including articles on the use of storytelling by other groups who may have experienced historical marginalization. This literature review is not intended as an exercise in theory development or evaluation nor does it provide a strictly chronological account of the "history of an idea" (Baumeister & Leary, 1997, p. 312). The two primary purposes of this

narrative literature review are to function as a knowledge survey while identifying areas for further questing.

The literature review also performs important functions for both the researcher and the community. A literature review educates the researcher while adding new knowledge to a particular field (Boote & Beile, 2005). "The review of literature can be seen as an end in itself, either to inform practice or to provide a comprehensive understanding about what is known about a topic" (Mertens, 2010, p 91). As a student researcher, this thesis is an opportunity to learn about storytelling and its therapeutic utility with groups who may have experienced marginalization. As a future counsellor, I hope what I learn through this process will motivate me to listen deeply to the client. Furthermore, this project may encourage me to extend and deepen my social justice stance by viewing clients within larger social/political/historical contexts.

As mentioned above, the second purpose of a literature review is to educate the community (Boote & Beile, 2005; Cronin, Ryan, & Coughlan, 2008). Readers are offered a snapshot of current research while gaining inspiration for further exploration. An outcropping of this educative value is that it can "propose studying the effect of an innovative intervention" (Mertens, 2010, p. 91). For example, in this thesis, the effects of the storytelling approach are explored. Since my entire thesis is a narrative literature review, I try to explore the topic in some depth to provide context and complexity (Mertens, 2010, p. 90). The hope is that other counsellors in the field will have an accessible document to pull resources from and to engage in discussion. The value of a literature review is to serve the public as an information source. However, the reality is that few literature reviews are ever published (Boote & Beile, 2005), and few theses are read by others in the field. Therefore, the purpose of this thesis, structured as it is

through a literature review, will be primarily to educate myself on my chosen topic and the selected research process itself (Cronin, Ryan, & Coughlan, 2008).

Finally, a literature review is cumulative and generative (Boote & Beile, 2005) and is primarily an "integrative endeavor" (Baumeister & Leary, 1997, p. 317). Cumulative in part by summarizing research (Cronin et al., 2008; Green et al., 2006), while generating ideas on what the research might mean (Boote & Beile, 2005). Integration describes the task of pulling together individual literature under the umbrella of the driving research question (Baumeister & Leary, 1997). I, therefore, attempt to integrate the experiences of other groups (Thorne & Varcoe, 1998) with storytelling in therapeutic contexts, rather than including only women, to create a fuller picture of how storytelling might be used. Feminist philosophy functions as the over-arching conceptual framework as I attempt to merge theoretical ideas with practical research examples based on a feminist standpoint and epistemology (Mertens, 2010). As a future counsellor, I hope to work with women and persons who may have experienced marginalization as part of their history. I am, therefore, particularly interested in ways to serve these communities in ways that will not contribute to re-silencing in therapeutic spaces. The literature review process is an opportunity to engage with materials and questions that will later inform my counselling practice (Cronin et al., 2008; Green et al., 2006). Through the learning opportunity of the literature review process, I hope to gain research skills in summarizing literature and generating useful insights that will infuse my work as a counsellor.

Description of Narrative Literature

A narrative literature review may be referred to as a "traditional literature review" (Cronin et al., 2008, p. 38) and is slightly different from a systematic literature review. A narrative overview or narrative literature review is a type of review that pulls from a range of

different research sources (Green et al., 2006), sources that may otherwise seem un-related (Baumeister & Leary, 1997). Therefore, narrative reviews may open up a broader vista on the issues (Green et al., 2006), or, the questions under examination. Narrative reviews provide the grounding for the research question while challenging the researcher to come up with their own novel, new understandings of the literature (Baumeister & Leary, 1997). This process may generate discussion alongside ideas and possibilities for a new theory (Green et al., 2006; Baumeister & Leary, 1997).

In contrast, systematic literature reviews are more comprehensive and must provide the reader with an exact methodology on why articles are included (Cronin et al., 2008). They must operate within clearly defined "detailed, rigorous, and explicit methods" (Green et al., 2006, p. 103) and serve to answer highly specific research questions (Cronin et al., 2008).

There are some key features, which identify a narrative literature review. For example, research pieces may be summarized without the need analyze their methodology (Green et al., 2006) stringently. Second, narrative literature reviews are considered to be less systematic (Cronin et al., 2008; Green et al., 2006). Therefore, there may be more bias revealed on the part of the researcher given the less restrictive structure of the narrative review. This subjectivity is not necessarily a negative. As long as the researcher can support their conclusion, the researcher can make the best guess given their interpretation of the materials (Baumeister & Leary, 1997). Third, narrative literature reviews follow looser methodological guidelines in comparison to systematic literature reviews (Baumeister & Leary, 1997; Cronin et al., 2008). For example, a systematic literature review requires strict adherence to defining precise research parameters within a narrow field of inquiry (Cronin et al., 2008). Fourth, a key feature of narrative literature reviews is their accessibility to the reader. A useful narrative literature review connects

the dots between the research question, the research presented, and the conclusion drawn from the study of the literature chosen for the review (Green et al., 2006).

After reading the narrative literature review, the reader will hopefully appreciate the research question within a social/historical context and have a convenient document filled with studies related to the topic.

Finally, a literature review process is an organic learning experience in which a subjective person interacts with new knowledge. Therefore, the question or hypothesis guiding the research may be re-shaped by the discovery of new information (Mertens, 2010). In this sense, "literature reviewers should be led by the evidence" (Baumeister & Leary, 1997 p. 314) rather than holding on to pre-determined ideas. There is some room for flexibility and circularity-each new piece changing another. In the excitement of discovery, a researcher may track paths unanticipated at the start of the project. My initial purpose was to learn more about storytelling and women. This led to learning more about how women have historically experienced challenges in psychology, often diminished when not fitting into the dominant story. Other persons, such as those in African-American and Aboriginal/ Indigenous communities, have perhaps experienced similar diminishment in counselling psychology contexts. Therefore, my review encompasses storytelling by African-Americans and First Nations used as a therapeutic action. Influenced by feminist perspectives, this thesis pulls from those experiences to ultimately serve women in therapy. Gender is not necessarily the primary inclusion criteria to be considered feminist research (Ironstone-Catterall et al., 2011; Thorne & Varcoe, 1998). The challenge of the narrative literature review is to balance the need to be guided by the research without straying completing off topic. The following is an overview of

the keywords and databases used to confine the research arena while still including a diversity of research.

Databases and Keywords

The following databases were accessed to conduct the literature review: City University Catalogue Plus, City University Librarians, PsycInfo, PsycArticles, and the Psychology & Behavioral Sciences Collection, Google Scholar, Amazon.com, and the worldwide web. The following keywords were used in the search: therapeutic effect listening, oral storytelling and women, oral storytelling and therapy, benefits storytelling women, women and therapy and storytelling, feminism and storytelling, feminism and story, narrative therapy and women, life story interview and women, storytelling and African American healing, therapy and story and African American, storytelling and First Nations, aboriginal storytelling, indigenous storytelling, dominant discourse, therapy and story and first nations, feminist research methodology, narrative literature review.

The parameters for the research focused on materials that discussed storytelling and its therapeutic benefits starting from a broad outlook to a narrow base. For example, a general introduction to the therapeutic benefit of talking is included. Whether this section is ultimately useful in adding to the totality of the research project is currently uncertain. Finally, materials that explored storytelling but did not explicitly relate storytelling to therapeutic outcomes were excluded. For example, I found an article in which storytelling was used to generate group dissection of female stereotypes (Ali, 2014). This article was not included because it did not describe any therapeutic benefit for the participants. However, another researcher may have inferred a therapeutic benefit and included the article.

The above is a brief snapshot of the resources accessed to conduct the literature review to the best of my knowledge. However, I am not sure that the methodology described above is enough to permit another researcher to duplicate and come up with the same results (Green et al., 2006). The above does not accurately capture the researcher's role in selecting what pieces were included in the review and by what criteria others were left out. In the next section, I discuss my role as a researcher in selecting the literature, examining my subjectivity and the impact of feminist ideas on the research.

Role of the Researcher

Inherent in any research undertaking is the subjectivity of the researcher. Whether a person as researcher can truly be "unbiased and neutral", (Lyons, 2006, p. 1) is debatable. One of the definitions of subjectivity is: "peculiar" as in "modified or affected by personal views, experience, or background" (Peculiar, " n.d., para. 1). Without the unique peculiarities of the individual, novel questions or ideas may never be brought out. At the same time, the peculiarity of the researcher may be negative when ignoring research that does not support researcher's bias (Baumeister & Leary, 1997; Green et al., 2006; Ironstone-Catterall et al., 2011). Attempting to balance the possible benefits and downsides of subjectivity and objectivity is challenging, and I am not sure I will succeed. The tricky part about having a blind spot is that it is a blind spot. The fact that I have chosen a topic at all is already an act of subjectivity: the choice reflects the researcher's own values, background, context and interest.

This thesis is further biased in seeking to privilege the voices and experiences of those who have faced inequalities (Ironstone-Catterall et al., 2011) placing it in the family of feminist research. Three wheels intersect in this thesis exercise: the outer wheel of the "broad structural" (Ironstone-Catterall et al., 2011, p. 55) context, the middle wheel of the organizational context,

and the center wheel of individual experience. In speaking of women, and others who keenly experience social impacts, these wheels are intertwined. Therefore, speaking of one without the other is challenging. In fact, these wheels mirror the counselling process in which the counsellor may learn to include the larger context of a person's life while working on an individual level.

At the same time, my research project is further influenced by feminist principles around reflexivity. Reflexivity describes a transparent analysis of the researcher's role in the research process, including how biases come into play (Lyons, 2006). Rather than aiming for 'pure neutrality', I acknowledge my subjectivity which informs the initial research question and following research path (Thorne & Varcoe, 1998). My particular kind of subjectivity is in part shaped by my cultural backgrounds. Some feminist researchers question the value of the sharing one's cultural categories in research documents (Thorne & Varcoe, 1998). Disclosing such categories without analyzing their impact may be meaningless if this level of transparency does not support the researcher in analyzing their subjectivity. As a counsellor, I will consistently strive to acknowledge my own background and levels of privilege in therapeutic work. I believe this same reflexive process is essential to my particular research process. Since I cannot separate myself from the influence of my cultures, I will try to reflect on them striving to be ethical and transparent in my research (Mertens, 2010). The elements of my own context, including values and beliefs, all informed the peculiar path of my study (Thorne & Varcoe, 1998).

As the reader, I am an intersectionally connected part of many cultures. Some of my cultures include being a woman, being a person of color with influences of American, African

brought to America, German, Canadian, and theatre ³ cultures. These various cultures operate in this thesis and guide the current research interests. As a woman, I am personally interested in the gendered part of my own story. At the same time, I want to serve women in the most responsible way. In this document, I make the conscious effort to, as much as possible, include work by women. Therefore, I began the research by accessing classic feminist works to a) develop a conceptual framework b) get a sense for the issues women talked about in feminist works. This process led to locating primary articles related to storytelling (Onwuegbuzie, Leech, & Collins, 2012).

As a person of colour, I am personally invested in understanding the experiences of other persons of colour who may have experienced marginalization. As a person of two primary cultures, African American and Caucasian, I speculate I am particularly interested in finding the links among cultures. Consequently, I make a conscious effort to include works by African-American and First Nations cultures (Onwuegbuzie et al., 2012).

As an actor for over a decade, I have been an interpreter and communicator of stories. Inclinations towards connection and interpretation are embedded parts of my "peculiarity". Within this document, the desire to connect with the intimate circle of readers may sometimes emerge in an attempt to return to a place of human level interaction.

As a Western person, I have a high degree of socio-economic privilege. I am humbled by the need to examine my role in stilling voices of difference or encouraging voices that relay the client's truly lived experienced. The person-client is ideally at the center of importance. For this narrative literature review, I try to give primacy to voices that may get lost.

³I spent many years as part of theatre communities. This grounding in a world of story performance, theatrical narrative, and interpretation are part of who I am as a writer, counsellor, and person.

Considering the history of psychology, groups who have experienced oppression may be vulnerable to further oppression when these voices are potentially re-silenced in therapeutic contexts. Re-silencing may occur by demands to fit into particular ideas of wellness or mental health. Therefore, this project is driven by a desire to become a conscientious "ally" (Qmunity, Queer Competency training, Sept 30, 2014). I value the self-reflective process in order to question dominant stories. The stories of dominant culture on what is well, healthy and appropriate may permeate my therapeutic culture (Gone, 2011). In order not to re-enact oppression on my future clients these stories must be deeply considered. I would not be the first well-intentioned counsellor to use the power I have as counsellor, to populate another person's story with my own version of the mainstream narrative of appropriate wellness.

Even as a novice counsellor and any attempts to equalize the relationship, the balance of power is in my favour (Brown, 2010). I have received specialized training in counselling, granting me knowledge, skills, and resources perhaps not accessible to the person-client coming in for help. As a novice researcher, I have a responsibility to present the work of others in a way that is in line with their intentions. However, I must acknowledge the power I have in moulding the research I present to the reader.

In summary, the methodological approach for this thesis is a narrative literature review. The narrative literature review is less strict than a systematic literature review in allowing for a broader inquiry and theorizing process (Baumeister & Leary, 1997). However, the narrative literature must still honor empirical research practices (Cronin et al., 2008). This narrative literature review is strongly influenced by feminist principles in which I acknowledge how my cultures influences the content and tone of this project while focusing on research that will, hopefully, benefit women.

Chapter 4: Results

The Story of “Results” versus “Findings”

Researchers may conceptualize a “results” section from both a literal and metaphorical perspective. Based on a literal interpretation, the results section of a research paper is "the presentation of information uncovered during the research process" (Berg, 1998, p. 271). There is also a distinction between a "findings" (p. 276) and a "results" section (p. 276). A findings section functions primarily as a summary for the reader, while in a results section, the researcher engages in the early stages of analysis; both processes summarize research conducted thus far. However, a "results" section goes one-step further, by exploring possible relationships between key points uncovered in the research and connecting them to the primary research question. Similar to the counselling process, complexity, even confusion, may emerge from the researcher’s evolving relationship to the original questions. Furthermore, the results section functions as the spark for the proceeding discussion chapter introducing possibilities for further research in the field.

As a result of re-engaging, re-reading, and re- thinking through the previous research, I am noticing a new story emerging. The purpose of my research from this point seems to be moving towards honouring the principles of Indigenous, African American, and feminist storytelling in counselling. Indigenous storytelling highlights connection to land and family, is intergenerational, and uses stories as acts of “resistance and resilience” (Corntassel, 2010). In African American storytelling, the storyteller is the most important, deeply respected person. Storytelling serves to nurture community, give voice to “unique cultural identity” (Banks-Wallace, 2002, p. 412), and de-mystify oppression. How can therapists use these storytelling traditions in ways that support feminist aims for women in therapy?

Therefore, in the following section I will summarize the previous research in this paper working towards articulating what it is I envision, when integrating these concepts. I attempt to perform a summary in line with thesis guidelines. At the same time, I hope to be transparent about my own fumbling attempts to question androcentric⁴ counselling practices while finding a way to put into words the feminist principles I am trying to incorporate. I will then suggest how the key points of the research either support or conflict with the driving aim of this project namely to "explore benefits of female oral storytelling in the therapeutic relationship from a feminist perspective" (Myers, 2015, p. 3). Finally, I provide suggestions for further discussion.

Storytelling: What is it good for?

Research suggests storytelling in therapeutic relationships is a style that may generate a conversational area that frees the therapist from the need to be prescriptive (Brown, 2010; Enns, 1991; Johnson, 2010; Nelms, 2009). The space may then become one that supports a feminist revelatory process. The therapist may enliven the space with a warm willingness to engage in a deeply personal, sense-making process with the client, as a curious listener. For example, on a daily basis, women may experience the small disorientations of subtle sexism which therapists may help demystify with the client (Hooks, 2000). Women may walk away feeling greater validation and the ability to educate other women. This process generates a storytelling mechanism, a shared “**herstory**” that women can draw on in the future to face struggles. In place of a pathologizing, disabling template is a new yet tested template for what is possible. Furthermore, feminist researchers have noted the need of women to not only consider relationships in their decision-making (Gilligan, 1986), but also the power of relationships to

⁴This word does not exist in my Microsoft Word English Canadian or English US dictionary.

shape mood, sense of self worth, preferred ways of working, and life goals (Gengenbach, 2006; Miller & Stiver, 1993). Historically, parents and society have oriented women towards more training in outward compliance than inner empowerment. Dominant discourses may hinder the blossoming of women's stories when heard through a filter that weeds out stories of oppression/resistance, dependency, and empowerment. Issues may be misunderstood when the historical significance of these themes in women's lives are un-acknowledged.

Recalling the Ways to Tell a Story

Storytelling through the mechanisms of speaking, writing, and drama, all facilitate therapeutic healing. Evidence suggests that speaking, either to oneself or another person is in itself an act of self soothing (Brahnam, 2012; Brewin, 2001; Donnelly & Murray, 1991; Lepore, Ragan, & Jones, 2000; Lyubomirsky, Sousa, & Dickerhoof, 2006; Miller & Stiver, 1993; Pennebaker, Colder, & Sharp, 1990; Vajda, 2007). Research also shows that "requiring individuals to translate previously inhibited traumatic experiences into language--either through talking or writing--produces important physical and psychological effects" (Pennebaker, Colder, & Sharp, 1990, pp. 529-530). Communication is a key to healing. If one believes in a soul or a personality, even speaking to oneself generates internal movement (Lyubomirsky, Sousa, & Dickerhoof, 2006). This subsequently sets in motion a sense-making mechanism that helps sort complex pieces of information and emotion.

The simple gift of speech, of speaking aloud, is a comforting activity when faced with any fear-inducing stimulus. Speaking names the mystery, gives shape to the darkness through words bringing it up from the depths into a level of reality that a person can deal with. It takes the unspeakable, inchoate, shapeless, fear, sadness, dread, drags it from the deep and hurls it up

and out of the body. Speaking is an act of creation⁵ and therefore presents the possibility of destroying and remaking. Again, I ask myself, what kinds of speaking spaces will serve women most deeply?

Given the importance of speaking as a form of communication, we have developed a rich variety of ways to share our stories. For centuries we have used drama to heal and practice new ways of adapting to difficulties (Chang, 2006; Emunah, 1991). Drama gives us a chance at a "do-over". Like children at play, we get a chance to try again when we have gotten it wrong the first time around. Traditional talk therapy is perhaps the adult version of the "do-over": the rare and wonderful opportunity to try something else. Writing may be another pathway to develop new and different understandings of self and situations (Baddeley & Pennebaker, 2011; Pennebaker et al., 1990; Wright, 2009). The writer speaks to the self in a relatively protected space free from the judgment of others (Wright, 2009). The journal is an intervention-free arena, in which a new voice can hear itself within the chorus.

These forms, writing, speaking, drama all reflect our deepest need to speak and to hear. Historically, First Nations, African Americans, and women face multiple consequences when not in line with dominant socially conditioned roles and expectations. Dominant society may privilege its own ideas over the ideas of those perceived as subordinate. Some persons in marginalized societies may have a well-earned wariness of the counselling process and a fear that silencing will be repeated again. This silencing may take the form of interventions which make assumptions based on hetero-normative, Western, rationalistic healing practices. For

⁵This section reminded me of a line in the Hebrew Bible. A quick internet search revealed a passage in Genesis in which God speaks the world into existence. I found it fascinating how the writers of the Bible chose this word in reference to the ultimate act of creation. I was also reminded of James Gardner's "The Intelligent Universe" in which he suggests that the world we live in is co-created, that we live in a "participatory universe" (page unknown): we are worker bees of our reality.

example, one idea counsellors practice is that thoughts lead to feelings lead to behavior.

Therefore if one changes a thought this will change a feeling and lead to new behavior. For many, this is a valuable strategy for more effective living. For others, this may be a cold attempt to ignore socio-cultural-economic factors at work in a person's life and turn the complexities of life into a simple formula.

Throughout history, bold members of marginalized societies have challenged dominant discourses through creative mediums and continue to do so. To counteract the fear some may have of counselling, perhaps counsellors will benefit by embracing varied creative mediums for clients to hear their own voices. (Bolton, 1998; Chang, 2005; Edwards, 2009; Gone, 2011; Johnston, 2000; McCabe, 2008; Rolls, 2010; Wright, 2009) Particularly for clients who may not trust therapy, a chance to have a private space to write their thoughts and feelings without necessarily needing to share with a counsellor; the opportunity to "act" out a scenario with a counsellor to safely practice an empowered response; the chance to tell their story of heartache without interruption; or the chance to listen to a fable and reflect on its teaching, may be useful in working with people with histories of marginalization. Trauma informed practice makes the assumption that almost everyone who comes to counselling has experienced some form of trauma. Therefore, the therapeutic approach is tailored to include this awareness to prevent flooding, or re-victimization of the client. In a similar fashion, perhaps counsellors can safely assume that women have a history of marginalization trauma warranting consideration in the counselling context.

Although debatable, I argue that the trend of counselling psychology is towards practices that legitimize medical and rational interventions. These are valid, useful practices however, may accidentally leave out the practices used by those who have experienced marginalization. As

discussed previously in this paper, these nurturing practices may include elements of storytelling with less focus on intervention and more on reflection. The counsellor is the engaged audience focused on a person's sense making process. In some instances of works with marginalized persons, supporting the emerging voice with affirmation (Edwards, 2009; Grassley & Nelms, 2009; Wright, 2009) is of primary importance. The environment may be one which is highly supportive of a person's innate competence. From a feminist perspective, ways of healing used by those who have experienced marginalization may have more to teach counsellors about persons' competencies than we currently accredit (Brown, 2010). The counselling/psychology profession may replicate silencing when dominant discourses that prize reason⁶ⁱ, individualism, speed, and conformity remain unchallenged. Persons whose histories are marred by repeated marginalization attempts may experience in counselling the same sense of dissonance experienced in the world. The disorienting sense they must conform in order to be accepted into the human community. For example: "Logic or rationality represents a type of story (or a kind of analysis) that one might choose to apply to a particular problem... But when our thinking is drawn to a consideration of issues of meaning in our lives... scientific stories might lack the rich resources of other nonscientific species" (Howard, 1991, p. 189). A person may heal through spiritual means, singing, writing, dancing, drama, or just talking to someone rather than needing to confront a problem directly.

Both First Nations and African Americans have a rich tradition of oral storytelling in which speaking the narrative of struggle is cathartic (Edwards, 2009; Gone, 2011). For example, African-American storytelling in individual or group settings reveals what is important to the

⁶ⁱI recently gave a client a worksheet to promote thinking that is more rational.

teller and can guide the counsellor by the use of key words and repetitions. Gone (2011) advocates for a therapeutic approach with Indigenous persons that uses their language, symbols, and history. Banks-Wallace (2002) argues the importance of understanding the counselling client's culture's unique way or language of telling their particular stories.

Arguably, women may be part of a kind of culture of womanhood, a gendered culture in which storytelling may also have its unique symbols, language, and rhythm. Such dialogic storytelling may take more time and relationship building. Counsellors are under pressure to deliver mental health benefits in a short amount of time. How do considerations unique to culture fit into current dominant counselling practices that appear to increasingly value speed and results?

One suggestion is that dominant discourses still need to be addressed by counsellors working with women (Brown, 2010; Gilligan, Goering, 1996; Grassley & Nelms, 2009; Johnson, 1996; Loveday, 2009). Feminists initiated a therapeutic approach in the 1960s "in which clients would not encounter the sexism, misogyny, and stereotyping that were ubiquitous in the mental health field until then" (Brown, 2010) to serve the needs of those perceived as outside of the mainstream. Their voices, experiences, change processes, lifestyles, preferred visions, goals, ways of being, unique goals are privileged over the demands of the dominant culture to fit into its preferred voices, visions, goals and ways of being.⁷ As hooks (2000) states, "whenever domination is present love is lacking" (p. 77); for clients, the process of therapy can be one of domination or love. Therapists ideally exert love when working to understand a history and client's preferred way of being in the world, even when in conflict with the mainstream. Those

⁷In a counselling session with a non-heterosexual person, I used the term "partner", assuming they would appreciate this seemingly 'nicely neutral' mainstream accepted term. I was wrong.

in groups outside of what is considered the mainstream may experience the confusing duality of being both invisible and intensely visible. Their histories, struggles, or attempts at sharing full aspects of their being and experience are denied, while other less desirable aspects are highlighted. The struggle to be seen fully and individually, rather than as representatives, may induce symptoms that appear as mental dis-ease and dis-function, yet may offer the safest way to navigate through oppression.

Feminism and storytelling combined create interesting therapeutic possibilities to make sense of such experience and find the voice to resist unhealthy dominant and androcentric messages. These messages may be about distorted images of the body, individualism over relational connectivity, speed over time richness, and rationality over feeling. As Anita Johnson (1996) points out, "the circle was removed from a position of reverence and replaced by the symbol of the line, which had a beginning and an end, a top and a bottom, a superior position and an inferior position. In addition, all things came to be valued according to their position: those on top had more power than those on the bottom" (p. 5). Intuition, feeling, relationships, these could all be claimed by women as sources of strength. However, when these counter-values are denigrated and in opposition to dominant values, what is the subsequent influence on women's mental health?

Feminist Therapeutic Aims-Shifting Relationships with Power

Feminist therapy considers the impact of feelings of powerlessness and strives to empower clients to become conscious of how power operates in their lives (Belenky, Clinchy, Goldberger, & Tarule, 1986). Then clients may make more choices, different or not, in their lives without shame. The context of their lives, the pressure to conform to dis-empowering structures is taken apart and made un-invisible. Historically, society held women in esteem

when they served others more than themselves. "Virtue for women lies in self sacrifice has complicated the course of women's development" (Gilligan, p. 132), an invisible but socially supported belief that may still keep women stuck in dis-empowering patterns.

The way out of such dis-empowering patterns may be just as difficult now for women as it was for women centuries ago. Women may have picked up specific strategies to better survive in the world. As suggested by Roots (Brown, 2010) in reference to identity development, a first strategy maybe to internalize societal negation and exercise compliance.⁸Compliance⁹ achieves a kind of safety in comparison to the more risky attempt to play out a self outside of socially supported categories. At the same time, those who practice compliance may learn useful relationship and social survival skills (Braverman, 1988). Loveday (2009) helps highlight a scenario in which counsellors help women in domestic violence situations, achieve smaller, incremental steps towards empowerment by reframing compliance as one kind of survival strategy: a screening curtain while rehearsing riskier actions for empowerment. The wisdom of understanding women's history with power in the aforementioned example illustrates a counselling process in which women seeking help are treated with a high degree of sensitivity in their journey towards increasing levels of empowerment. This process includes a stage in which compliance is recognized as kind of survival strategy rather than passivity. Women in this stage are treated with gentleness and compassion.

Even today, woman may still long for safe places for them to express their emotions, practice empowerment, and meet their relational needs. According to the World Health Organization website, women still have the highest rates of depression and anxiety worldwide.

⁸How far have women as a whole developed from this stage, particularly the current generation of girls?

⁹This is one kind [form?] of compliance.

There is debate on whether these numbers reflect reality or are representative of psychology's tendency to medicalize women's concerns in particular ways. Either argument suggests there are opportunities for counsellors to investigate the needs of this population. Why is it that the therapeutic professions still diagnosis women with such high levels of depression and anxiety? Researchers like Anita A. Johnston (2000), Laura Brown (2010) and Carol Gilligan (1982) suggest that working to resolve historical tensions with questions of independence/dependence and empowerment/power are foundational to women's mental health.

Setup for the Discussion Chapter or “The Part Where I Practice Fumbling”¹⁰

Therefore, here is what I am getting to, that I do not how to express in an academic style. So here it is:

Working too hard, so tired, and not enough to make it through

Magazines saying they are powerful, stronger than ever, and skinnier too, but meanwhile more women being raped worldwide and still no affordable childcare.

No wonder, they are still so crazy, the highest rates of depression and, even though, isn't it true?

Women have come so far...

However, maybe when they tell their stories in some office like space, they cry, they weep. A prescription later and the tears have dried but not the reason for them.

Here is my word tumble, because I am trying to figure out what's happening that 1 out of 3 women are so down the World Health Organization says “reducing the overrepresentation of women who are depressed must be tackled as a matter of urgency in order to lessen the global burden caused by mental and behavioral disorders by 2020.” (Organization, n.d., p. 19)

¹⁰Inspired by Vikki Reynolds- one of my City Instructors - she mentioned doing something similar in her thesis- “messy rhizome”

Is this just hysteria? Or, is something actually going on?

Moreover, I wonder if words like “tackling”

are part of the reason why First Nations, African Americans, women still can't get free of this kind of depressed urgency and the need to fix through box and pill, the correctives of assessments, and formulas for getting from A to anywhere to you want go.

Anywhere you want to go.

Here is my word jam, trying to make sense of this pickle.

Can there be a...I don't know something that is free of rigid lines, and words like interventions, assessments, requirements, diagnoses

Instead a soft place to rest, warm light and hot tea.

Instead of separation

connection

The storyteller and the listener both at once

instead of the mask of professionalism

some kind of humane transparency

(P.S. I have no idea if what I am writing is making any sense.)

The storyteller and the listener, both at once

Maybe there is a kind of space some women can get together and really be themselves, really say

what they are afraid of,

really say what they hate,

really say what they want.

How do I as a counsellor

Acknowledge women's history,

boldly name what is blocking, a sense of freedom and lightness,

How do I as a counsellor support and practice ways of true self- empowerment?

Is there something, a space women can come together in the weaving of a new story for themselves and those they love

A space that generates challenge against oppression and soft energy to move to a way of being in the world that is

gentler on the feminine psyche? ¹¹

Chapter 5: Discussion or Let's Talk

Purpose of the Study

The purpose of this study is to explore the benefits of storytelling in counselling with women from a feminist perspective. The feminist perspective encourages the privileging of non-dominant voices as sources of knowledge and wisdom (Brown, 2010; McCabe, 2008; Miller & Stiver, 1993). Listening to these voices may help counsellor-researchers make fresh inferences based on multiple perspectives (Brown, 2010) rather than assuming that conclusions reached by dominant Western discourses are the unassailable truth. Therefore, for this study, I include literature on African American and Aboriginal storytelling to gain a broader perspective on how counsellors might use storytelling with women. Secondly, I briefly consider what formats of storytelling might be useful, specifically examining writing and drama as two alternatives to traditional talk style therapy. The goal is to explore what benefits might exist for women when employing concepts, principles, and methods inspired by both feminist thinking and storytelling.

¹¹The poem is an example of what a person might dare when they feel safe do so.

Storytelling in general has been used in a variety of cultures with lived experiences of oppression to recover from attempts to silence their voices (Banks-Wallace, 2002; Edwards, 2009; Gone, 2011). Feminist social activist, bell hooks (2000) writes, “the recovery of women’s history was one of the most powerful and successful interventions of contemporary feminism” (p. 20).

Although hooks is referring to the need to bring women’s stories into greater public consciousness, this quote also speaks to the need to advocate for socially sanctioned spaces for women to share their perspectives, feelings, ideas, yearnings, hopes and fears. Although some practitioners use principles of narrative in their work with women (Johnston, 1996; Loveday, 2009), the overt use of storytelling in therapeutic contexts with women is still a relatively unexplored area.

Intersectionality

Finally, a tertiary purpose of the study is to practice a feminist research perspective by making myself visible as the narrator of this thesis. I try to position myself as a reflexive interpreter rather than an invisible expert by showing how I have “constructed” my understanding of the research (England, 1994, Erdmans, 2007, p. 9) thereby practicing transparency. By employing feminist methods, I hope to thwart the language of argument and take this opportunity once again to remind the reader that I can make no claims to special, irrefutable knowledge, despite my wish to do so. In addition, I explore my own shifting positions of power against the backdrop of the dominant hierarchal structure of the thesis: I have a range of power in terms of interpretation, but I am still bound to follow its rules regarding structure and form. As a person whose identities include the African American, German Caucasian, and a landed Canadian immigrant experience, I am deeply interested in learning from diverse cultures, learning which reflects my own transnational heritage(s) and experiences. At

the same time I am compelled to acknowledge the social realities of people with histories of marginalization and how these experiences directly impact health. Histories do not only live in the past (Ironstone-Catterall & McDonough, 1998). They are alive in the daily interactions between persons and structures.

Meanings/Interpretation

My research suggests that for the client, speaking may be just as therapeutic as other clinical interventions that employ certain techniques to elicit change. Speaking aloud to another, in and of itself, is enough to activate a powerful sense-making process (Lepore et al., 2000; Pennebaker et al., 1990). One of the basic benefits of storytelling may include the chance to speak free of constraint, breaking free from the need to please others or figure out solutions. Sigmund Freud used 'free association' in his work and I consequently found it interesting that my research suggests that simply talking can be a release, what Freud termed 'catharsis'. One kind of storytelling act is a life narrative. A person has the chance to make connections between of the world in which they live and their experience within it. Women in particular can then begin to see the separation between the external, social world and the internal world, exploring the possibility they may not need to conform to one role, form of expression, or way of being. They can make informed choices about what serves their own needs rather than following the dominant demands in their lives: "the narrator can observe, correct, and comment on the self that is being created" (Josselson, 2004, p. 112) perhaps for the first time. However, the privilege of gaining this level of empowerment involves tenderness, time, and access to basic level of social support. In a sense, the act of storytelling is a "de-colonizing" (McCabe, 2008 p. 147) practice, which temporarily helps a person detoxify their system of stories not of their own making.

These are the stories told about them by others. These stories may seem to be truth particularly

when those who tell them have power in the material world. In a study on a First Nations therapeutic program, researcher Joseph Gone (2011) notes, “the most implicit aspects of this healing discourse reinforced widespread, popular notions of the therapeutic value of verbal disclosure and resultant emotional catharsis” (p. 196). A counselling process that allows time for a client to tell their life story may set in motion a reflective, natural healing process and is sufficient as a supportive therapy.

In addition, my research findings suggest cultures have traditional ways of healing underutilized in current psychotherapeutic practice (McCabe, 2008). As researcher McCabe writes, “Western cultures rejected the idea of a mind, body, emotions and spirit dialogue” (p. 144) in favor of more rational, separated approaches. I would “argue” that mainstream counselling focuses primarily on the mind. In contrast, Indigenous cultures may take a more holistic approach to wellness in which emotional, spiritual, physical and mental systems correspond to air, water, the sun, and mother earth. A person only exists in relationship with other people and a spiritual/natural dimension.¹²Such wellness ideas incorporate living in accordance with nature not just in accordance with one’s own personal goals¹³. Traditional practices might include the use of a Wellness Wheel (Loiselle & McKenzie, 2006) which is an approach to health useful across diverse cultures. Other ideas inspired by Indigenous cultures include non-rational approaches that work with spirit, physicality, or emotions as areas worthy of exploration with clients. Furthermore, the technique of “decolonizing qualitative inquiry” (McCabe, 2008, p.

¹²I believe Buddhist scholar and teacher, ThichNhat Han (2001) idea of “inter-being” might be applicable-one does not exist without the other. In a similar fashion, health is interconnected.

¹³I think mental health will increasingly need to view mental wellness within an ecological, Aboriginal framework as more people begin to view health of the individual as inseparable from the health of the whole. The individual may thrive for a while in a sick system but only temporarily. I also cannot help but notice a trend in which private practice clinics are in neighbourhood holistic wellness centers.

147), in which the counsellor resists colonizing practice, is a useful positioning for counsellors to consider when working with marginalized persons. The counsellor de-centralizes their role and listens to persons as key holders of wisdom¹⁴ born of their lived experience. For many in marginalized groups, their histories may be so horrific, the fact they are even alive is a testament to an abundance of resilience and knowledge. Current dominant practices may aim towards the setting and achieving of goals as ‘progress’, ignoring the role of spirituality as a source of healing, and providing less time for a client’s story to unfold. Ideas inspired by Indigenous practice have a more complicated view of progress, incorporate spirituality and nature, and make the conscious attempt to counteract historical practices of dominance.

Counsellors may also find useful resources for their work with women in African American oral traditions. Given their resilience in the face of historical oppression, African American cultures, like other such cultures, have gained valuable knowledge on how to maintain sanity within insanity inducing systems. As suggested by researcher, JoAnne Banks-Wallace (2002), African American storytelling helps people find stable footing on a bridge to their own history, reducing feelings of isolation and connecting to a sense of spirit. Struggles are not just individual but part of a larger natural/spiritual dimension in which we belong as part of a larger story. Second, the use of metaphors in such stories may help a person distance themselves from content that may overwhelm if approached through direct talk therapy. The story itself can be a metaphor; “mirror” (p. 412) persons can look into in order to make sense of their own experience in relation to another character. Third, the use of story can create a space outside the bounds of reality: people hear and create stories in the open arena of the imagination, the dreaming world

¹⁴Who has more power? The speaker or the listener?

of endless possibilities. This is a deeply personal and unique space free of the boundaries imposed by dominant discourses on non-dominant cultures.

Finally, counsellors may find new value in their role in community health, by considering the role of the “griot” (p. 412), the term for an African storyteller as both “historian and educator (p. 412. In my rereading of some of the literature, this traditional role resonated in a way it had not at the first reading. Griots played an important part in community health by knowing the stories of their people and sharing them to illuminate current struggles within a larger history. Such a supportive role required understanding history, context, and stories in healing. They created a kind of continuity. For those who are suffering, suffering may be similar to a discontinuity—a disconnection from people and place, leaving a person adrift, un-tethered to any kind of grounding in the past or vision of the future. Counsellors like “griots” help heal these rifts of discontinuity. When counsellors share the stories of others, clients may feel themselves once again as part of a human community. When counsellors listen to their stories, clients may feel their own stories are part of a remembered history. Witnessed by at least one person in this world, clients may re-enter their “real time” (Banks-Wallace, 2002, p 411) worlds made stronger with this connection. Counsellors may find a new sense of dignity in dual roles as story-holders and storytellers, working to understand the histories of the communities they serve and helping create stories that serve to heal.

Feminist Meanings/Interpretations

Throughout history, women have struggled to find spaces to hear themselves and their own needs even in therapeutic contexts. Psychology as an arm of androcentric, capitalist structures often pathologized women's concerns, expressions of distress, and personal needs (Belenky, Clinchy, Goldberger, & Tarule, 1986; Brown, 2010; Gilligan, 1982). Some

practitioners still speak of the negation of women's feelings (Goering, 1996) and intuition (Johnston, 1996) suggesting women reclaim¹⁵ connection to these faculties as sources of healing rather than only using rational thinking skills of an androcentric nature to cope with life's difficulties. Counsellors may feel increasing pressure to use the rational language of interventions, goals, and strategies. However, if these techniques are born out of un-examined patriarchal, androcentric practices do they actually serve women? I interpret my research to mean that I have a responsibility as a counsellor to understand women's history. This understanding will better equip me to be prepared to work towards helping women develop their own voice out of the chorus of dominating voices. Perhaps as a beginning practitioner, I can best serve women by coming from a place of uncertainty. Uncertainty may leave room for more reflection and experience of feelings on the part of the client.

Society still expects women to conform to ways of being not necessarily of their own design. The dominant androcentric culture perhaps still prizes rational, reductive methodologies over intuitive, affective and holistic ones (Johnston, 1996). There is ongoing debate whether differences, if any, between men and women are primarily socially constructed versus how much differences are related to biological drives. Conversations around differences are challenging given that difference is usually considered dangerous (Miller, 1986). Difference in our culture is strongly correlated to inequality; anyone who is different from the dominant western patriarchal hetero-normative structure by virtue of gender, race, immigrant status, physical status, sexual

¹⁵There may be few differences between men and women. However, some researchers suggest social engineering/hormonal influences, and some biological traits (childrearing), have led women to develop these traits to a greater extent even though they are under-valued compared to dominant patriarchal traits which are more useful in a capitalist economy. The image of the intuitive, emotional woman is a threat to a dominant structure that demands logic and automatically equates emotion with destructiveness. I still find it fascinating that one of the hall marks of the true psychopath is not the absence of reason, but its unbridled abundance coupled with the lack of emotion.

preference is vulnerable to decisions of that structure to either support, ignore, assimilate or destroy. In the meantime, there is safety in assimilating into androcentric constructions. Women continue to try to integrate conflicting messages to play traditional gender roles, but suppress intuition/feeling and relationships in pursuit of independence and equality. As long as women base their fulfillment on unquestioned obedience to voices that would speak of and for them, they will eventually confront the emptiness at the core of their lives. The culture of women, like other cultures (“culture refers to shared patterns of activity, interpretation, and interaction that remain both durable and dynamic over time” (Gone, 2011, p. 188), who have experienced silencing in pre-dominantly androcentric cultures, may benefit from a counselling experience in which they have the opportunity to tell their own stories, in effect to “decolonize” (McCabe, 2008) themselves of oppressive ideas at work in the background. Feminist literature suggests that women benefit from opportunities to speak about their own experiences without judgment (Belenky et al, 1986; Brown, 2010; Enns, 1991; Goering, 1996; Grassley & Nelms, 2009; Johnston, 2000). Learning to explore, express, and experience even difficult feelings may lead to new discoveries around what is and is not working in a woman’s life.

Finally, I believe my research shows another benefit of storytelling from a feminist perspective: empowerment. Some of the basic elements of storytelling include a complementary relationship between the narrator (Edwards, 2009; Josselson, 2004) and the listener as the audience. The audience refrains from giving away important plot elements, supports the narrator through their rapt attention, and applauds moments of courage. Even though the counsellor as audience may clearly see the villain lurking from behind the curtains, with the discipline of attendance, the counsellor must hold back from giving away the answers to the narrator who is both protagonist and director of their own story. Yet, the client does not face these challenges

alone, nor is the client expected to do so. A therapeutic style influenced by storytelling elements may be more open-ended, focusing on the client generating their own meanings and options.

Possibilities for Further Exploration

Histories and lived experience of social inequality bear strongly on health. Feminist literature suggests counsellors engage in de-mystifying dominant structures that keep persons in unhealthy subordinate positions (Belenky et al., 1986; Brown, 2010; Miller, 1986). The World Health Organization Mental Action Plan 2013-2020 (2013), states persons who face discrimination are at “higher risk of experiencing mental health problems (p.7). For example, First Nations, transgender persons, women, and African-Americans are more likely to face socially inspired mental health issues. The report goes on to state that women have the highest rates of disabling depression¹⁶ worldwide. This vulnerability to health problems has no basis in the person rather it is a problem of society. Counsellors may serve women more successfully when helping women begin to examine how external, androcentric constructions may be at work in misconceptions of self. Discrimination is an act of domination, de-coupling people from a sense of trust in their own abilities. In contrast, persons who perceive themselves as accepted by society tend to have better health outcomes. Repeated social assaults on personal sense of efficacy create confusion, loss of self-esteem, and a deepening sense of powerlessness. In dominant patriarchal cultures, despite immense progress, the drift is still towards maintaining positions of dominance and sub-ordinance. As Jean Baker Miller (1986) suggests, such positions should be temporary states in which each party is interested in empowering each other rather than operating to keep one party beneath the other. The movement is towards equality. Equality

¹⁶Is depression a kind of extreme response to internalized helplessness?

represents a state in which persons feel able and empowered. Equality is not a structure in which particular groups deserve obeisance while others deserve subservience; where some assume access and others assume denial. Yet even in counselling, it is difficult to create the conditions for equality. Some counsellors (Josselson, 2004) actively engage in the challenging and frustrating process of relinquishing their own power so another's may emerge.

Therefore, I believe an area requiring further study is how counsellors can position themselves in the counselling relationship with persons who have experienced marginalization. How can counsellors help a client develop empowerment even in dis-empowering constructs? Clients may benefit from a process that helps them uncover the social factors at work in their lives so they are not engaged in self blame or the guilt of feeling they should have complete agency over their own lives. In fact, some clients may have few options for the changes they can actually enact within the structures they live in. ¹⁷How can I as a counsellor acknowledge social agency in client's lives and not just in a cursory, reductive way to bring the focus back to personal agency?

Another area requiring further study is how counsellors can utilize stories with women. Some therapists successfully use stories such fables and folktales (Johnston, 1996) to elicit reflection. Clients may read these stories individually or in groups to encourage discussion. Women may resonant with stories on an intuitive level and begin to discover personally meaningful themes. Another way to use storytelling is to provide multiple methods for women to

¹⁷Again, the writing of the thesis is an example of a structure. Although relatively benign, even the thesis is hierarchal, with particular expectations for form and content that cannot be broken without risk. I could submit a poem, a videotaped dance piece, write a play-however, they would not be academically viable as evidence of mastery of the chosen subject matter. I could still make these choices more in line with my own preferences but not without time consuming and potentially fruitless argument. Despite these minor consequences, I am not willing to take this risk. So how does a person negotiate personal power within dominant structures that present more major consequences?

engage in a personal, sense making process in which the focus is on strengthening a woman's own voice (Belenky et al., 1986). In this process a woman may move to a place in which she accords equitable respect to her own intuitive voice and not just the dictates of objective reasoning. Such ways include writing (Wright, 2009) and drama (Emunah, 1999). Writing may help a woman find a space of her own free from the demands of others and any expectations to conform. Alternatively, on those pages she may see how much these dominant voices invade even her personal space. The page may be a private space in which she can cultivate her own desires, reveal feelings, and express herself in ways that may be out of line to societal rules. Drama may provide an opportunity for women to rehearse empowered preferred responses before trying them out in the real world. Other therapists and interviewers note the therapeutic impact of simply providing the space and time to let clients' stories unfold at their own pace (Grassley & Nelms, 2009; Rolls, 2010; Vadja, 2007; Williams & Taylor, 2004). For clients who may have more experiences of listening to and following the dictates of other voices, storytelling influenced counselling may be a unique opportunity to feel the power of their own voice.

The limitations of the study or "I am only human"

My research project had several limitations. First, the study is perhaps too broad in scope and therefore lacks focus on one specific subject area. This study attempts to explore one main research question and several sub-questions. Therefore, the reader may find it difficult to find a singular useful point they can take away from the research. The research is broad but not in depth. For example, the experiences of Indigenous and African American peoples may be too different for researchers to generalize to those of women in Western culture. Cultures are complex, rich and varied (Wendt & Gone, 2011). There may not be enough common ground to imply a unified approach applicable to women. However, I do suggest women may learn from

the approaches used by these cultural groups to survive and thrive within androcentric, capitalist Western society. Second, much of the research is qualitative with little quantitative research to support the idea that storytelling principles, concepts, and methods may be useful with women. Whether it is even possible to prove empirically, in a positivist sense, such a theory is also questionable given the indefinable, creative aspects of storytelling and the implicit critique of positivism that flows from my work. Finally, I make the conjecture that women have before them certain healing tasks specifically to do with honoring feeling, connection, and most importantly, empowerment. Women must actively undergo these healing tasks in order to thrive in an androcentric architecture that still drifts towards privileging reason, individualism, and dominate/subordinate power structures. Although the feminist literature I include in the study offers support for this belief (Belenky et al., 1986; Brown, 2010; Hooks, 2000; Miller, 1986; Miller & Stiver, 1993), there is no definitive proof for these beliefs. Other researchers could argue that all persons could benefit from developing these areas, not just women. I gently suggest that women are a unique culture with psychological tasks unique to their history on this planet, deserving of focused, specific research. This research project is subjective and phenomenological and comes from a specific viewpoint that finds support through primarily qualitative research. This review cannot make definitive, generalizable statements given the broad array of women's experiences, social status, economic power, sexual and cultural identities.

My Experience of the Learning Process

Chapter 1: Taking the First Steps

I initially wanted to do a research project on a family member's stories of World War II, and the influence of her stories on my own development as a woman. The kitchen was the space

in which the women in my family told their stories with me listening in awe. I heard their stories of love and loss, struggles and small triumphs, over and over again, stories that grew and changed like kneaded bread in the retellings, never settling into just one shape. With my own place at the kitchen table, I was audience to how women's day-to-day lives intertwined with the socio-economic structures of their time. Gender roles were not an abstract social construction but a real fact of life. As I grew up, I told my own stories of my experiences in the world. Then it was the women in my family who listened, sometimes with awe, at what I was able to dare to do in my life as a woman.

As an adult, I was interested in how this intimate exposure to the recurring themes in other women's lives shaped how I approached the world. However, given the effort and time required to execute that research project, I decided to focus on a more manageable study on how to use women's storytelling in counselling.

Chapter 2: Finding Friends for the Journey

In the second stage of the research project, I began looking for literature on women and storytelling. Initially, I wandered down a trail where I found lots of interesting discussion in the world of feminist writers, particularly biographers who spoke of the need for women's stories and histories. I then found work by feminist psychology writers, such as Carol Gilligan, Jean Baker Miller, bell hooks, Laura Brown, and Mary Field Belenky. I had a growing sense of excitement. Here was a community of scholars and writers that I did not know existed, women who were speaking about issues I sensed but could not articulate. I found the story, the words and tea time community to ground myself. I followed this path and found another track leading into the very basic aspect of storytelling: speaking. Neurological research seemed to show that the act of speaking a story could be therapeutic enough (Brewin, 2001). In the process of finding

my own particular theoretical and practical approach to counselling, the research was a humbling reminder that no technique would supplant the need to become a good listener. Learning to provide the space for the speaker was my primary task as a counsellor. I take for granted that usually when I speak or seek to have my needs met, I often meet with success. I realized that for those who have learned not to speak, or to speak very carefully, so as not to come into conflict with dominant structures, that this is a rare privilege. I could not ignore the importance of helping persons with histories of marginalization to speak freely for its basic yet powerful therapeutic value.

Chapter 3: Bringing it all home

In the last stage of the research project, I began to ask myself where to go from here. My research suggested to me that women might benefit from several aspects of storytelling by having the chance to: a) speak and hear their own voice; b) disrupt rational ways of thinking and engage the power of metaphor; c) practice empowerment; d) model possibilities for each other; and e) connect with other people and histories. However, I found there was a lack of literature on specific storytelling projects with women. Only a few researchers such as Anita Johnston (2000) shared how they used actual fables and folktales to generate discussion. Therefore, I have started to consider how I might create my own story workshop with women, perhaps collecting female-centric folktales drawn from different cultures and starting a therapeutic gathering similar to a reading club. I would be interested to come together with a group of women to share stories, then taking the time to meditate, reflect, and write about whatever resonates. Some initial questions might be: 1. What yearnings, questions or experiences does the story call forth? 2. What possibilities do they see for the character in the story? 3. What do they notice that prevents the character from expressing their abilities? 4. What strategies would they use in place of the

character? 5. What possible conflicts might arise when confronting...? 6. What possibilities do they envision for themselves?

The end...for now...

In conclusion, this research project aims to explore the possible uses of storytelling with women from a feminist perspective. Research suggests that other cultures with similar experiences of historical oppression through restricted access to economic and social means of support may use storytelling to maintain a connection to the self, experience community, and honour personal expressions of selfhood. Stories maintain dignity, support relational experiences, and explore possibilities for empowerment. A narrator can tell, write, or act out a story. Although aspects of storytelling are inherent in the counselling process, there appears to be less research on the actual use of stories such as folktales and fables. The use of stories in counselling might open new avenues for women to examine their history and explore possibilities through imagination and intuition.

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