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15 Tales from the North: Challenging Mother Blame: Outsider Witness Practice

ANDREW DUGGAN

Introduction

This paper is based on my conversations and experiences at the 8th International Narrative Therapy and Community Work Conference that was held in Kristiansand, Norway in June, 2007. I was fortunate to be given the opportunity to present some ideas and thoughts I had on challenging mother blame, and also to take part in an outsider witness group with some Norwegian mothers.

According to Jackson and Mannix (2004) mother blaming is a serious and pervasive problem, and is a term that describes how mothers are blamed and are being held responsible for the actions, behaviour, health and well being of their (even adult) children. They take this point further by suggesting that it also describes situations where women are blamed for their own predicaments, such as being a single parent or living in poverty. I increasingly found myself in gatherings with mothers in which a significant part of the conversations were focused on the blame and guilt they felt in relation to the difficulties experienced by their children or their own difficulties and the problems this caused for the wider community.

In these conversations I was drawn back to my own childhood, growing up in a Northern English town, in which the effects of mother blame could be seen on a daily basis. At that time I lived in an area of social and economic deprivation, in which single poverty stricken mothers were blamed for their situations and the behaviour of their children. I recalled angry mothers arguing with social workers, health visitors and the local Police outside their front doors, in an attempt to challenge the view that these professionals had of themselves as mothers and as women.

Later, as I found myself working in such an area, this time as one of the professionals, whose main role seemed to be to define what was or was not successful parenting, I found myself becoming reacquainted with the effects of mother blame. It appeared that children's problems – or perhaps it may be more appropriate to say children as problems – were closely linked to the social situation of their mothers. So single mothers, poor mothers, unemployed

mothers, mothers who went to work, mothers with low self-esteem, and mothers who experienced mental ill-health, would be seen as responsible for their child's behaviour. I would have conversations with health, social and educational professionals, who would use a language of blame in relation to the relationship between mothers and their children's problems and behaviour.

This is not to make the assumption that mothers do not affect the well-being of their children or that being a mother is the only meaning that can be given to life, but to question the language of mother blame and the political, social and gender bias behind this concept. Mother blame assumes that mothers are impaired in some way; incapable of successfully parenting their children, and that their influences on children are determinative and damaging.

It was within this context that I began to explore the use of narrative practice in my conversations and gatherings with parents. What had initially attracted me to these ideas was the possibility that the negative stories that many of the mothers told of their lives, and the effects of mother blame, could be 're-authored' or 're-storied' in some way. I was also interested in how the mothers I talked with could be helped to understand their lives through the dominant discourses that a culture of mother-blame seemed to create. In this respect I became interested in how the mothers I talked with could begin to challenge these discourses. I was initially drawn to feminist thought that seemed to delineate and critique the material and ideological systems of gender satisfaction, and helped remind me of the power relations and differences within situations and relationships, from this I moved on to using some of the principles of narrative therapy (White and Espton, 1990).

Telling and Retelling

Outsider witness practice forms a key part in the practice of narrative therapy (White and Espton, 1990). Narrative therapy embodies ideas, assumptions, aims and methods that challenge the dominant stories that people tell of their lives. One of the key underlying principles of narrative therapy is that our lives are multi-storied, in which many stories occur at the same time, and different stories can be told about the same event (Morgan, 2000). In this context no single story can be free from ambiguity or contradiction or cannot be challenged, and no single story can encapsulate or handle all the contingencies of life.

Narrative therapy begins with the counsellor giving the person respectful, interested attention to their 'problem saturated' description of their problems. The person is invited to talk about their concerns, their worries, their frustrations, their anger and their sadness (Payne, 2006). This often embodies the person's present 'dominant story' of their life.

White (2007) has increasingly emphasized the importance of an audience, other than the therapists, for the person telling and re-telling their developing story. He developed the practice of providing an audience in the therapy room to listen to the story that the person told. He described such audiences as 'outsider witnesses', and organizes the session into different tellings and re-tellings.

Sessions may be videotaped and the recording given to the person for private re-hearing. Members of the outside witness group are encouraged to talk about one or more of their own related experiences, not to diminish or take the person's account, but to reinforce it by resonances of their own lives. Participation in this process focused an ethos of living that was centred on the displacement of thin 'conclusions' about identity, and on the recuperation of 'thick' conclusions (White, 2007). According to Myerhoff (1986) this process deals with:

The problems of invisibility and marginality; they are strategies that provide opportunities for being seen and in one's own terms, gathering witnesses to one's worth, vitality, and being. (p.267)

Outsider witness practice is characterized by a self-reflective consciousness, in which community members become aware of their own participation, and in the on-going construction of their own and each others identities. The role of the outsider witness team is not to assume expert knowledge, or hypothesize about the person's behaviour, their aim should be to acknowledge the person's problems and struggles, and by doing so 'provoke people's fascination with certain more neglected aspects of their lives (White, 1995). Team members are encouraged to speak of ways in which the person's story resonates in their own lives, and to share these thoughts, not as self-focused revelation, reminiscence, moralizing or example giving (Payne, 2006), but in the role of assisting the person. According to White (1997):

Decentred sharing is facilitated by outsider-witness groups members when they join with each other over explorations of the history of the experiences (evoked) in response to a therapeutic conversation ... to do this in ways that honour what it was that evoked these images of their lives – that is, the expressions of the persons who are seeking consultation. (p.103)

The aim of this process is challenge the dominant problem-saturated story, by initially acknowledging this story, but then assist the person by reinforcing their richer self-story, a story in which new sub-plots can emerge and new identities develop.

Ameena's Story

I first met Ameena when I was working as a senior lecturer at a University in the United Kingdom. Ameena was involved in a project that encouraged people who had been diagnosed as 'mentally-ill', to become involved in the work of the University. The aim of the project was to find ways for service users and carers to become involved in the designing and implementation of health and social care courses that the University provided.

Ameena described herself as a 52 year old mother of three children with a history of 'bi-polar disorder', which on occasions had resulted in periods of hospitalization and various attempted suicides. We also talked about her experiences of racism, she was originally born in Kenya, and the concerns that she had for her children. We spent sometime talking about her past relationship with mental illness, and I suggested that I videoed our conversation which she agreed to. I informed her that I would be travelling to Norway, and I discussed the possibility of showing the video to some mothers in Norway who would become 'witnesses' to her story.

Narrative therapy concerns itself with dominant cultural narratives, and as I listened to Ameena's story, I was drawn to issues such as ethnicity and gender, as she described being one of the first 'African's' in the area, and the day-to-day struggle to be a good mother to her children. In assisting Ameena to tell her story I became aware of the language she was using. She described herself as a 'bad-mother' for not always being available to her children, of feeling 'guilty' that her 'illness' had become so dominant in her life. We also spent some time talking about her illness, in particular her suicide attempts. These events and experiences had a great deal of influence over Ameena's life. At times she would refer to her attempts to '*hold on*' and she described her life like '*holding on the banks of a river, the river is flowing fast, but I just manage to hang on*'. This became a theme of our conversation and I explored with Ameena how she had managed to 'hold-on' to the banks of the river? Her main reason for holding on seemed to be ensuring that her children had a 'good mother' and not wanting them to see her 'ill'.

What became clear in listening to her story was that there was no external position of certainty in her narrative, it appeared that many of her experiences had been shaped by institutions and the professionals within these institutions. Ameena had been labelled by a psychiatrist as 'bipolar disordered', and this description had been maintained by a host of health and social care professionals. Whilst Ameena was able to tell me her problem-dominated story, she was also able to tell me stories of resilience, and unique outcomes when she had been a 'good mother' to her children, and times when she had resisted the description of herself as 'mentally-ill'.

Foucault (1963) proposed that in Western society there has been a development of people's capacity to maintain positions of power through their actual or assumed expert knowledge, this power is then replicated in interrelated social institutions, such as medicine, psychiatry and schools.

Ameena had come to see the 'expert' knowledge of these institutions and professionals, as more valuable and important than her own knowledge as a woman and as a mother. Many of the 'problems' that Ameena told me about are socially constructed issues arising from practices of power, which led her to define her identity and her life in circumscribed ways. These dimensions are directly addressed in narrative therapy.

Outsider Witness Practice

Having spent some time talking and videoing the conversation with Ameena, I gave her a copy of the video interview and sought her permission to show this video at the 8th International Narrative Therapy and Community Work Conference that was held in Kristiansand, Norway in June, 2007. Despite being a little nervous about this possibility, and after explaining the purpose of outside-witness practice, Ameena gave her permission to show the video. I then contacted the conference organizers and made contact with Gunilla, a social worker from Oslo, who uses narrative therapy with children and families, and who had a recent history of being diagnosed with 'mental illness'. Gunilla arranged a gathering of six women, all of whom had experienced the effects of mother-blame and the effects of a professional discourse on mental health. In a quiet room, in Southern Norway, I played the video of Ameena's story, and having explained the context of the interview with Ameena, and the ideas of being an 'outside-witness, the group listened to Ameena's story. I was acutely aware that I was an English male therapist, talking with a gathering of Norwegian mothers. In this respect I was careful to use language that was familiar to them, and also that took into account cultural considerations, and the age and stage of development of the outsider witnesses. According to White (2007) there are four stages of inquiry that shape outsider witness interviews:

1. Focus on expression – I invited the group to identify and talk about what they heard in listening to Ameena's story. In particular I asked them what words or phrases they were most drawn to.

The aim of this is to help the outsider witnesses focus, with precision, on how the story can be re-told. The group initially focused on the stories that Ameena told of arriving in the UK, of the 'struggle' to be accepted, of her family working sixteen hours a day in their corner shop. Several members of the group were drawn to her description of 'holding onto the banks of the river', they began to hear stories of resistance and resilience, of her desire to be a 'good mother' to her children, and the 'battles' she had had with mental-illness.

2. I invited the group to focus on the images that came to mind in listening to Ameena's story. To think about any Images that were evoked by the words, expressions or phrases that they were drawn to.

This could be metaphors or mental pictures of Ameena's life, and I asked the group to speculate about what these metaphors and images might reflect about Ameena's purposes, her values, her hopes and beliefs and commitments. Again the group focused on the image of her holding on to the banks of the river, holding on for her children. The group felt that she was already a 'good mother', that her commitment to her children was not in doubt. One member of the group focused on her desire to 'fight against' mental -illness, and her desire to rid herself of the professionals in her life.

3. The third stage focuses on personal resonance and the group was encouraged to provide an account of why they were drawn to specific words and expressions in Ameena's story. The key to this stage is to encourage understanding of what these words and expressions struck a chord with in their own personal history.

Each member of the group had experienced the effects of 'mother-blame' and at times had been dominated by mental-illness. Each member of the group talked about their own experiences of being blamed for their own personal predicaments. According to one member of the group:

I remember when I was ill and I had to go to hospital all I could think about was my children, leaving them behind was difficult, I felt I was a failure as a mother, that everyone would be talking about me and saying 'she is a bad mother'.

Many of the group mentioned their experiences with professional helpers and how this contributed to 'mother-blame'. As one of the group described:

All I could think about was how my children were being looked after, what kind of food they were eating, who was taking them to school? The nurses said 'not to worry about these things, to just worry about getting better', this made things worse for me, they did not seem to understand how these things worried me.

Each member of the group talked about their experiences with mother-blame, times when they felt inadequate as a mother and as a woman, times when they felt blamed by various professional helpers for the behaviour of their children. All the group talked about some of their memories and felt that Ameena had helped them reconnect with these memories.

4. The final stage of inquiry is focused on transport in which the group is encouraged to talk about ways in which they have been moved on account of listening to Ameena's story. The group was asked to talk about how this experience had challenged or changed their own thoughts, or how this had changed their view of conversations with people in their own lives, or how their life had been touched by listening to Ameena's story.

Listening to Ameena's story had been a powerful and moving experience for all the women and listening to their conversations and stories had been a very moving and powerful experience for me. I was transported back to my own childhood, to a council estate in a Northern town in the UK, to my own mother and the difficulties she faced to be a 'good mother', and how often she was reminded by my father and members of his family, members of her family and the wider community, that she was not a 'good mother' or successful parent. I felt angry on her behalf that she had to experience the effects of mother blame. Again members of the group talked about how they had been transported to different places. For some it was their childhood in different parts of Norway as one member of the group recalled:

I remember my mother she was always being told by my father that she was 'no-good' and being shouted at for doing her best.

For others it was challenging the effect of mother-blame:

I remember this social worker, she told me that I was neglecting my children, I have never neglected my children, she blamed me for being 'ill' and I told her what I thought of her (she laughs).

All members of the group felt that they could now challenge mother-blame. As one member commented:

I am a good mother, I love my children and they love me, I think Ameena is a good mother, she thinks she is not, but she is, she cares for her children everyday, like I care for my children and nobody can say different.

The words and expressions of this outsider-witness group had helped re-tell Ameena's story. The constant grounding of her words and expressions ensured that she was at the centre of the therapeutic process. This helped authenticate the re-telling of her story and help challenge mother-blame.

The Re-Telling of Ameena's Story

Having returned to the UK I arranged to meet with Ameena and show her the video of the conversation with the outsider witness group. The aim of this process is to engage in a second retelling or a re-authoring of the dominant story. Having shown her the video Ameena went on to talk about her sense of acknowledgement and confirmation she found in listening to the tape. This led on to her describing her experience of a lack of recognition in her life and how this had led her to cut off and isolate herself from the people close to her, and at the same time doubt her own judgement. Ammena also talked about how she had always tried to be a 'good mother, how she had, on occasions, challenged the effects of mother blame, and how proud she was that 'people in Norway were interested in her life'.

Listening to the tape seem to help her connect her present with her past, and Ameena informed me that this 'makes me feel better', we also talked about her experience of being understood in the ways that she had been talking about. Ameena talked about her previous of experiences of 'therapy', which she described as leaving her with a feeling of being 'inadequate' and 'thick'. It seemed important to her that the outside witness group in Norway "wondered about", "thought of things", "were curious", etc. about her struggles with 'mother-blame. The experience of this kind of conversation seemed more co-operative and more useful to Ameena in challenging mother-blame.

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